



Cynulliad Cenedlaethol Cymru **The National Assembly for Wales**

Y Pwyllgor Plant a Phobl Ifanc **The Children and Young People Committee**

Dydd Mercher, 15 Ionawr 2014
Wednesday, 15 January 2014

Cynnwys **Contents**

Cyflwyniadau, Ymddiheuriadau a Dirprwyon
Introductions, Apologies and Substitutions

Ymchwiliad i Ordeddra Ymysg Plant—Sesiwn Dystiolaeth 3
Inquiry into Childhood Obesity—Evidence Session 3

Ymchwiliad i Ordeddra Ymysg Plant—Sesiwn Dystiolaeth 4
Inquiry into Childhood Obesity—Evidence Session 4

Papurau i'w Nodi
Papers to Note

Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd o'r Cyfarfod
Motion under Standing Order 17.42 to Resolve to Exclude the Public from the Meeting

Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal,
cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

These proceedings are reported in the language in which they were spoken in the committee.
In addition, a transcription of the simultaneous interpretation is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Angela Burns	Ceidwadwyr Cymreig Welsh Conservatives
Keith Davies	Llafur Labour
Suzy Davies	Ceidwadwyr Cymreig Welsh Conservatives
Rebecca Evans	Llafur Labour
Ann Jones	Llafur (Cadeirydd y Pwyllgor) Labour (Chair of the Committee)
Bethan Jenkins	Plaid Cymru The Party of Wales
Lynne Neagle	Llafur Labour
David Rees	Llafur Labour
Aled Roberts	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Simon Thomas	Plaid Cymru The Party of Wales

Eraill yn bresennol
Others in attendance

Mark Drakeford	Aelod Cynulliad, Llafur (y Gweinidog Iechyd a Gwasanaethau Cymdeithasol) Assembly Member, Labour (the Minister for Health and Social Services)
Peter Gomer	Arweinydd Polisiâu Chwaraeon a Gweithgarwch Corfforol, Cymdeithas Llywodraeth Leol Cymru Policy Lead on Sports and Physical Activity, Welsh Local Government Association
Dr Ruth Hussey	Prif Swyddog Meddygol Cymru Chief Medical Officer for Wales
Dr Chris Llewelyn	Cyfarwyddwr Dysgu Gydol Oes, Cymdeithas Llywodraeth Leol Cymru Director, Lifelong Learning, Welsh Local Government Association
Daisy Seabourne	Rheolwr Polisiâu Dysgu Gydol Oes, Cymdeithas Llywodraeth Leol Cymru Lifelong Learning Policy Manager, Welsh Local Government Association

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Sarah Bartlett	Dirprwy Glerc Deputy Clerk
Marc Wyn Jones	Clerc Clerk
Victoria Paris	Y Gwasanaeth Ymchwil Research Service

*Dechreuodd y cyfarfod am 09:33.
The meeting began at 09:33.*

Cyflwyniadau, Ymddiheuriadau a Dirprwyon Introductions, Apologies and Substitutions

[1] **Ann Jones:** Good morning, everybody, and welcome to the first Children and Young People Committee meeting of 2014. If I have not already seen you, blwyddyn newydd dda—a happy new year to you all. We are going to carry on with our inquiry into childhood obesity. This is the last but one session; we have a session with the Minister following this, and we will then write our report.

[2] I will do the usual housekeeping rules. I ask Members around the table to switch off their mobile phones and pagers, as they interfere with both the translation and broadcasting equipment. We do not expect a fire alarm, so if it sounds, we will take our instructions from the ushers, who will lead us to the safe place. I always say at this point that, if you want to follow me, I will be one of the first out of the building. The Pierhead building is the evacuation point for this part of the building, if we are able to go that way. We operate bilingually, so Members know that they can speak in either Welsh or English. We have translation facilities on channel 1 of the headsets; channel 0 is for amplification of the floor language, should you need it.

[3] I do not think that Members had any interests to declare at the start of this inquiry, but I will ask whether Members need to declare any interests now that they have not already declared. No. We will move on now.

09:34

Ymchwiliad i Ordewdra Ymysg Plant—Sesiwn Dystiolaeth 3 Inquiry into Childhood Obesity—Evidence Session 3

[4] **Ann Jones:** It is a pleasure to have Welsh Local Government Association representatives here. Thank you very much for your paper. We appreciate the fact that you have come to help us with this inquiry. Members have questions, so if we could go straight into questions, that would be good. David, you are going to start; you and Aled will take the first set of questions.

[5] **David Rees:** Thank you, Chair. Thank you for your paper. Obviously, we are looking at the impact of obesity in children. The all-Wales obesity pathway developed in 2010 is an important starting point. However, I noticed that, in your paper, you highlight the child measurement programme and Building a Brighter Future. So, I suppose that my first question is how you have incorporated the all-Wales pathway into your programmes. What consultation and partnership have you undertaken with stakeholders in developing your programmes to tackle the child obesity aspects?

[6] **Ms Seabourne:** The reason why we have put the child measurement programme and Building a Brighter Future in our paper is that it is our area of expertise, because we specifically cover lifelong learning within the Welsh Local Government Association. So, operationally, I do not have much experience of the all-Wales obesity pathway. However, from speaking to colleagues, we would support any tool that enables local authorities and partners to work together to tackle an issue. It is my understanding of how the tool works that it brings those partners together so that they can integrate planning and assessment. Obviously, we have experience of doing that in local authorities, so we would now see that a lot of the planning around some of these issues would be directed towards the single

integrated plan. So, we would certainly see that any planning using that tool would be directed into that for local authorities, but, obviously, working with other partners such as health and probably the third sector as well.

[7] **David Rees:** Do you have examples of where that is being done?

[8] **Ms Seabourne:** I do not have examples, but I can certainly provide some examples to committee through additional written evidence if you would like that.

[9] **David Rees:** Yes, please.

[10] **Ms Seabourne:** Yes, that is no problem.

[11] **David Rees:** Can you provide an evaluation framework as well?

[12] **Ms Seabourne:** Yes, I can do that for you.

[13] **David Rees:** That would be very helpful.

[14] **Ms Seabourne:** No problem.

[15] **David Rees:** Can you say which key stakeholders you engage with in developing your programmes?

[16] **Ms Seabourne:** Certainly we would work with health colleagues. Within local authorities, we would see that any plans around tackling obesity would cover social care, education—a range of partners that specifically work with children and young people. I think that I have highlighted in the evidence the fact that we see programmes such as Flying Start and Families First as particularly important because they are obviously working with the families. Lots of the evidence we look at, as I am sure you have heard already, says that the best interventions for tackling childhood obesity are to do with tackling problems within the home. So, although there are interventions that local authorities can put forward in schools and perhaps through social care, we would also like to see programmes working with families, which is what Families First and Flying Start do. They specifically work by targeting parents, working on parenting skills and educating parents about healthy lifestyles and, obviously, nutrition. So, it is those kinds of partners that we would see involved in tackling obesity, specifically working with the local authority.

[17] **David Rees:** May I ask one question on that then? Education and provision of information are critical. However, it has also been shown that you can provide as much education as you want but that, unless you can actually motivate individuals, nothing will be achieved. Are those programmes also looking at motivation of the families to ensure that they do take up the better ways you are trying to educate them on?

[18] **Ms Seabourne:** Do you want to come in on that?

[19] **Dr Llewelyn:** Yes. I am not sure what the answer is to that. I agree with the point, and I think that there is evidence that highlights that. What we do know is that, any interventions in education—in any aspect of the provision of the service—are more effective if there is wider engagement and if there is engagement on the part of the family, but beyond that as well in terms of the community and other stakeholders. Whether you are looking at attainment or whatever the issue is, that wider engagement is important and the earlier it starts the better. The question of motivation is an interesting one. I do not think that we could say that it is dealt with effectively. However, again, I think that we would have to go back to look at it and perhaps come back to you with clear evidence one way or the other.

[20] **David Rees:** Ann, I have one final point.

[21] **Ann Jones:** Yes.

[22] **David Rees:** I know that Aled has a couple of other questions. On top of motivation, is the issue of the supportive mechanisms afterwards. If families and children take on the attempts to ensure that they do not get into the situation of becoming obese, it is often the case that there is a need for support over a longer period of time. Do these programmes that you put in place also provide that ongoing support beyond the initial starting point?

[23] **Ms Seabourne:** Yes, there are two aspects to that. Peter might want to comment on this with regard to specific programmes that are targeted at obesity. However, certainly, the Families First and Flying Start programmes are not one-off interventions; they work with the family through the child or young person over a period of time until the child and that family have overcome the issues. Tackling things such as obesity and looking at what constitutes a healthy lifestyle would be ongoing parts of that programme. So, looking at Flying Start, which is a specific early years intervention, it carries on until the child is at school age. That intervention involves work with health visitors as well as parenting professionals and other local authority staff. That ongoing support would be there for the family. Again, that sort of covers some of the issues that you were talking about with motivation; if you have professionals working with a family over a period of time they can build that relationship and encourage them to take on some of the messages that they are passing around on obesity and nutrition.

[24] **Mr Gomer:** A specific programme, MEND, is in place, but obviously that has been under review recently with Public Health Wales and the body there, and I think the jury seems to be out at the moment. The official word is ‘under further consideration’ as to the impact of that particular programme. So, in terms of a particular programme targeted at a child with obesity who has been identified, and working then with the family, it is a very good scheme, but at the moment it is how much impact it is having, and the number of children it is actually working with, and the number of families. Again, that is an area of expertise for Public Health Wales, and I know that, working with it, certainly it is under consideration as to how that can be developed and improved for the future, or whether it needs to be amalgamated and moved into another programme area. So, there are specific programmes—

[25] **Ann Jones:** There is a section on MEND a bit later on that we want to delve into, so if we could just hold our thoughts on MEND, we will come to that a bit later on, if that is okay. Had you finished, David?

[26] **David Rees:** For the moment.

[27] **Ann Jones:** Keith, you have a supplementary question.

[28] **Keith Davies:** Gwnaf ofyn yn Gymraeg. Bore da i chi. **Keith Davies:** I will ask in Welsh. Good morning to you.

[29] Rwy'n gweld bod Peter yn edrych ar addysg gorfforol, ac mae ganddo gyfrifoldeb amdani. Wrth gwrs, rydym yn edrych ar gwricwlwm ysgolion yn awr, a'r bwriad yw gwneud addysg gorfforol yn bwnc craidd. Pan fyddaf yn darllen yr holl bapurau hyn, maent yn dweud bod plant yn hoffi addysg gorfforol, ond wrth gwrs wrth iddynt fynd yn I see that Peter is looking at physical education and has responsibility for it. Of course, we are looking at schools' curricula now, and the intention is to make physical education a core subject. Reading all of these papers, they say that children enjoy physical education, but of course as they get older, they do not take part as much as they should.

hŷn, nid ydynt yn cymryd rhan gymaint ag y dylent. Beth yw'ch barn chi am y cwricwlwm addysg gorfforol? What is your opinion about the physical education curriculum?

[30] **Mr Gomer:** My apologies; I have to answer in English. Effectively, you have had the Tanni Grey-Thompson paper, and the recommendation that it be implemented. Of course, there is already a lot of work that is undertaken in local authorities with our partnership with Sport Wales, the funding around 5x60, Dragon Sport, and so forth, in ensuring that extra-curricular activity is there. Also, you have had the review recently from Sport Wales, where in nearly every school in Wales now pupils themselves have responded to that review. A significant increase in participation over a number of years has come out of that review, but also clear guidance so that if a school wants to take that on board, it has a document now that it can use to help to develop the work within the curriculum, and extra-curricular work, to better meet student needs. So, within that, on the issue around less female participation, and so forth, it had views directly from the pupils themselves, asking what it is that they would want to do that would engage them more. So, there is a lot of work and a lot of evidence there at the moment that that kind of work is working in terms of physical activity. I suppose the next step is how compulsory this becomes, or how much within the curriculum this is developed, or whether it continues as it is, as part of the need to make children more active. Again, obviously this is against the backdrop of a diminishing budget, and 5x60 and so forth will potentially reduce slightly the issue of budget efficiency. So, it is how we maintain our momentum.

[31] **Dr Llewelyn:** May I just add something? I looked at the evidence that Estyn gave to you, and I think it touched on this problem, and its evidence was quite illuminating. My impression from that, but also anecdotally from information that we have, is that the 5x60 approach is probably part of the solution, because it seems to have an impact, and an effective impact. We can clearly see that there is a drop-off in terms of participation suddenly as they get into Key Stage 4, and I think that because the 5x60 officers seem to engage more directly with young people in actually asking what activities they want to participate in and would like to have provided for them, which often move away from the more traditional, team-based provision, it clearly is having an impact. So, we need to further interrogate that sort of approach, I think.

[32] **Aled Roberts:** Rwyf am fynd yn ôl at y llwybr gordewdra. Rwyf wedi derbyn gwybodaeth gan y bwrdd iechyd yn y gogledd, ac nid yw'n amlwg i mi pa mor gynwysedig mae llywodraeth leol yn y bartneriaeth o ran gwaith ar ordewdra. Nid yw'n amlwg i mi fod cynrychiolaeth o lywodraeth leol, wrth feddwl am yr holl waith y mae llywodraeth leol yn ei wneud efo Dechrau'n Deg a rhaglenni eraill. A oes patrwm cenedlaethol o ran pwy sy'n eistedd ar y partneriaethau hyn? **Aled Roberts:** I want to go back to the all-Wales obesity pathway. I have had information from the health board in north Wales, and it is not obvious to me the degree to which local government is included within the partnership in terms of work on obesity. It is not obvious to me that local government is represented, in thinking of all of the work that local government does with Flying Start and other programmes. Is there a national pattern in terms of who sits on these partnerships?

09:45

[33] **Ms Seabourne:** I would not be able to tell you off the top of my head, sorry, but I can certainly go away and look at what local government representation is on those partnerships. Certainly, local authorities have identified childhood obesity as one issue that they would like to tackle, along with a whole host of other issues looking at children's health. We would like to see part of that integrated within the single integrated plans, which, ideally, should be integrated with other things, such as the all-Wales obesity pathway. So, I can certainly go

away and look to see what representation there is across Wales.

[34] **Aled Roberts:** Mae'n amlwg, o'r hyn a ddywedodd Peter yn gynharach, fod diffyg gwerthuso, ond, gan feddwl bod y llwybr hwn wedi bod mewn bodolaeth am ryw ddwy flynedd a hanner rŵan, mae'r gweithredu y mae'r partneriaethau hyn wedi dweud y mae'n rhaid ei wneud yn eithaf amlwg imi, felly nid wyf yn gwybod pam y mae wedi cymryd dwy flynedd i ni ddod i'r casgliadau hyn.

Aled Roberts: It is obvious, from what Peter said earlier, that there is a lack of evaluation, but given that this pathway has been in existence for about two and a half years now, the action that these partnerships have said needs to be taken is quite obvious to me, and so I do not know why it has taken two years for us to come to these conclusions.

[35] Fe wnaif i roi enghraifft i chi. Un o'r pethau y mae'n dweud yn y ddogfen hon ynglŷn â'r gogledd, yw:

I will give you an example. One of the things that it says in this document about north Wales, is:

[36] 'Develop a partnership approach to addressing childhood obesity in north Wales'.

[37] This group was set up some time ago. The action is to convene a multidisciplinary group. That group first met on 30 July 2013 and its action is that it agrees to work jointly in future with the healthy, safe weight in pregnancy group. So, we have a strategy and we have a lot of froth, yet, no-one can tell us what is actually succeeding. Is that a proper criticism of some of this partnership working?

[38] **Ms Seabourne:** There is no denying it. You know that it is quite difficult to work in partnership, but there is a will within local authority. I do not know enough about that specific case to be able to comment, but if you want me to go away and find some additional evidence, I will certainly do that.

[39] **Aled Roberts:** It is just that, given the scale of the problem, and given that we have seen a lot of press and media attention to the whole issue this week, there seem to be a lot of people sitting in meetings, but not much coming out of those meetings, if I may say so.

[40] **Mr Gomer:** I recently had the privilege of working on a group with Welsh Government colleagues on the effective services of vulnerable groups programme. A chief executive from a local authority in north Wales actually chaired the group. One of the conclusions of that group was that there are lots of people who have a responsibility for this, but it is about how to pull it together. One of the recommendations in that report is that the local service boards could undertake that role, because local service boards have those players at the table from the health boards, local authorities and others, and it should be on their agenda. It is not necessarily on all of the agendas. So, one of the potential ways forward is on those local service boards.

[41] **Ann Jones:** Go on, Aled; I think that you are going to make the same point as me on that.

[42] **Aled Roberts:** As somebody who sat on a local service board for three and a half years, all I can say is, 'Do not hold your breath'. [*Laughter.*]

[43] **Mr Gomer:** Just to come back on that, it was felt that this might be a very good topic and would focus some of the thinking and ideas around what local service boards could do together to drive this forward.

[44] **Ann Jones:** I think that part of our frustration is that local service boards were hailed

as going to be the one partnership that would pull everything in together, yet, you have just demonstrated that you have sat on yet another sub, sub, sub-group of a sub-group of another sub-group of the local service board. I think that, where the frustration appears is that people sit in meetings and yet we are not finding any real action. That is what we are trying to dig down to. So, I am with Aled on that.

[45] **Mr Gomer:** Sorry, Chair. The group was a group of Welsh Government officials and not a sub-group of a service board. I say that just for clarity's sake.

[46] **Ann Jones:** No, but there are sub-groups that are set up. I think that our aim is to try to find out how many sub-groups have been set up on one particular issue. Certainly, from the evidence that Mr Roberts has spoken about in north Wales, there is a plethora of groups, but there is very little action that comes from them at the end of the day. We are trying to find out whether you in local government are being asked to go to a group, but then there is no action. We are trying to find out from you how inclusive those partnerships are and what part you play. I think that they are quite valid points.

[47] **Bethan Jenkins:** May I say something on that? Some councils—Bridgend, for example—are taking on personal trainers who have the motivation skills that David mentioned. Do you have evidence—I know of Bridgend because it is my area—of the type of person who would be doing the job of motivating people on the ground, as opposed to the background work of the meetings? We need to see both happening. If you just have the meetings, nothing will happen, but if you have both, things will progress and you will see change. Do you know of other local authorities that are doing the same thing?

[48] **Mr Gomer:** For adults, it is very strong. It is part of the business of leisure services and so forth. Bridgend is a good example where there is a wellbeing agenda. Most local authorities and all the chief leisure officers in Wales are now signed up to the health agenda as being the single most important agenda that we have to address. It is not just about obesity, but physical health and wellbeing. Obesity is part of it, but it is also about exercise. They all have people who can help, give advice and guide, and programmes and so forth. I mentioned earlier the school-based 5x60, Dragon Sport and the Young Ambassadors programme, which works closely with Sport Wales, and through those systems they are encouraging young people to participate. On the ground, there is a lot happening. Where the links are coming in, and certainly we rely on other agencies in terms of health and so on, is the whole family environment. Often, the children themselves fully understand the position, but when they go back home, the parents and so forth are not in the same position—they do not have the same knowledge as the children in terms of unhealthy eating and so forth. It is that link between the part of the programme that is physical activity and healthy eating and then back to the home that is the crucial one.

[49] **Ann Jones:** Aled, do you want to finish your question?

[50] **Aled Roberts:** Rwy'n siŵr bod gwaith da o ran cynghorau unigol a byrddau iechyd, ond yr hyn nad yw'n amlwg i ni yw bod yr arfer da hwnnw yn cael ei ledaenu a bod unrhyw fath o strategaeth gan Lywodraeth Cymru neu Gymdeithas Llywodraeth Leol Cymru i sicrhau bod yr arfer da hwnnw yn cael ei ledaenu. Mae hynny'n amlwg o'r adroddiadau gwerthuso ar gyfer rhaglen Dechrau'n Deg. Maen nhw'n dweud bod arfer da mewn gwahanol fannau, ond does dim rhwydwaith lle mae'r arfer da

Aled Roberts: I am sure that there is good work in terms of individual councils and health boards, but what is not obvious to us is that that good practice is being spread and that there is any sort of strategy by the Welsh Government or the Welsh Local Government Association to ensure that that good practice is spread. That is obvious from the evaluation reports for Flying Start. They say that there is good practice in different areas, but there is no network where that good practice is implemented.

hwnnw yn cael ei weithredu.

[51] A gaf i roi enghraifft arall i chi o'r gogledd? Mae'n amlwg mai un o'r problemau yw diffyg adnoddau. Mewn unrhyw waith partneriaeth, un o'r problemau yw rhyddhau adnoddau; yn hytrach, mae darparu adnoddau a chymryd cyfrifoldeb yn cael eu hosgoi gan un partner a'u rhoi i bartner arall. Un peth arall sy'n fy mhoeni yw, ar ôl dwy flynedd, fod y bartneriaeth yn y gogledd yn dweud ei bod yn mynd i:

May I give you another example from north Wales? It is obvious that one of the problems is the lack of resources. In any partnership work, one of the problems is releasing resources; instead, the provision of resources and the taking of responsibility are avoided by one partner and given to another partner. One other thing that concerns me is that, after two years, the partnership in north Wales says it is to:

[52] Consider the need for a business case to be developed, outlining resources required for prevention and treatment pathways.

[53] Mae hynny dwy flynedd ar ôl i'r bartneriaeth gael ei chreu. Maen nhw'n dweud mai'r gwaith maent yn gwneud yw:

That is two years after the partnership was established. They say that the work they are doing is to:

[54] Prepare the business case.

[55] Yr *action* yw: The action is:

[56] Resources released to support childhood obesity.

[57] Mae trafod wedi bod, ond mae'n amlwg i mi, oni bai bod un o'r partneriaid yn derbyn cyfrifoldeb ac yn dweud eu bod yn barod i fuddsoddi mewn gwahanol raglenni, y byddwn dal yma mewn pump neu 10 mlynedd a bydd ein plant yn dewach fyth. Byddwn wedi cael strategaeth genedlaethol a bydd lot o gyfarfodydd wedi cymryd lle, ond bydd diawl o ddim byd wedi digwydd.

There has been discussion, but it is obvious to me, unless one of the partners accepts responsibility and says that they are willing to invest in different programmes, that we will still be here in five or 10 years' time and our children will be even more obese. We will have had a national strategy and many meetings will have taken place, but nothing will have happened.

[58] **Dr Llewelyn:** Mae'r rheini yn bwyntiau teg. Y gwirionedd yw ein bod yn dod ar draws y broblem hon yn aml iawn pan ddaw i ddarparu gwasanaethau cyhoeddus. Mae Estyn, dro ar ôl tro, yn canolbwyntio ar enghreifftiau o arfer da sy'n bodoli ac yn cael eu gweithredu, ond rydym yn ymwybodol bod gennym broblem yng Nghymru oherwydd nid ydym yn arbennig o dda am rannu arfer da a dysgu oddi wrth yr enghreifftiau hynny o arfer da.

Dr Llewelyn: Those are fair points. The truth is that we often come across this problem when it comes to providing public services. Estyn, time and again, concentrates on examples of good practice that exist and are implemented, but we are aware that we have a problem in Wales in that we are not very good at sharing good practice and learning from those examples of good practice that do exist.

[59] O ran y gwaith sy'n digwydd yn y gogledd, nid ydym yn gyfarwydd â'r manylder roeddech yn sôn amdano, ond, yn amlwg, o'r hyn sydd wedi cael ei gyflwyno, mae problem yn bodoli. Ar lefel strategol neu ar lefel genedlaethol, rydym yn ymwybodol bod y mathau hyn o broblemau yn codi o

In terms of the work that is taking place in north Wales, we are not familiar with the details that you mentioned, but, obviously, from what has been presented, there is a problem. At a strategic level, or on a national level, we are aware that these kinds of problems do arise from time to time, and the

bryd i'w gilydd, a'r gwirionedd yw nad yw'n beth hawdd i gael cyrff i weithio ar y cyd mewn ffordd mor effeithiol ag y byddai rhywun yn ei ddisgwyl. Efallai y gallwn fynd o'r cyfarfod hwn i drafod gyda'r partneriaethau yn y gogledd i weld beth yn union yw'r broblem, ond nid oes modd osgoi'r ffaith bod y pwyntiau rydych yn eu codi yn rhai dilys.

truth is that it is not an easy thing to get bodies to collaborate as effectively as one might expect. Perhaps we can go from this meeting to discuss with the partnerships in north Wales and ask precisely what the problem is, but there is no avoiding the fact that the points that you raise are valid ones.

[60] **Aled Roberts:** Yr hyn sy'n fy synnu yw bod neb o fewn Llywodraeth Cymru—rwy'n gwybod nad ydych chi'n gyfrifol am Lywodraeth Cymru, ond a allwch ddweud a oes rhywun o fewn Llywodraeth Cymru rydych yn ei gyfarfod yn rheolaidd sydd yn dweud wrthy, 'Gwrandewch, nid oes dim byd yn digwydd yn y gogledd; beth mae'ch cynghorau chi'n gwneud ynglŷn â'r peth?'

Aled Roberts: What surprises me is that there is nobody within the Welsh Government—I know that you are not responsible for the Welsh Government, but can you say whether there is anybody within the Welsh Government whom you meet regularly who tells you, 'Listen, nothing is happening in north Wales; what are your councils doing about this?'

[61] **Ms Seabourne:** I do not think that I have ever met anyone in the Welsh Government who says that nothing is happening in north Wales—I hope not, anyway. I can answer that in a broad sense. We have been working with the Welsh Government on 'Building a Brighter Future: The Early Years and Childcare Plan' and a central part of that is to do with achieving and maintaining a healthy weight. It is looking at obesity as part of a whole bunch of issues; it looks at what is good for a child and at what is a healthy start for a child in life, for that child to go on and achieve. So, what it has done, which I think is a good approach, is to have an outcomes-based approach, looking at childhood obesity as part of a whole host of other problems. It has made the right correlations between obesity and poverty, for example, and it has brought the Building a Brighter Future plan together, which does not look at specific agencies, who is delivering what or which specific programme is being delivered, but at the outcome for the child. What it has done with the section that looks specifically at maintaining a healthy weight is to look at things like breastfeeding, supporting schools, promoting healthy eating and nutritional standards within schools, and other bits of work that are going on already to tackle obesity, because, as I am sure that you will have heard already from the evidence that you have had, it is a complex problem. It is not one agency's responsibility to deal with it and it is not one set of factors that is necessarily responsible for it. So, there needs to be a complex response to what is a complex issue. What I think that this strategy that the Welsh Government has produced has done is to try to bring all those different strands together and to work with the different agencies that have a responsibility for doing that.

[62] Again, I cannot comment on how that is specifically being implemented through the example that you have been using of north Wales, but, certainly, local authorities are looking at this strategy as a good strategic lead to see what kinds of interventions they can put in place to play their part in what is a bigger picture of preventing childhood obesity from happening in the first place, but also tackling it where it is already an issue.

[63] **Ann Jones:** I call on David, but we need to make some progress; we have spent about half an hour on this first session.

[64] **David Rees:** I have a very quick one, Chair, on the point that Aled has been raising. You are commenting that you are not sure what is going on in north Wales. How would you know and how would you evaluate what is going on, because you are supposed to represent local authorities, but if you do not know what is going on, how do we get there?

[65] **Dr Llewelyn:** The reality is that we represent the 22 authorities on every aspect of every service that they provide. As a relatively small organisation, I think that it could not be expected of us to be able to provide, in a session like this, the kind of detail that has been discussed on every aspect of every service that is provided. Ordinarily, what we would do if specific aspects of detail of service provision were raised, would be to go away and speak to the authorities in question and provide greater clarity. The level of detail that is being pursued in this instance is not one that we ordinarily collect.

[66] **David Rees:** I understand detail, but when something is actually not working, I would have thought that you would know that. That is what I was trying to point out. If you say that it is not working, never mind the detail of why it is not working, I would have thought that you would know the fact that it is not working.

[67] **Ann Jones:** Okay. I think that we are going to move on, because we have spent half of this session on the first area, and we have more areas that we want to look at. Keith, we are going to ask about the child measurement programme and then we will move to Change4Life afterwards.

[68] **Keith Davies:** Ar y rhaglen mesur plant, pa ddefnydd sy'n cael ei wneud ohoni ac a ydych yn meddwl ei bod yn edrych ar ddigon o oeddrannau plant neu a ddylem newid pethau? Ar ôl cael y mesuriadau, beth ydych chi'n gwneud amdanynt?
Keith Davies: Turning to the child measurement programme, what use is made of it and do you think that it looks at a sufficient range in terms of children's ages or should we change things? After undertaking the measurements, what do you do with them?

[69] **Ms Seabourne:** I think that the child measurement programme has been extremely useful in terms of providing us with those kinds of population level data on the levels of childhood obesity. In terms of stretching that even further, I can see the use of it.

10:00

[70] We want to see a progression of children through the age range to see whether or not some of the interventions that have been put in place are having an impact. You would have to look in detail at what use would be made of that information, and whether or not there is a clear case for extending the programme. The Welsh Government has been using the information to set strategies and to look at some of the impacts. I have already mentioned Building a Brighter Future and it has been used extensively within that. I can see a case for it to be extended, as long as we are clear about what that information is being used for. There is no point in collecting information if it is not going to be useful and not going to help to look at some of the impacts on child obesity. I do not know whether Peter wants to comment.

[71] **Keith Davies:** A ydynt yn edrych ar y ffigurau ac yn edrych ar beth mae Dechrau'n Deg wedi ei wneud? A oes pethau yn digwydd, neu ai jyst mesur yr ydym ni?
Keith Davies: Are they looking at the figures and looking at what Flying Start has done? Are things happening, or are we just measuring?

[72] **Ms Seabourne:** We want to see that any of the data being used is used for a purpose. It can be used on two levels: it can be used at a population level, so you could look at the all-Wales statistics to see how obesity levels are changing through time or through an age range, looking at a specific cohort of children, or you could use that at an individual level. For example, health visitors use this information to check whether or not children are maintaining a healthy weight and keeping that through a progression. You would then want to see that information being used for specific targeted programmes—Peter has already mentioned MEND, for example. You would want that information to be used at a different level.

[73] **Keith Davies:** Soniodd Aled yn gynharach eich bod yn gallu mesur pethau, ond os oes rhywbeth yn gweithio, sut ydych yn trafod hynny gyda phobl eraill?

Keith Davies: Aled mentioned earlier that you can measure things, but if something is working, how do you discuss that with other people?

[74] **Ms Seabourne:** You want to be hoping that that information is being used in the correct way. I cannot comment on the example that Aled has brought up today, but what we want to see is, by and large, local authorities collecting data with a view to implementing policies or individual interventions, if it is specific to a child or a family, for example.

[75] **Keith Davies:** Gallent weithio mewn ardal, ac os yw pethau'n gwella yn yr ardal honno, gallent drafod yn yr ardal gyntaf pam fod pethau'n gweithio, beth sydd wedi bod yn fuddiol iawn ac wedyn rhannu hynny gyda phobl eraill. O le rwyf yn dod, nid wyf yn gweld y pethau hyn yn digwydd.

Keith Davies: They could work on an area basis, and if things improve in that area, they could discuss in the area first why things are working, what has been very beneficial and then share that with other people. However, where I come from, I am not seeing these things happening.

[76] **Ms Seabourne:** There are processes in place between local authorities and Flying Start areas, for example, to share information. Estyn has done quite a lot of work on providing case studies and examples across the board with interventions, including things like Flying Start. We have done some work with Welsh Government as well. There are networks of local authority officers that meet to discuss these kinds of issues to look at what is working specifically in one area. If you want me to find examples of where that is specifically working with Flying Start, I am happy to provide additional evidence to committee on that.

[77] **Ann Jones:** Lynne, you have a supplementary question.

[78] **Lynne Neagle:** You mentioned that there is a two-pronged approach with the child measurement programme. The data are useful for looking at the national picture, but there is also the individual approach. Is it your understanding that if health visitors identify children who are overweight, there is a general approach to trying to tackle that, or is that patchy across Wales?

[79] **Ms Seabourne:** To be honest with you, I would not know enough about it to be able to comment; I am not a health expert. Again, I can contact health colleagues if you are interested specifically in that issue. You would probably have to speak to the specific health agencies to deal with that. What Flying Start tries to do is to bring those agencies together to create a package for that family. If specific issues with obesity were identified within that family, you would hope that the health visitors would do certain things that would look at alleviating that issue.

[80] **Ann Jones:** Shall we move on to Change4Life, Rebecca?

[81] **Rebecca Evans:** You do not mention Change4Life in your written submission, and I am wondering whether we should read anything into that. Some previous witnesses have told us that the scheme has fallen far short of its potential, and is operating in isolation from other schemes. Is that your experience, and how are local authorities engaging with Change4Life?

[82] **Mr Gomer:** In terms of generality, local authorities buy into Change4Life. Most are trying to build on any of the promotion and marketing and some of the excellent work that has been shown on television, as it were, in trying to pick up some of the issues and then trying to run certain programmes through that. The leisure services often link into Change4Life, in terms of what we talked about earlier in relation to motivation and so on. I think it is at other

age levels, because obviously, with Change4Life, there are different categories within it that are focused on at different times. Over the Christmas period, it is probably alcohol, and there was a lot on tv that made you feel quite guilty when you were having a drink with your Christmas dinner. Certainly, there is an impact there, but, in terms of programmes on the ground, they are often badged as Change4Life programmes, but not as part of a cohesive, all-Wales programme, as it were. I do not know whether you are going to want to talk about ‘Creating an Active Wales’ here, but there is more structure within ‘Creating an Active Wales’ perhaps than there is around Change4Life. Change4Life is more about getting the messages out there, as opposed to delivering specific programmes, even though programmes are badged into it to show people that, ‘This is an opportunity, if you want to take more exercise as part of Change4Life; this gives you the opportunity of having the exercise’, but there is no funding with it, there is nothing else to go with that, it is just part of using that media campaign, if you like, to promote what you are doing and building on that.

[83] **Rebecca Evans:** There has been no formal evaluation of Change4Life in Wales. Do you think it would be difficult to evaluate the impact of the media campaign?

[84] **Mr Gomer:** It is always difficult to evaluate media campaigns, I think, because there is the question of what would have happened if you had not had the campaign. That is always one of the questions: if we had not done what we did over the last few years in keeping up the levels of physical activity, which are now improved, by the looks of the latest statistics, would we be in a far worse position than we are? Often it comes down to people’s perception. Is the evaluation asking people ‘Are you better informed?’ or ‘Do you do anything different in terms of your lifestyle?’ There is a range of issues there. Again, there is the cost of that evaluation, and, as we know, the actual funding around Change4Life in Wales is not good. The national figure is excellent, but we were not really able to build on that in terms of how much we could spend on it.

[85] **Dr Llewelyn:** Often, in positions such as this, because you need to do longitudinal evaluations, the best you can come up with is to say that, over time, these kind of interventions have worked elsewhere and it is reasonable to assume that they would work in this instance.

[86] **Rebecca Evans:** You mentioned the different strands of Change4Life, and, of course, it has the sister programme, Start4Life. I was wondering whether you think that also suffers from the problem of operating in isolation, perhaps, or not reaching its potential.

[87] **Mr Gomer:** Again, it is not an area that I deal with regularly on the ground. I can go and ask questions of colleagues on that particular one and see how that links in, maybe through early years.

[88] **Ann Jones:** We will move on to Appetite for Life. Simon has a question, and I think Keith as well.

[89] **Simon Thomas:** Diolch yn fawr, Gadeirydd. I droi at Flas am Oes, ac, yn benodol, at y negeseuon am faeth sy’n cael eu dysgu ac sy’n cael eu darparu yn yr ysgol drwy ginio ac ati—a brecwast, wrth gwrs—a fedrwch chi, yn gyntaf, roi syniad i ni am ba ganran o blant ysgol sy’n derbyn bwyd yn yr ysgol, yn hytrach na ddod â bwyd eu hunain mewn neu fynd mas i brynu bwyd? A ydych chi’n gwybod am hynny? Rwy’n gweld, yn eich adroddiad, bod gennych chi ffigurau ar **Simon Thomas:** Thank you, Chair. Turning to Appetite for Life, and specifically the messages about nutrition that are taught and provided in schools via dinners and so forth—and breakfasts, of course—can you, first of all, give us an idea as to what percentage of schoolchildren take up school meals, rather than bringing in their own food or going out to buy food? Do you know about that? I see that, in your report, you have figures for those who are eligible for free

gyfer y rhai sy'n gymwys ar gyfer prydau am school meals, but no figures for everybody—
ddim, ond nid oes ffigurau ar gyfer pawb—the whole percentage.
canran cyfan.

[90] **Ms Seabourne:** I have not got those figures to hand, but I can certainly see whether I can get hold of them. Obviously, as part of what we do with Appetite for Life—the committee may be aware that, actually, Appetite for Life is partly based within the WLGA, in terms of providing nutritional analysis—we do collate figures on some of those areas, but, yes, I can certainly see whether I can get hold of those figures for you.

[91] **Simon Thomas:** Diolch yn fawr. **Simon Thomas:** Thank you. That would be Byddai hynny'n ddefnyddiol. I symud useful. Moving on to the scheme itself, has ymlaen at y cynllun ei hunan, a oes unrhyw any evaluation been undertaken of the werthusiad wedi ei wneud o'r cynllun hyd yn scheme so far? In what way are you hyn? Ym mha ffordd a ydych chi'n monitro'r monitoring the scheme in the association at cynllun yn y gymdeithas ar hyn o bryd? present?

[92] **Ms Seabourne:** In terms of evaluation, there has been ongoing work, which we have been doing with the Welsh Government, and there was a study by the University of Bath that looked at some action research as to how the scheme was going, including uptake of school meals, but also things such as the impact around children's attitudes towards different kinds of food—obviously, a lot of children will be looking at some foods for the first time, for example—and how the school is working with those children. So, there is some information around that. In terms of how it is impacting on obesity, I think that that is probably a longer term issue. As you will know, the standards have come into force only recently, although we have been working with authorities for the last couple of years to make sure that they were prepared for that time and for hitting those standards. Obviously, Estyn will be inspecting against whether local authorities and schools are complying with those standards. We would certainly like to see some longer term evaluation as to what specific impact this is having, and not just on obesity; I think that it would be interesting to see how children's attitudes to food have changed, and what they have learned about food. Again, that is covered by Estyn, but it would be interesting to see what the specific impact of Appetite for Life would be. As you know, it is not just about providing a set of nutritional standards; it is about promoting healthy lifestyles and also educating children about food, including how to prepare food themselves.

[93] **Ann Jones:** Bethan has a supplementary question on this point.

[94] **Bethan Jenkins:** This is really quite a specific question, so you may have to go back and look for the answer. I wanted to understand whether you had information on this. Obviously, the weight coming down is one thing, but is the weight coming down by changing the nutrition of the young people, or is it because they are just eating fewer and fewer calories? Something that I think that we would like to expand on is tracking that change in the types of food that people are eating over a long period of time, as opposed to looking at a short-term analysis.

[95] **Ms Seabourne:** Certainly, as I have mentioned already, we would like to see some long-term evaluation of Appetite for Life. What would be incredibly difficult, I think, would be to pinpoint changing nutritional standards in schools as having an impact on obesity. All the research tells us that what the children eat during the school day has a very limited impact on obesity levels. It is more about what happens in the home. There was a study done in America that followed two groups of children—one group ate the food that was already being served in schools, the other had nutritionally tip-top food, and it actually had no impact whatsoever on their weight. Again, that is only one study, but it does demonstrate that what we need to be doing is looking at what is happening in the home, and at whether parents, families and communities are taking on board these messages. Peter has already mentioned

that we are in a situation in some circumstances—not all—where children are going home knowing more about nutrition than their parents do. What we could see, and what we ideally want to see, is that that will have an impact in the long term. So, those children will take on board those messages, and they will pass those messages on to their children. So, what we would like to see is a very long-term impact on obesity in Wales through programmes such as Appetite for Life. It would be difficult to pinpoint one specific intervention that is having an impact, because there are a lot of interventions going on around childhood obesity. It would be very difficult to see whether Appetite for Life is having that impact. That is not to say that it is not important, because it is very important, and for a lot of reasons other than obesity, which are to do with, as I said, the long-term impact on children, but also the impact on concentration in schools. We have some quite robust evidence that shows that children actually do concentrate better, which is what teachers are telling us happens, when they have a healthy nutritious meal inside them from a breakfast club, as well as from what is served up at lunchtime and other food within the school. So, I think that there are a lot of complex issues and factors that are having an impact on some of these issues that it may be difficult to pinpoint in that specific piece of research.

[96] **Ann Jones:** Simon is next.

[97] **Simon Thomas:** Mae cymaint o gwestiynau yn y fan honno nid wyf yn gwybod lle i ddechrau—dyna bwrpas yr ymchwiliad, mae'n debyg. Y peth sydd yn amlwg yw, os yw plentyn yn derbyn bwyd yn yr ysgol—a nid ydym yn siŵr pa ganran sydd yn gwneud hynny—mai pump i 10 pryd yr wythnos bydd y plentyn yn ei dderbyn, ar y mwyaf, gyda brecwast a chinio. Felly, mae'r dylanwad y cartref yn llawer cryfach, yn ogystal â dylanwad y gymdeithas y maent yn byw ynddi, o ran yr agwedd tuag at fwyd, yr arferion bwyta—wrth y bwrdd, o flaen y teledu, bwyta snacs, neu beth bynnag—mae cymaint o gwestiynau nid oes modd i chi eu hateb, rwy'n meddwl, drwy un cynllun yn yr ysgol. Fodd bynnag, o ran deall yr hyn y mae'r cynllun Blas am Oes yn ei wneud, rwyf yn cymryd o'r dystiolaeth yr ydych chi wedi ei chyflwyno eich bod wedi gweld safonau yn codi o ran maeth prydau yn yr ysgol. Mae hynny i'w groesawu, er mae'n codi cwestiwn ynghylch pam nad oedd y safonau yno yn y lle cyntaf, mae'n rhaid dweud, a pham bod eisiau deddfwriaeth er mwyn cael prydau maethlon yn yr ysgolion. Yr ail gwestiwn sydd yn codi yn sgîl hynny yw: sut mae sicrhau bod yr arferion hyn yn cael eu dysgu'n fwy eang gan blant ac wedyn yn nes ymlaen gan y gymdeithas? Felly, pa waith sydd yn cael ei wneud gyda byrddau iechyd ac, yn ehangach, drwy bartneriaeth? Nid wyf am ailagor cwestiwn Aled, ond mae'n ymddangos bod yna ddolen gyswllt ychydig yn wan o ran lledaenu'r neges. A yw hynny'n deg ar hyn o bryd?

Simon Thomas: There are so many questions there that I do not know where to start—I suppose that that is what this inquiry is for. What is obvious is that, if a child has food in school—and we are not sure what percentage does—they will, at the most, have five to 10 meals a week, with breakfast and lunch. Therefore, the impact of what is happening at home is far stronger, as well as of the society they live in, in terms of the attitude towards food, how they eat—at the table, in front of the television, snacking, whatever—there are so many questions they cannot be answered through one scheme in schools, I would suggest. However, in terms of understanding what Appetite for Life does, I take it from the evidence that you have presented that you have seen standards increase in terms of the nutrition of meals in school. That is to be welcomed, but it does raise a question as to why these standards were not in place already, it has to be said, and why legislation was needed in order to have nutritious meals in schools. The second question that arises as a result is: how do we ensure that these practices are taught more widely to children and eventually by society as a whole? Therefore, what work is being done with health boards and, more widely, through partnerships? I do not wish to reopen Aled's question, but it appears that there is a weak link in terms of spreading the message. Is that fair at the moment?

10:15

[98] **Ms Seabourne:** Perhaps I could deal with the first half first. Certainly, what we have seen has had an impact on nutritional standards. As I have mentioned, we have been working with local authorities, probably since the inception of Appetite for Life, back in 2007 or 2008, when I first started working with the Welsh Government on the development of the strategy. What we did, from that very early stage, was to bring local authorities on board so that they were comfortable with it and had a big lead-in time, because, as you rightly point out, we should have been seeing very high standards of nutrition before that point, and local authorities were working with other tools, before we started with Appetite for Life, to look at nutritional standards. However, it is probably fair to say that the practice was varied across local authorities and schools in Wales. Obviously, Appetite for Life brings consistency, which is what the legislation was planning to do: to bring in a consistent approach to nutrition so that it does not matter whether you are going to a school in Blaenau Gwent or Wrexham, you will still, if you are receiving a meal, get the same standard of nutrition. I think that is absolutely vital. What we have done—and I think that the legislation has benefited us—is to have a good lead-in time. We have standards that can be measured against, which provide a safeguard for nutrition, and I think that that is incredibly important.

[99] In terms of what we have been doing practically, the WLGA runs a tool called Saffron, and we have support within the WLGA for local authorities. Saffron is provided to local authorities and to schools that have opted out—you must remember that not all schools have to work with the local authority on the provision of meals; they can choose to opt out, and the approach that we have taken is that we want those schools to be part of the programme as well. So, we have brought them in as well, and we provide the Saffron tool, which gives local authorities and schools a tool to be able to look at the nutritional content of their meals and to plan their meals across the week, but also, crucially, I think, to share that with other providers. So, if you are on the system and you decide that you want to provide a shepherd's pie with not much salt in it, but you do not have a recipe yourself, you can go onto that system and find where someone else has done it. You can also see how that fits into a week-long nutritional programme. I think that it is incredibly beneficial on that front also to be able to share it. The other service that we provide is qualified support for that. So, if a local authority or a school is having a specific issue, they can phone up our contact at the WLGA and have a chat about it to see who else has done this and how they can do it, and to see whether there is a way of producing some sort of nutritional food that it cannot do. Our support will be able to provide that. We have also provided training for schools and local authorities on how to use the tool, but also how they can incorporate these healthy meals across the week within the school. It is incredibly important that we make sure that that information is shared across local authorities. We certainly do everything that we can to make sure that that happens.

[100] **Dr Llewelyn:** Chair, may I just add to that? I do not know whether Members will be interested, but we could provide a demonstration of how the Saffron software works. I think that it is very sophisticated and, in terms of some of the questions that have been raised this morning, it is an example of local government working in partnership with the Welsh Government across all authorities. Twenty-one of the 22 local authorities participate in it, but it does mean that you get consistency at an all-Wales level down to individual portions in terms of the nutritional content of every portion. As I say, it is a very integrated and sophisticated approach. It does mean that there are opportunities to learn lessons and to see what works effectively and so on.

[101] **Ann Jones:** I have Angela and Aled next, but I am conscious of time. Simon has not finished his questions either.

[102] **Angela Burns:** It is just a really quick observation. I have listened to what you have said. I was part of the committee that listened to Jenny Randerson when she brought forward her Member proposed Measure on this. I think that the whole principle behind it is excellent; however, I have to say that I do not see the reality out there in school. You talk about nutritional food and yet my children, who are primary school age, will regularly tell me that pizza was on the menu. I just take that as one example, but pizza has one of the worst nutritional contents possible. It is laden with fat, but, more importantly, it is teaching that child that takeaway food—and pizza is a takeaway food—is an acceptable way forward. There will also be chips. I could bring the school menu in, and I will happily do so next week, because it is actually shocking when you read it. They go to breakfast club, where they start their day off with orange squash, toast and marmalade. As you know, I am a fan of breakfast and people having free school breakfast. I think that it is an excellent idea, but, having listened to everything that you have said about the nutritional side of it and when I actually see what is out there for the children to consume, I do not see the correlation. Chris, you are obviously finding that an amusing statement, but it is true.

[103] **Dr Llewelyn:** No, I was thinking about how I was going to respond. I do not know of the example that you referred to and the individual school—

[104] **Angela Burns:** My children have been to a number of primary schools, and it runs across all of them. I have examples from the three schools that they have attended in their short lives.

[105] **Dr Llewelyn:** I have three boys and I am sure that, if they saw pizza on the menu at their school, they would go for that as well. There is a tool there that should enable schools to determine the nutritional content of all of the food that they provide. If they were providing pizza, then they could integrate it into a nutritionally balanced menu, both in terms of the day and across the week. I am not sure of the details regarding why they do not do that, but the possibility and the opportunity is there for them.

[106] **Ms Seabourne:** Those standards will be checked by Estyn. You have had evidence from Estyn to say that that will be a part of its remit, but it also needs to make up part of the governors' report—the annual report from governors in a school—to show how they are promoting healthy eating, but also how they are meeting the nutritional standards. That gives an opportunity for parents and other members of the community to have a look at what is happening within an individual school. That is quite important for making sure that schools are complying with the standards that are in place.

[107] **Aled Roberts:** I ddangos fy mod yn edrych y tu allan i'r gogledd ar adegau, roeddech yn sôn bod 21 o'r 22 cyngor ar hyn o bryd yn gweithredu cynllun Blas am Oes. Mae'r cynghorau ar hyn o bryd yn ystyried eu cyllidebau ar gyfer y flwyddyn nesaf, ac rwy'n ymwybodol bod cynnig gerbron Castell-nedd Port Talbot i roi'r gorau i ddilyn cynllun Blas am Oes yn ei holl ysgolion yn 2014-15. A ydych yn ymwybodol bod unrhyw gyngor arall yn ystyried eithrio o'r cynllun? Bydd yn arbed £106,000.

Aled Roberts: To demonstrate that I sometimes look beyond north Wales, you mentioned that 21 of the 22 local authorities currently operate the Appetite for Life scheme. Councils are currently considering their budgets for next year, and I am aware that there is a proposal before Neath Port Talbot to withdraw the Appetite for Life scheme from its schools in 2014-15. Are you aware that any other councils are considering opting out of this scheme? It will save £106,000.

[108] **Ms Seabourne:** To qualify the figure of 21, it represents the fact that 21 authorities have licences through the WLGA for Saffron. The authority has not opted out of Appetite for Life. In the case of that authority, the only reason that it has done it is that it has an existing tool in place that is aligned to Saffron. So, what we have done, essentially, is facilitated the

use of Saffron by local authorities and schools in a way that is cost-efficient. The WLGA purchases it on behalf of the whole of Wales, rather than authorities going and buying individual licences for the tool. It works out as being more cost-effective to do it with an all-Wales approach. The one authority that is not involved already had an existing licence to use a similar tool and it remained cost-effective for it to use that with its schools. So, to be clear, it has not opted out of Appetite for Life.

[109] I am not familiar with the report from Neath Port Talbot, but perhaps Chris would like to comment on that. However, the nutritional standards are in legislation, so local authorities and schools will still have to comply with them.

[110] **Aled Roberts:** The budget saving is from stopping Appetite for Life in all primary and comprehensive schools.

[111] **Mr Gomer:** We would have to go back to get the detail behind the headline.

[112] **Aled Roberts:** I am not talking about the specifics, but about whether there are plans from any of the other 21 authorities in their budget savings to scrap the scheme.

[113] **Dr Llewelyn:** At the moment, all authorities are grappling with trying to take £175 million out of their budgets and are facing an average revenue cut of 4%. They are all looking at how they can balance their budgets and continue to provide a high level of service provision and, in many instances, retaining employees as well. They have all been looking at a range of different options, as you know. We have seen many of the services in question hit the headlines. Indeed, the news this morning was dominated with some proposals on issues that have been discussed that relate to the committee's inquiry. The reality is that it is very difficult for authorities. They are faced with a range of unpalatable options and, in most instances, they would not want to have to choose any of these options but, inevitably, because of the funding constraints, they are forced to. The truth is that I could not tell you all of the options that all 22 authorities are considering at the moment. However, inevitably, they will have to make difficult choices, and many of the decisions they take will be unacceptable to some constituencies.

[114] **Aled Roberts:** I accept the difficulties, but if we are looking at four flagship schemes to deal with childhood obesity as part of our inquiry, we need to know whether there are any other local authorities scrapping that scheme.

[115] **Ann Jones:** That is more of a comment, really, is it not? Do not feel that you need to, but if you can go away and research some of the evidence on what local authorities are doing, that might be helpful to the committee. Simon, do you want to ask your last question?

[116] **Simon Thomas:** I do need to ask my last question, because this is really about some of the things we have been discussing. I do not want to give the impression that this committee is in favour of banning pizza, for example. I make pizza from scratch myself for my family.

[117] **Angela Burns:** So do I.

[118] **Simon Thomas:** That is a very different thing to buying it frozen in a shop. A lot of the food that we see as unhealthy is, in its cultural context, street food that is actually healthy in that culture and does not lead to obesity in that culture. So it is about the way we use food, the culture around food and the values we instil in our children and our attitudes to food, whether it is to do with obesity or anorexia. There is a whole range of attitudes around food and body image—

[119] **Bethan Jenkins:** Let us not go into that now.

[120] **Ann Jones:** No.

[121] **Simon Thomas:** We cannot answer those today, but with regard to Appetite for Life, it is just as important that that aspect is being dealt with as the nutritional standard. You did mention that and I accept that. So in what way does Appetite for Life put food in context so that we are, slowly at least, trying to change some of those attitudes to food and the cultural way we deal with food in our society? That must be part of a school's job.

[122] **Mr Gomer:** I think this partly answers a question you asked earlier. Appetite for Life does not sit on its own within schools; it is part of the Healthy Schools programme. I have been privileged to sit in on some of the assessments with schools and some of the knowledge that children have gained, particularly at primary level through their teachers and the work they do around nutrition, exercise and so forth, is incredible. You have eight-year-olds telling you so much about nutrition and health. They actually say, 'I know that I should have this but Mum can't afford it because it's 20p or 30p more'—for a different loaf, for example. The evidence on the ground is certainly there, and 99% of schools in Wales are now part of the Healthy Schools scheme. For us, I suppose, the drive is to try to get more and more schools to attain higher achievement levels within the scheme, and that may then answer some of the other issues around how well embedded it is and whether it is part of the whole culture of the school. They are pretty much now all in on the scheme; it is about how we get 100% in and how they move up. You can be registered in the scheme but then you attain different levels within it.

[123] **Ann Jones:** We have run out of time and we still have a number of questions on Creating an Active Wales around the MEND programme and future developments. So I am just going to say that we will write to you, because there is a wealth of information that you are going to go away to research and come back to us on. So we will make a note of what you are going to come back to us with and also put the additional questions to you. We will take it from there and evaluate your written evidence. I thank you for coming. We are closing this session now because we have the Minister coming and he is on a tight schedule as well. We need to start his session promptly. I thank you all for coming. Thank you for your evidence today and for your written evidence as well as what you are going to provide—I am sure that it will help us to move on. Thank you all very much indeed.

10:30

Ymchwiliad i Ordewdra Ymysg Plant—Sesiwn Dystiolaeth 4 Inquiry into Childhood Obesity—Evidence Session 4

[124] **Ann Jones:** This is the last evidence session that we will have on our inquiry into childhood obesity. I am delighted to welcome Mark Drakeford, the Minister for Health and Social Services, and Dr Ruth Hussey, who is the chief medical officer. I believe that you both need to be away spot on at 11:30; we will do our best. We did stray during the last session. Minister, I believe that you have asked to make an opening statement. It is not something that I am very keen to allow Ministers to do but, on this occasion, if it is a very brief statement, I will indulge you if you want to start the proceedings. Please be brief, because we have a set number of questions that we need to get through.

[125] **The Minister for Health and Social Services (Mark Drakeford):** I will be very brief indeed in that case, Chair. Thank you very much for the invitation and for allowing me to make a few opening remarks.

[126] Childhood obesity is an increasing priority for Governments everywhere. The evidence is disputed, but I think that the best evidence suggests that the rise in early years has been halted, but not yet reversed. Public policy solutions are not easy to identify or implement. Many solutions lie beyond the realm of Government, in the lives of individuals and families. Within Government, I think that the best evidence suggests that, to tackle childhood obesity, you do not simply need a set of ingredients; it is the recipe that matters. It is the way in which those different ingredients combine to make a difference in the lives of children. It is not always easy, even for the best researchers, to be able to understand how different programmes combine in that way. Therefore, analysis is not easy. Even where there is international evidence of things that work, it is often highly culturally specific. The best progress in recent years has probably been made in South Korea, but it is difficult to see how some of the ways in which it is done there could easily be translated into a different sort of context. We do know, however, that being obese and being overweight are not the same thing. It is very important not to lapse into the fallacy that to have half a glass of shandy means that you have taken the first step on the road to alcoholism. Conceptually, and in terms of what you do about it, it is important to distinguish between those two things. In childhood, the experience is shaped by gender and by age. The nature of the problem and the solution is not the same at five years of age as it is at 15. Intergenerational transmission plays a major part in shaping the chances that children have, as does the class gradient. The class gradient, which is very strong in obesity, is not there in relation to being overweight. That is true on a European scale as well as in Wales. I will stop there, because I know that the question about what we do about it all will come up during the meeting.

[127] **Ann Jones:** Thank you for setting that context. We have a number of areas, and I will just briefly run through them so that you have an idea of where we are going. They are the all-Wales obesity pathway, the child measurement programme, Change4Life, Appetite for Life, Creating an Active Wales, the MEND programme and any future developments. That is the gist of where we will go. We will start with the all-Wales obesity pathway. David and Aled have questions on that.

[128] **David Rees:** Good morning, Minister. I think that, from what you have just said, you have very little dissent upon those points. Part of the recipe is the all-Wales obesity pathway. We have heard some concern about it being adhered to by the various partners. How do you monitor the success of that? How do you monitor its combination with other programmes so that the recipe that you talked about starts being effective?

[129] **Mark Drakeford:** Progress made by local health boards in Wales is monitored annually by Government in relation to the all-Wales obesity pathway. It has an important role to play in tackling obesity among children, but in my mind it is not necessarily the most important part of what we do. It is dominated by adults rather than children, in practice. It has four different layers, as you know—tiers 1 to 4—and, to my mind, tiers 1 and 2, which are available in all health boards in Wales, are the real priority areas for the long term with children. Do we really want to have a system that concentrates on providing very significant interventional-type procedures for children after the problem has taken place? It is tiers 1 and 2 that are at the preventative end. Tiers 1 and 2 are about making sure that children do not end up needing those very secondary-care-type interventions. Of course, when they are needed, they need to be there, but I think our ambition for Wales has to be to prevent the need for levels 3 and 4 services, in the lives of children in particular, as much as possible. We are moving, as we are in many parts of public services, to an outcomes-based approach to the all-Wales obesity pathway. It is about the difference that it makes and the results that it delivers. That is how we need to measure it, rather than against inputs and outputs themselves. I am sure that Ruth will have more of the detail, and she might be able to describe that for you.

[130] **Dr Hussey:** Just to add, in terms of the monitoring side of it, it is important to note that it has been an annual process. It is relatively new, but there has been an annual process of

following up to see what progress has been made. However, you will be aware that the health service in particular is focusing on a three-year plan for services, and, in looking at how we will evaluate those plans, I am very clear that obesity and progress on obesity is part of our assessment of whether there is evidence that it is scaled to the needs of those particular communities. Each health board has a different mix of need, so just to assure you that it is not just an annual process, we are now seizing the opportunity of a three-year plan to look forward and see what sort of approach will be taken as we go forward.

[131] **David Rees:** I appreciate your answers. On tiers 1 and 2, you are quite right to say that the preventative approach is critical, but there is an element of tier 3 that we have to address as well, and I suppose I want to find out, in a sense, what support mechanisms you have in place to support people at tier 3. Once you get into intervention they need that support beyond that to make sure the intervention is successful and sustainable. Where do you go with that type of support, and what programmes do you have to provide that support? Also, on the motivational aspects, part of tier 2 and tier 1, and possibly part of prevention, is encouragement and motivation. Where do you have those in your programmes?

[132] **Dr Hussey:** Perhaps I could pick that up. As the Minister said, the emphasis has to be on creating the conditions for wellness. So, right from the start, the drive to create healthy children has to be focused on a good start in maternity, and a good start in the early years. Levels 1 and 2 services are available in all health boards, are very much targeted at the specifics of childhood obesity, and are designed to be flexible to the needs of the local community, working with primary healthcare and other services. It is fair to say that level 3 services are a significant step up, and not all health boards have fully developed level 3 services, but again, if you are trying to look at what is the most effective way of trying to get the biggest benefit for most children, it is about preventing the need to get into those level 3 and level 4 approaches in childhood. So, the importance of focusing on the first few years, and creating the right context in life, is certainly where we are starting to focus with the early years partnership board.

[133] **David Rees:** However, the recent reports from the BMA, for example, have already highlighted the proportion of 34% of children who are deemed to be obese or overweight at this point in time. I recognise the difference between 'obese' and 'overweight' as well. Therefore, there is a need to look not just at the preventative side, but to address those measures as well. I just want to know how you would tackle that. It is not just preventative.

[134] **Dr Hussey:** Certainly, the all-Wales obesity pathway is there, and the intention is to look at all levels. As I have said to you, increasingly, as health boards are more proactively planning what they are trying to do over a three-year period, it gives people a chance to look at the needs of the population more closely. We now have the data. The publication of the childhood measurement programme gives us concrete information to ask, 'How does that relate back to the plans that we now need to develop, and what is the right mix of services? Is it the appropriate intervention for all of those children to have a highly intense programme, or will some benefit from access to level 1 and level 2 interventions?' The health system has to get into the knowledge at a local level to work out the right mix. It is about working with families and communities. I know that Communities First is very engaged in supporting local action. Understanding the needs at a local level is key to this.

[135] **Mark Drakeford:** May I just respond to one very important point that David made? The point is that, if you look at public health education right across Europe, what you find is that it has been very good at changing people's attitudes, it has been pretty good at changing people's intentions, but it has been very poor at changing people's behaviours. So, in terms of obesity, it is not that people do not understand that eating a proper diet and taking exercise is good for them. They have understood it very well. Sometimes, people say that, having understood it, they want to do something about it. However, turning that into behavioural

change has proven very difficult indeed. I have been talking a lot with Ruth and with Public Health Wales about how we need to move on from public health education to motivation. We have to find better ways in which we can help people to turn what they know is important into things that they do. Lots of that lies beyond the health service, certainly in terms of things that schools do, and participation in leisure, sport and other things. It is also about the planning system and the way that that does not put temptation in people's way if we can manage to do those things too. It is a very important general point: how do we move beyond what people know to what they do?

[136] **Ann Jones:** David, are you happy with that? I see that you are. I now bring in Aled.

[137] **Aled Roberts:** Hoffwn ofyn cwestiwn am werthuso. Rwy'n meddwl mai dyna'r hyn nad yw'n amlwg o ran y dystiolaeth yr ydym yn ei gweld ar hyn o bryd. Mae'r llwybr gordewdra wedi bod mewn bodolaeth ers rhyw ddwy flynedd a hanner. Rwyf wedi gofyn cwestiynau am yr hyn sy'n digwydd yn y gogledd. Yn anffodus, nid wyf yn gweld bod llawer iawn o ledaenu arfer da. Nid wyf yn gweld bod llawer iawn o dystiolaeth ynglŷn â'r hyn sy'n effeithiol. Hoffwn roi un enghraifft ichi. Roedd grŵp yn y gogledd a oedd yn edrych ar y sefyllfa o ran cael pwysau iach a diogel mewn beichiogrwydd—*healthy and safe weight in pregnancy multiagency group*. Roedd y grŵp hwn wedi bodoli ers mis Medi 2011 ac, ar y pryd, roedd wedi gweld bod pum cynllun. Cefais lythyr gan fwrdd iechyd Betsi Cadwaladr ar 12 Rhagfyr a oedd yn sôn am wneud y grŵp hwn yn rhan o grŵp cyflawn ar ordewdra mewn plant, ond a oedd yn dweud dim am y bum rhaglen sydd wedi bodoli am dros ddwy flynedd. Roedd y rhain yn cynnwys un rhaglen yng Nghonwy, lle'r oedd cynllun peilot i edrych ar yr effaith yr oedd hyn yn ei gael. Rwyf yn synnu nad oedd y bwrdd wedi edrych ar ba mor effeithlon oedd y rhaglenni hynny cyn gwneud penderfyniad. Mae digon o gyfarfodydd a digon o drafod, ac eto dim dystiolaeth ynglŷn â'r hyn sy'n gweithio ar lawr gwlad. A ydych chi, fel Llywodraeth, yn dweud wrth y byrddau iechyd hyn, 'Gwrandewch, nid ydych chi hyd yn oed yn edrych ar yr hyn sy'n effeithiol cyn ichi symud ymlaen â rhyw raglenni eraill'?

10:45

[138] **Mark Drakeford:** Ni allaf ateb mewn manylder bob tro ynghylch yr hyn sy'n mynd ymlaen ledled Cymru. Fodd bynnag, yn gyffredinol, rwy'n cytuno â'r pwynt y

Aled Roberts: I would like to ask a question about evaluation. I think that that is what is not obvious from the evidence that we have seen already. The all-Wales obesity pathway has been in existence for about two and a half years. I have asked questions in relation to what is happening in north Wales. Unfortunately, I do not see much spreading of good practice. I do not see that there is much evidence of what is effective. I would like to give you one example. There was a group in north Wales that was looking at the situation in terms of healthy and safe weight in pregnancy: the healthy and safe weight in pregnancy multiagency group. The group had been in existence since September 2011 and, at the time, had seen that there were five schemes. I received a letter from Betsi Cadwaladr health board on 12 December that spoke about making this group a part of a wider group on childhood obesity, but said nothing about the five programmes that have been in existence for more than two years. These included one scheme in Conwy where there was a pilot scheme to look at what effect this was having. I was surprised that they had not looked at how effective those programmes were before making a decision. Plenty of meetings have been held and there has been plenty of discussion, and yet no evidence in relation to what is happening at grass-roots level. Do you, as a Government, tell these health boards, 'Listen, you do not even look at what is effective before you move on to other schemes'?

Mark Drakeford: I cannot respond in detail to everything that is happening across Wales. However, in general, I agree with the point that the Member makes. I believe that we, as

mae'r Aelod wedi'i wneud. Rwy'n credu y bydd yn rhaid inni, fel Llywodraeth, geisio tynnu at ei gilydd y pethau sy'n mynd ymlaen ar draws Cymru a bod yn glir gyda'r byrddau iechyd bod ganddynt bethau i'w dysgu. Mae lot o dystiolaeth gennym ac mae lot o ymchwil wedi bod, felly mae'n bwysig ein bod yn tynnu'r gwersi sydd ar gael o'r profiadau rydym wedi eu cael. Nid ydym wedi gwneud hynny'n ddigon da. Rwy'n cydnabod hynny. Nid yw hyn yn wir am faes iechyd yn unig. Mae angen inni weithio gyda phartneriaethau sydd gennym o ran awdurdodau lleol, y trydydd sector ac yn y blaen. Trwy wneud hynny, rwy'n meddwl y gallwn gryfhau beth sy'n mynd ymlaen a cheisio dysgu'r gwersi, nid yn unig le mae pethau yn digwydd, ond dysgu gwersi mwy cyffredinol i bobl.

a Government, will have to try to draw together the things that are going on across Wales and to be clear with the health boards that they have things to learn. We have a great deal of evidence and a great deal of research has been undertaken, so it is important that we draw on the lessons out of the experiences that we have had. We have not done that well enough. I acknowledge that. It is not just in the field of health either. We need to work with partnerships that we have with local authorities, the third sector and so on. By doing that, I think that we can strengthen what is going on and try to learn the lessons not just when things happen, but the more general lessons for people.

[139] **Dr Hussey:** Increasingly, in the time that I have been in the post, it is evident that there is a growing realisation that we need to focus on the clear, measurable outcomes that we are trying to work on, to look at the programmes that we have in place, to look at whether they are building, if you like, success towards that outcome. If they are not, what do they need to do to change some of those interventions and are they scaled at a sufficient level to have an impact at population level? So, many of the conversations that I am having are really trying to focus on whether we are all clear about what success looks like, what we are trying to do and then working backwards to say, 'Are these programmes really building up to create the success that we are looking for?'. That is a conversation that I have increasingly with people. I expect, going back to the plans that people are putting in place, that I will see evidence that people say, 'What we are trying to do is this outcome' and we start to shape the programmes that we have. I cannot speak on the detail. I would be interested to look at it afterwards in terms of one health board. That is the general approach that I expect to see happening at local level. I will certainly follow that up.

[140] **Aled Roberts:** Okay. I have the childhood obesity group action plan for 2013–14. To be perfectly honest with you, if somebody is monitoring these action plans, you have to ask 'What is going on?'. The fifth action point—and this is after one group has been in existence for two years—reads as follows:

[141] 'Consider need for business case to be developed outlining resources required for prevention and treatment pathways'.

[142] I am not talking about the detail. I am talking about how effective the monitoring is. The action agreed for this year is this:

[143] 'Potential business case to identify resource requirement etc.'

[144] and then the action for next year is:

[145] 'resources released to support childhood obesity'.

[146] If it takes us three years for somebody to write that in an action plan, I really question how effective the monitoring is.

[147] **Ann Jones:** There is a danger though in the fact that you have some information and, certainly, I have been privy to some of that information, but it is difficult for Members who do not have that level of detail, and it is difficult for the Minister and the chief medical officer.

[148] **Aled Roberts:** I am not talking about the detail, Chair.

[149] **Ann Jones:** No, I know what you are saying. However, it is difficult because people—the general point is that it has taken people a long time and they are using the writing of an action plan, probably, as some sort of way of not getting an outcome. I know that you have talked about outcomes.

[150] **Mark Drakeford:** I think that the general point for me is this: it is not that there is no monitoring. Monitoring goes on all the time. It operates in a routine way across all sorts of Government programmes. The real issue is whether we capture the learning from that monitoring so that it does not remain in the sort of specific silos that it operates within and allows us to combine the very many things that go on in this field. All sorts of programmes in all sorts of departments have tackling obesity, increasing physical activity, eating healthily as part of what they do. The point, Aled, that I think I take out of it is whether we manage to add all of that up through the monitoring that we do to get the maximum impact for it. I think that is a genuinely open question.

[151] **Aled Roberts:** I want to raise a further point on what the Government's view is now with regard to some wider policy areas, because I also looked at the Welsh medical committee's minutes, going back to both your predecessors, and an obesity report had been prepared by that committee that was critical of the Government's response, particularly with regard to lobbying the UK Government on taxation and mandatory limits, which it was suggesting should be considered as part of the whole programme. It also looked at local planning regulations and the fact that the ministerial response, again, did not actually say what the Government's view was on that. Also, a point that David made earlier, recommendation 3 was the provision of a bariatric unit in north Wales and recommendation 4 was changes to the criteria as far as bariatric intervention was concerned. I know that the Minister made a statement on that some time ago, but is the committee now satisfied with regard to the Government's response? Has there been any movement on that since the minutes?

[152] **Mark Drakeford:** Shall I take the first points? They are general points and I think that they are very important ones indeed. My view is that there is more that could and should be done to reduce the impact of the food industry, for example, which is what the committee was talking about there. We will talk about all sorts of things that the Government in Wales is doing to try to, you could say, bolt the stable door after the horse is galloping around the field, because the food industry is busy putting more and more sugar into people's diets. It targets children, quite recognisably, for some of these products. The UK Government's approach is very definitely voluntary, and that is the position of that Government. It will not move into some of the more mandatory things that that committee talked about.

[153] There is something called the public health responsibility deal that the Department of Health leads on and that we are part of. The public responsibility deal has food as one of the four top things that it is meant to tackle. I have to recognise that my own position would be much more at the mandatory end, but the UK Government would say that, over the lifetime of the responsibility deal so far, it has succeeded in working with the industry to reduce the level of salt in processed food by 15%, and there are researchers who say that you can trace the impact of that already in terms of the blood pressure levels and the level of strokes that are being reported in the population. I am writing at the moment to Jeremy Hunt, arguing that sugar levels need to be the next big push in that responsibility deal. At the moment, sugar is

not something that has been discussed as part of it. I am trying to argue to UK Ministers that they have to grasp the sugar agenda and try to be as effective on that as they would argue that they have been on salt. However, we just do not have these levers directly in our own hands; they are not part of our suite of legislative responsibilities and, even if they were, there would be some very serious issues to do with trying to do something in Wales when our border is so porous on all of these sorts of things, with a much bigger neighbour next door.

[154] However, if we take the voluntary approach for the moment, which is not the one that the Welsh medical committee was recommending, I think that there is more that we can do, even within that framework, but it has to be done on a UK basis.

[155] **Ann Jones:** We are going to make some progress. You have a question on the child measurement programme, Keith.

[156] **Keith Davies:** Ar raglen mesur plant Cymru, roeddwn i'n falch o ddarllen eich papur, achos mae'n rhyfedd, fel roeddech yn dweud ar y dechrau, i weld y gwahaniaeth yn y niferoedd sydd dros bwysau neu'n ordew. Gan edrych ar eich papur, mae'r nifer o blant 11, 13 a 15 oed yng Nghymru sydd dros bwysau wedi dod i lawr dros y blynyddoedd diweddar. Wedyn, rydym yn edrych ar y plant sy'n cael eu mesur ac mae'n dweud bod un o bob wyth yn ordew. Felly, mae'r ffigurau gennych nawr ac rydych yn mesur y plant hyn bob blwyddyn. A ydym ni'n edrych ar y sefyllfa mewn ardaloedd Dechrau'n Deg neu efallai Cymunedau yn Gyntaf i weld os taw yn y manau hynny mae'r broblem fwyaf, a oes pethau'n newid yno ac, os ydyn nhw'n newid, pam maen nhw'n newid, er mwyn inni allu rhannu'r wybodaeth honno gyda llefydd eraill?

Keith Davies: Turning to the child measurement programme for Wales, I was pleased to read your paper, because it is surprising, as you said at the beginning, to see the difference in the numbers who are overweight and obese. Looking at your paper, the number of children aged 11, 13 and 15 in Wales who are overweight has come down over the past few years. Then, we look at the children who are measured and it says that one in eight are obese. So, you have these figures now and you are measuring these children every year. Are we looking at the situation in Flying Start areas or perhaps Communities First areas to see whether it is in those areas that the greatest problem lies, whether things are changing there and, if they are changing, why they are changing, so that we can share that information with other areas?

[157] **Mark Drakeford:** Mae lot o bobl yn dadlau ynghylch yr hyn y gallwn ei ddysgu o'r dystiolaeth yn y maes hwn. Dyna un o'r rhesymau pam rydym wedi symud i raglen newydd; yn y dyfodol, byddwn yn gallu tynnu tystiolaeth gryf o'r rhaglen newydd.

Mark Drakeford: Many people argue about what we can learn from the evidence in this field. That is one of the reasons why we have entered into a new programme; in the future, we will be able to take strong evidence out of the new programme.

[158] The programme is in its early stages. We have only had one set of results from it and those were transitional results. They still had to work partly in the way that things were being done before, where children were weighed and measured right across Wales, but the approach was not always the same in different parts of Wales. What the child measurement programme will provide is an absolutely consistent level of data across Wales that we will be able to use. The second set of results is due to be published shortly and, at the moment, children are being weighed and measured across Wales for the third programme.

[159] It will do what Keith has suggested: it will allow us to have a greater focus on the differences between different parts of Wales. Then, we will need to think about what those differences mean. I have a personal explanation for some of these things, which I think needs testing. My fear, Keith, is that the overweight side of things is, in some ways, a product of affluence. You see levels of overweightness in all parts of Wales and they are not very

different. These are people who have money in their pockets, but maybe not a lot of time, so they rely on processed foods and things that are prepared, which have a tendency towards overweightness. However, in our poorest communities, where levels of obesity are much greater, I think what you are seeing is the impact of poverty, not of people having money in their pockets. That is the impact of people who have no money in their pockets and are driven to buy food of the poorest quality at the cheapest price, which has the highest levels of the things that drive people towards obesity. We will test that. That is my hypothesis, rather than having the full evidence. The child measurement programme will give us the evidence to allow us to test some of those explanations further.

[160] **Ann Jones:** Simon and Lynne have questions, and then I will come back to Keith. I call Simon first.

[161] **Simon Thomas:** Roedd fy nghwestiwn i'n ymwneud yn union â'r hyn rydych newydd ei ddweud, Weinidog, sef y gwahaniaeth rhwng gordewdra a gormod o bwysau, a sut y gallwch adnabod hynny o ran dosbarth ac o ran daearyddiaeth, efallai. Mae yna rywbeth diwylliannol hefyd—nid jyst dosbarth—ar waith fan hyn, efallai, ond cawn weld.

Simon Thomas: My question was directly in relation to what you have just said, Minister, namely the difference between obesity and being overweight, and how you can recognise that according to class and geography, perhaps. There are also cultural issues—not just issues of class—at work here, perhaps, but we shall see.

[162] Yn benodol yn achos y rhaglen hon, ynglŷn â'r ffordd rydym yn mesur y plant o ran pwysau a thaldra, pa neges sy'n mynd yn ôl at eu teuluoedd? Dyna'r ateb rwyf yn trio ei gael yn awr. A ydych chi'n hyderus ein bod ni'n rhoi'r gefnogaeth yn ei lle pan fydd plentyn yn cael ei fesur yn y ffordd honno a bod y gwersi yn mynd nôl, rywfodd neu'i gilydd, drwy'r system ysgolion neu'r gwasanaeth iechyd, ynglŷn ag iechyd y plentyn hwnnw a realiti'r sefyllfa y mae'r plentyn yn byw ynddi? Drwy wneud hynny, ni fyddwn yn disgwyl i ormod gael ei gyflawni mewn un cyd-destun a fyddai, efallai, yn gyrru pobl i ffwrdd oddi wrth y gwasanaethau sy'n gallu'u cefnogi nhw.

Specifically in relation to this programme and the way in which we are measuring children in terms of weight and height, what message does that transmit to their families? That is what I am trying to get at here. Are you confident that we are giving the support when a child is measured in that way and that the lessons are going back, in one way or another, through the school system or the health service, with regard to the child's health and the reality of the situation that the child lives in? In doing that, we will not be expecting too much to be achieved in one context, which could, perhaps, drive people away from the services that could support them.

[163] **Mark Drakeford:** Rwy'n cytuno'n llwyr. Pan rydym ni'n siarad am blant yn y maes hwn, rydym ni'n siarad am deuluoedd hefyd, onid ydym? Os ydym am wneud gwahaniaeth yn y dyfodol, mae'n bwysig dros ben i ni weithio gyda'r teulu i gyd a gyda'r tîm o bobl sydd o gwmpas y teulu, gyda'i gilydd. Mae'r negeseuon rydym yn eu rhoi yn ôl i'r teuluoedd yn hynod o bwysig hefyd.

Mark Drakeford: I totally agree. When we are talking about children in this area, we are talking about families as well, are we not? If we are going to make a difference in the future, it is extremely important that we work with the whole family and the team of people who surround that family and work with them all together. The messages that we transmit to the families are also extremely important.

[164] It is a real danger in this field, if you are not careful, that the messages people think they are hearing are ones of blame and that you are saying to them, 'You are obese and it's your fault'. I think that that drives people away from trying to do anything about it. Another danger in this field is that if you do not give messages to people about things that they think

are achievable, they end up doing nothing.

11:00

[165] One of the problems, I believe, that there has been with some of our public health messaging is that, if you say to people, 'You've got to exercise'—Ruth will tell me exactly now what the real message is that we give to people—

[166] **Dr Hussey:** It is 5x30 for adults.

[167] **Mark Drakeford:** It is that five times a week, you need to do 30 minutes of vigorous exercise. If that is so far away from where you are in your life that you cannot see any chain between you and it, the danger is that you think, 'Well, I'll do nothing then'. I think that we have got to give messages to people that allow them to see how doing small things in their lives is the first step in the direction of doing something that will make a big difference in the end. You will have seen the Caerphilly cohort study that came out just recently. I think that it is publishing information today that says that if the men in that study had done one more healthy activity in their lives, it would have reduced the rates of dementia by 16%, diabetes by 13% and vascular disease, in that population, by somewhere around 6% to 8%. One more healthy behaviour would have made such a big difference. Those are the sorts of messages that we have got to try to communicate to people—there are small things that they really can do that make a big difference in the end. Learning the lessons from the child measurement survey and getting messages back to families are really important, but it is really tricky to get the information back to people in a way that leads them to do things that are positive, rather than feeling either that people are just pointing the finger at them or that the gap between where they are and where they need to be is so big that there is no point even trying.

[168] **Ann Jones:** Lynne, you have a question.

[169] **Lynne Neagle:** Yes. In the case of the child measurement programme, most of those measurements are going to be obtained by health visitors in child health clinics, are they not? How confident are you that health visitors across Wales are dealing appropriately with the findings of these surveys? I accept that, obviously, it has to be tailored and that each family is individual, but how confident are you that we are not just going through the motions with the measurements and that, for every child where a problem has been identified, an appropriate plan will be in place?

[170] **Dr Hussey:** The current scheme is focused on the school-entry period, but you are absolutely right to ask what use we are going to make of the information. The information works on multiple levels. First of all, there is a headline message, which has been widely communicated. Then, drilling into the information, we start to look at whether there are different communities, different social groups or different areas of Wales where there are particular challenges, or different patterns that need to be addressed. So, that comes down to the planning system, looking at local services and at whether we have the right mix, and it comes right down to the individual families. How is that being translated back into how we help individual families to hear what is being said and enable them to make the change? It is no good telling a family that they have got to cook in certain ways if they do not have the means to cook, if they do not have the facilities to cook, if they are in temporary accommodation, for example. There are all sorts of circumstances in people's lives and health visitors are absolutely well placed to understand the context of people's lives and to help find solutions, but not on their own. Again, the power of the local team around the family and the programmes that we have in place are real opportunities to try to look at the whole child and all the things that need to change and work through those with families. Those are exactly the programmes that we have in place in Wales. That is their focal point.

[171] **Ann Jones:** We have to make some progress because we are only on the second part. We will move to Change4Life. Rebecca is next.

[172] **Rebecca Evans:** Thank you, Chair. We have heard some evidence that the Change4Life programme has been disappointing and fallen short of its potential. Some of the blame has been put at the door of the Welsh Government in terms of the administration of it being inconsistent. How would you respond to that?

[173] **Mark Drakeford:** I would agree that Change4Life has not reached its full potential and that there is more that we can do with it in future. I do not accept some of the criticism that I sometimes hear made of it that it is a badly founded programme and so on. It is important just to trace the history of it. The Change4Life programme in Wales came directly as the result of the Change4Life programme that the Department of Health ran. It was only when the evidence of the success of the programme emerged through some pretty significant research and evaluation at the Department of Health level that we took those lessons and applied them here in Wales. We have been able to do a lot of our learning from the experience elsewhere. Undoubtedly, among those families that it reaches, it is thought very highly of. Ninety-six per cent of those people who have signed up to it say that they would recommend it to someone else; and three quarters of the people who have been part of it report that, as a result of being part of it, they have made some actual specific changes in the way that they behave in the food and fitness area. Could it reach more people? I think that it could. Could we do more to promote it? I think that we probably could do more there, too. However, in its own terms, I think that the programme is largely a success.

[174] **Rebecca Evans:** You have spoken already about the impact of poverty, therefore I was wondering how satisfied you are that the resources that come along with Change4Life take into account things such as food poverty, the difficulties that some people experience in accessing shops to buy fresh food and so on?

[175] **Mark Drakeford:** I think that Change4Life is vulnerable. Like many programmes it is more easily accessible and usable to people whose general circumstances are not at the sharpest end of difficulty and disadvantage. By itself I do not think that it probably was ever intended to do some of the things that Rebecca asked about, because it is not the programme that makes a difference as to whether or not there is fresh food available in the area. As the chief medical officer said, if those basic things are not available, and if you cannot buy a lettuce—I remember someone once describing a part of Wales being a lettuce-free zone, because you could not buy one even if you wanted one because there was no shop near you that stocked them. Change4Life is not the programme that does that, but there are lots of other programmes that do, such as the food co-operative programme and so on.

[176] **Dr Hussey:** Perhaps I could add that I think that programmes are designed in a way that is mindful of not putting pressure on families to spend resources that they do not have. For example, there are game suggestions. There are low-cost or no-cost ways in which you can get children active. There were some campaigns over the summer that were really mindful that this is not about driving people to think that they must spend money to be healthy. There are ways in which it can be incorporated into life in a different way and make it interesting. The programme itself and the people who design the work, recognise the issues.

[177] **Rebecca Evans:** Talking about poverty has made me think about food banks this morning. Is there a role for food banks in the promotion of healthy eating, or is that just the wrong time to engage with people when they are literally at risk of eating or not eating?

[178] **Mark Drakeford:** We try to think of many of the ways in which people come into contact with health professionals, that every contact should be a public health contact, and that every opportunity should be taken to try to provide some of the messages that we have

been talking about this morning. It is very much now built into the way that maternity services, in particular, are being developed. Is that one of those moments in people's lives where change is possible because they are thinking about such other big-scale changes? Can you use that learning moment to do other things with people, too? My experience of people using food banks—like many people around this table, I guess—is being able, through my constituency office, to give people food bank vouchers. It is a very rare surgery that I do on a Saturday morning now where someone does not come to see me for exactly that reason. I would find it difficult, because I am not trained or probably competent, to try to talk to them at that point about healthy eating and stuff like that. Their minds are absolutely focused on just how they will find food for the next few days. There is stuff that we can do with the food bank movement in terms of the food that is supplied to people, for example slipping information into the food pack that people might be able to look at when they are in a different frame of mind. I struggle to see how you would really be able to talk to people at that moment about some of these things.

[179] **Rebecca Evans:** You mentioned maternity services; do you feel that there is any value in developing a national pathway for maternal obesity across health boards in Wales?

[180] **Dr Hussey:** There is work under way. As you know, there is a maternity programme led by the chief nursing officer, looking at a whole range of issues to do with maternity, and that is reviewed every six months. Maternal weight is one of the areas that this programme has been looking at and raising awareness of and making sure that weight is being measured. There is scope to further develop practice guidance, or any ways in which we can reinforce its importance, as the Minister says, at key points in a person's life and in a family's life, so that they can see what they can do at that time and also in setting up the next stage for themselves and their newborn babies. I can certainly take that to the chief nursing officer's office to consider what else is possible.

[181] **Rebecca Evans:** Great. A gap in pre-maternity health was identified by some of our witnesses for this inquiry. Is that something that that piece of work will look at as well?

[182] **Dr Hussey:** We can certainly ask them to consider what else might be helpful at that stage. We will certainly take that away.

[183] **Ann Jones:** Thanks. We will move on to Appetite for Life, but, Simon, I know that you have a couple of questions based on Change4Life.

[184] **Simon Thomas:** Diolch. Rwyf eisiau sôn am fanciau bwyd. Yn sicr, rwyf i wedi gweld banciau bwyd yn rhoi cardiau rysâit a gwybodaeth am fwyta'n iach gyda'r bwyd. Er hynny, wrth gwrs, nid yw banciau bwyd yn gallu delio gyda bwyd ffres.

Simon Thomas: Thank you. I just want to mention food banks. Certainly, I have seen food banks giving out recipe cards and information on healthy eating with the food. However, of course, food banks cannot deal with fresh food.

[185] **Mark Drakeford:** Na.

Mark Drakeford: No.

[186] **Simon Thomas:** Mae hynny'n un o'r problemau sy'n bodoli yn y cymunedau hynny lle mae banciau'n weithredol. Felly, mae angen inni edrych ar ffyrdd eraill, rwy'n meddwl. Roeddwn eisiau gwneud y sylw hwnnw.

Simon Thomas: That is one of the problems that exist in those communities where food banks operate. So, we have to look at other ways, I think. I just wanted to make that point.

[187] Hoffwn symud ymlaen at yr hyn a wneir mewn ysgolion ac yn ehangach gyda I would like to move on to what is done in schools, and in a wider context with families

theuluoedd trwy'r cynllun Blas am Oes. Er bod y rheoliadau maeth yn weddol newydd, a ydych chi'n hapus gyda'r safonau maeth sydd ynddynt? Gofynnaf hynny yn y cyd-destun o fod wedi gweld newid pwyslais dros y blynyddoedd o ran y wybodaeth gyhoeddus a roddwyd ynglŷn â bwyta'n iach. Mae'r ffocws bellach yn llawer mwy ar siwgr ac wedi symud i ffwrdd o fraster. Roedd pawb yn gweld braster fel rhywbeth drwg, ond, yn bersonol, nid oeddwn i'n meddwl felly—ac mae llawer o feddygon yn ein teulu ni. Fodd bynnag, caiff siwgr ei weld fel rhywbeth gwirioneddol beryglus.

[188] Mae'n ddiddorol y bydd pob un ohonom mae'n debyg, wrth inni eistedd o gwmpas y bwrdd, wedi derbyn e-bost gan un cwmni mawr—ni fyddaf yn ei enwi—sy'n cyflenwi bwydydd i'n sefydliadau cyhoeddus, ac sy'n enwog am ychwanegu at ei fwyd. Felly, o edrych ar y safonau maeth, a ydych chi'n hyderus eu bod yn ddigon cadarn ar gyfer y datblygiad hwn? Pa drafodaethau ydych chi'n eu cael yn ehangach gyda'r Gweinidog Addysg a Sgiliau o ran y sefyllfa ym myd addysg a chyda'r byrddau iechyd i sicrhau bod y gwersi'n cael eu dysgu'n ehangach a hefyd yn cael eu gwerthuso yn y cynllun Blas am Oes?

[189] **Mark Drakeford:** Hoffwn ddweud gair o ddiolch i Simon am yr hyn a ddywedodd ynglŷn â *food banks*. Mae yna dystiolaeth. Fodd bynnag, mae'r hyn y maent yn gallu ei ddsbarthu i bobl yn rhan o'r broblem ambell waith achos *processed foods* yw'r cyfan sydd ganddynt.

[190] I droi at Blas am Oes, y Gweinidog Addysg a Sgiliau sy'n gyfrifol am y rhaglen honno. Y peth pwysig i mi yw mai dyma'r tro cyntaf i ni fel Cynulliad ddeddfu i roi safonau i mewn i'r system sydd gennym yn awr.

[191] I am not saying that every standard that we have is absolutely the right one and that there is not more that we need to do to work on them and develop them, but it seems to be that it is a really key move that, quite unlike the industry, we are setting standards for the food that children get in school in relation to salt, fat, sugar and nutritional content. Work does go on by dieticians who are employed in the health service and colleagues who work in education to agree those standards. There is work being done to police the standards to make sure that they are being delivered and to review the standards—which is the point that Simon was making—to make sure that, as we take Appetite for Life forward, we are confident that we are doing the most we can so that the food that children have during the school day at least

through the Appetite for Life programme. Even though the nutrition regulations are relatively new, are you content with the nutrition standards that are within them? I ask that in the context of having seen over the years a change in emphasis in the public information provided on healthy eating. The focus now is much more on sugar and has moved away from fat. Everybody used to see fat as a bad thing, but, personally, I never thought that way—and there are several doctors in our family. However, sugar is seen as something that is really dangerous.

It is interesting that as we sit around this table, each of us will have had an e-mail from one large company—I will not name it—that supplies food to our public bodies, and is well known in this field for adding to its foods. So, looking at the nutrition standards, are you confident that they are robust enough for this development? What other discussions are you having with the Minister for Education and Skills in terms of the situation in education and with the health boards to ensure that lessons are learnt more widely and are also evaluated in the Appetite for Life programme?

Mark Drakeford: I would like to say a word of thanks to Simon for what he said about food banks. There is evidence. However, what they can distribute to people is part of the problem sometimes because processed foods is all they have.

Turning to Appetite for Life, it is the Minister for Education and Skills who is responsible for that programme. The important thing for me is that this is the first time that we, as an Assembly, have legislated to put standards into the system that we have now.

is of the sort and standard they need.

11:15

[192] **Dr Hussey:** The way that local government has taken this on is impressive. We have heard about the Saffron programme, which really makes it easy and simple to look at what is being offered and provides tools for people to make the right choices in the design of school meals. From what I am seeing and hearing, it is a very robust approach. Clearly, there will be things that will need improving over time; there is an inspection process that will follow that up. As you described, there is an understanding that the emphasis should be on diet. As science emerges and more knowledge is acquired about the different elements of our diet, we will need to be sensitive to that as we move forward. There is a standing advisory committee on nutrition that advises the UK. It will be looking at all the evidence as it emerges to help make sure that the guidance that we have keeps pace with the evidence about the balance of those nutrients. The local government work that is going on around nutrition has resulted in impressive programmes being put in place to try to get the most benefit for children.

[193] **Simon Thomas:** Gwn nad ydych yn gyfrifol yn uniongyrchol amdano, ond sut mae Blas am Oes yn ffitio i mewn i'r cyd-destun ehangach, yn enwedig o ran iechyd cyhoeddus a'r byrddau iechyd, o ran y gwersi sy'n cael eu dysgu? Nid yw plant yn cael y rhan fwyaf o'i brydau bwyd yn yr ysgol—hyd yn oed y plant sy'n cael prydau bwyd. Nid yw lot o blant yn cael bwyd yn yr ysgol, hyd yn oed y rheini sy'n gymwys i gael prydau am ddim—mae bron i chwarter ohonynt ddim yn cael bwyd yn yr ysgol gynradd. Sut mae hynny'n ffitio i mewn i'r cyd-destun ehangach o ddysgu rhai o'r gwersi hyn?

Simon Thomas: I know that you are not directly responsible for it, but how does Appetite for Life fit into the wider context, particularly with regard to public health and health boards, in terms of the lessons that are learned? Children do not have the majority of their meals in school—even those children who have school meals. Many children do not have school meals, even those who are eligible for free school meals—nearly a quarter of them do not have school meals in primary school. How does this fit into the wider context of learning some of these lessons?

[194] Rydym yn cael tystiolaeth yn aml fod plant yn fwy gwybodus am faeth mewn bwyd na'u rhieni, ac felly maent yn rhyw fath o beiriant ar gyfer newid yn y gymdeithas. Fodd bynnag, mae plant yn mynd adref ac yn gweld yr hyn sy'n cael ei hysbysebu ar y teledu ac yn y wasg, ac os darllenwch y *Daily Mail* fe gewch chi wers wahanol bob dydd ynghylch beth sy'n eich gwneud yn dew a'r hyn sy'n iach i chi. Yn y cyd-destun hwnnw, sut allwch chi gefnogi Blas am Oes? A oes rhywbeth pellach y gallwch ei wneud i sicrhau fod hyn yn llawer mwy cysylltiedig?

We have regular evidence that children are far more knowledgeable about nutrition in food than their parents, and therefore they are some sort of machine for change in society. However, children go home and see the things that are being advertised on television and in the press, and if you read the *Daily Mail* you will be taught a different lesson every day about what makes you fat and what is good for you. In that context, how can you support Appetite for Life? Is there anything further that you could do to ensure that this is much more connected?

[195] Yn eich tystiolaeth i'r pwyllgor, dywedwch fod y ffocws ar ordewdra ymysg plant yn amrywio o ardal i ardal, ac rydych yn mynd ymlaen i ddweud beth y mae tri bwrdd iechyd yn ei wneud ar hyn o bryd. Fodd bynnag, tri bwrdd iechyd yw hynny, nid pob un. Os yw'r ffocws yn amrywio o ardal i ardal a chyda negeseuon cryf yn dod trwy

In your evidence to the committee, you say that the focus on obesity among children varies from area to area, and you go on to say what three health boards are doing at the moment. However, that is three health boards, not each one. If the focus varies from area to area and with strong messages coming from large companies, the press and the

gwmniau mawr, y wasg a'r teledu, bydd television, the Appetite for Life message will
neges Blas am Oes yn cael ei cholli. be lost.

[196] **Dr Hussey:** There are two elements to this. There are significant influences on society to choose a particular lifestyle. We are up against the messaging, which children in particular pick up on, for products that we would perhaps choose for them not to ask for and so on. On your point about whether we can break into that through children being exposed to different opportunities in school and gaining a different knowledge and awareness, we have seen with previous health campaigns, such as the one against tobacco, the power of giving information to children to go home and talk about it and influence their parents. Sometimes, I have heard parents say, 'I don't buy that, because I don't think they'll eat it and I can't afford to test it out', but if the child comes back from school saying, 'Guess what we've had', it starts to change the opportunity for families to start to adapt what they do as well. The importance of the school setting cannot be underestimated. It is setting up the child for life. It can influence the decisions and the choices that are made at home. It is not the whole answer; there are wider societal influences, which I do not think, as the Welsh Government, we are able to directly control, but we want to make sure that children are getting the right information, both in school and outside of school.

[197] **Ann Jones:** I am conscious of the time as we cannot go past this slot. If we have time at the end, we can come back to this. I now want to go on to creating an active Wales, MEND and future developments. Bethan is first on creating an active Wales, then Lynne.

[198] **Bethan Jenkins:** Ar ochr addysg gorfforol neu gyfranogiad, hyd y gwelaf i, mae'r ystadegau yn weddol isel o hyd, er eu bod wedi gwella yn ddiweddar. Y cwestiwn sydd gennyf yw—rydym wedi sôn am negeseuon am faeth—sut y gallwn ni annog rhywun i gymryd rhan yn y cynllun hwn er mwyn iddynt gael eu hysbrydoli gan yr ymarfer corfforol i newid elfennau eraill o'u bywydau, yn hytrach na'r ffordd arall o'i gwmpas? Yn fy marn i, mae gwneud hanner awr o ymarfer corff yn sbarduno rhywbeth yn meddwl pobl i feddwl am faeth ac am y ffordd y maent yn byw. Rwyf yn credu weithiau ein bod ni'n edrych ar hyn yn y ffordd anghywir yng Nghymru. Sut mae'r cynllun hwn ar lefel cenedlaethol wedi gallu newid yr agwedd hon, neu a yw e wedi newid yr agwedd hon, fel sydd angen, yn enwedig o ran merched ifanc, sydd, fel y soniodd Keith, yn cwmpo allan o'r system bron yn gyfan gwbl pan maent yn eu harddegau?

Bethan Jenkins: To turn to physical education and participation, as far as I can see, the statistics are still relatively low, although they have improved recently. The question that I have is—we have spoken about messages relating to nutrition—how can we encourage someone to take part in this scheme so that they can be inspired by the physical activity to change other aspects of their lives, rather than the other way around? In my opinion, doing half an hour of exercise will trigger something in a person's mind to make them think about nutrition and the way that they live. I think that sometimes we look at this in the wrong way in Wales. How has this scheme at a national level been able to change this attitude, or has it changed that attitude, as is needed, especially in relation to young girls, who, as Keith mentioned, fall out of the system almost entirely when they are in their teens?

[199] **Mark Drakeford.** Os gaf i ateb yn gyffredinol, byddaf wedyn yn troi at Ruth am y manylion. Mae John Griffiths yn arwain pwyllgor newydd o fewn y Llywodraeth sydd yn canolbwyntio ar y maes hwn i weld sut y gallwn ni annog pobl ifanc i wneud mwy o ymarfer corff ac yn y blaen. Rwyf yn aelod o'r pwyllgor, ac roedd cyfarfod gyda ni ddoe gyda'r Athro—rwyf wedi anghofio ei henw

Mark Drakeford. If I may just answer generally, I will then turn to Ruth for the details. John Griffiths is leading a new committee within the Government that is concentrating on this specific field to see how we can encourage young people to take more exercise and so on. I am a member of the committee, and we met yesterday with Professor—I have forgotten her name—

hi—

[200] **Dr Hussey:** Laura McAllister.

[201] **Mark Drakeford:** Laura McAllister, wrth gwrs, sydd yn arwain Chwaraeon Cymru. Mae Chwaraeon Cymru wedi llwyddo, yn ôl y dystiolaeth ddiweddaraf, i godi'r nifer o blant sydd yn cymryd rhan mewn chwaraeon yng Nghymru. Mae wedi gwneud yn arbennig o dda, ond mae'n dweud bod lot mwy y gall ei wneud, yn enwedig gyda merched. Yr hyn yr ydym yn ceisio ei wneud fel pwyllgor yw canolbwyntio ar y bobl sydd bellach oddi wrth lle yr hoffem iddynt fod.

Mark Drakeford: Laura McAllister, of course, who leads Sport Wales. It has succeeded, according to the most recent evidence, in raising the number of children taking part in sport in Wales. It has done particularly well, but it says that there much more that it could do, especially with girls. What we are trying to do as a committee is to concentrate on those people who are furthest away from where we want them to be.

[202] So, we are trying to concentrate on those families, individuals, and sometimes communities, that are furthest away from having a culture of taking part in these things, from opportunities to take part, or perhaps from the motivation to take part. Our view has been that we need to do the most to help those people where the gap is greatest and to concentrate on those—from the Government's perspective—while helping those organisations, such as Sport Wales, that have a general remit and want to reach out to those people who are already partly engaged in these sorts of things. Sport Wales has a very convincing record, but, if you look beneath the headlines, what you will find—as you would expect—is that children who are good at sport love taking part. Children who are less good at it, or who come from homes where engagement in that sort of thing is less, are much less likely to report that they enjoy it and that they take part in it.

[203] **Dr Hussey:** I think that the general underpinning approach is a realisation that physical activity per se is a good in its own right. To be physically active brings benefits much greater than tackling obesity. I know that in many programmes over the years people have linked the two, so that the reason to be active has been to lose weight. Actually, where we are now in our understanding of the benefits of physical activity is that it is one of the five ways to wellbeing. It is the thing that helps people to feel good and it has benefits that are much wider. So, what we are trying to do is to work on the positives of just being active and getting that information across, but also making sure that all the different opportunities line up. We have a huge amount going on in Wales, promoting activity in lots of different ways. I think that our specific focus is not trying to get everybody up to intense physical activity immediately, but just being active. Anything helps, so in terms of starting walking, making sure that there are opportunities to walk to school, and, in terms of playing in the park, asking whether people feel safe, and what is stopping them from doing that. It is about looking at every aspect. Legislation has been passed on active travel, creating the conditions for the future to enable people to make it the default thing to do. It does not have to be going to the gym—the simple things of being active are the focus that we need to have. As I said, there is lots going on, and the group that the Minister described is really wanting to push on that now to see what else we can do to increase physical activity.

[204] **Bethan Jenkins:** You do not need to convince me, but I am just wondering, because of what the Minister said earlier about the 5x60 targets in this report, if that is the case and if it is unachievable for lots of people in terms of how they think mentally, whether they need to change. I sat on a committee previously where we had this very discussion; I think that was three or four years ago now. If it is unrealistic, how can we expect people that are not taking part in regular activity to achieve that, especially when—I know Lynne has a question on

this—councils are cutting services, charging young people more and outsourcing sporting facilities? All of these barriers are constantly being put up against people taking part in sport, and against what you would probably define as an achievable target. Where does the change need to happen, therefore?

[205] **Dr Hussey:** The guidance about the levels of physical activity is part of a UK report that was done a few years ago. So, that is, if you like, the evidence base. What we are talking about is how we translate that into helping people make the first few steps towards that, and making it doable for people. It is not to say that that is not the optimum, but we do not want people to think that it is not worth bothering to do any—it is about getting people on the journey, building it into daily life, and then the simple things all start to add up. However, we have to make sure that those opportunities are there; it does not have to be about paid sport or going to the gym, and so on—it is about getting people active and automatically thinking that walking somewhere is the norm, and making those choices easy, safe and the thing that people choose to do. The guidance comes from the science base, so I would not advocate saying that that is not the science. That is the science. However, what we are talking about is the practical steps that we can help people with.

[206] **Lynne Neagle:** On the issue of the pressures facing local government as a result of the severe pressures that the Welsh Government is facing, we know that local authorities will have to close leisure centres and leisure facilities. To what extent is the group that you referred to keeping an eye on that situation and the impact that that is having, because, as much as we might like to look for opportunities to walk, et cetera, for many people it will be the opportunity to go to a leisure centre or go to play football somewhere that will be the only thing that will appeal to them?

[207] **Mark Drakeford:** It will be part of what the group does to keep a watching brief over that sort of thing, although John Griffiths in his ministerial capacity is doing that in any case. It is because we want to focus on those people who are furthest away from where they need to be that we are often not talking about people who go to the leisure centre in any case. We are trying to talk with organisations such as the Canal and River Trust. Canals go directly through some of the most disadvantaged communities we have in Wales, and they are a fantastic resource. The Canal and River Trust is really keen on trying to say to people, ‘Have you thought of walking for 10 minutes along somewhere that is really close to home?’ We are talking about StreetGames, which has a very good record, as a way of persuading those communities who do not take part in organised sport, but if you take sport to the doorstep and organise it there right where they live, you can draw them in. So, our focus at the moment is a bit more on those naturally occurring opportunities that you can persuade people are part of doing more for themselves to lead a healthy lifestyle.

[208] **Ann Jones:** We will just move on to the MEND programme. Suzy do you want to ask your questions around MEND? Then Angela is next.

[209] **Suzy Davies:** Thank you, Ann. I have two questions, Minister, the first of which is based on information that you have already given to the committee today. It is not about MEND as it is today, but a potential future MEND. MEND at the moment deals with overweight children and obesity in families, and, judging from what you have been saying, I suspect you might be interested in a more nuanced approach in the future.

11:30

[210] Going back to what you said about your suspicions concerning why obesity is greater in more disadvantaged areas based on poverty, I am sure that you will find some evidence that a lack of availability and affordability, perhaps, will be issues. I suspect that you will also find that emotional and psychological problems in those communities will contribute to why

people overeat the wrong kind of food, if you like. Having said that, those emotional and behavioural issues will apply in areas that are not affected by poverty, so when you are looking at a more nuanced version of MEND, will you please build in safeguards so that the steps that you take to help people prone to obesity go across all the socioeconomic areas, not just areas of poverty? Otherwise, I think you would possibly miss a trick. So, thank you for that.

[211] On MEND as it is now, I can see that it has had some success, but obviously it is quite labour-intensive and quite resource-intensive to work with individual families in this particular way. Are you surprised then that, while some health boards might be quite enthusiastic about this, their local authority partners have been less enthusiastic about investing in this simply because of the pressures that Lynne mentioned earlier on their budgets?

[212] **Mark Drakeford:** I will try to take some of those questions very briefly, in order. First of all, I am keen that Public Health Wales, in its health improvement review—you know that we looked at all 25 different programmes and decided that three of them were for disinvestment; MEND was not included on the disinvestment list, but it was included on the list of programmes that needed further work to make sure that they do what we want them to do in the future. So, I think there is some fine-tuning of it to be done.

[213] MEND measures three things in terms of how it measures what it does. It looks at clinical outcomes, it looks at dietary habits, and the third one is psychological: the impact on the psychological health of the child of being overweight. I am sure you are right—we will want to preserve that strand.

[214] **Suzy Davies:** The family, actually; not just the children. You mentioned the inter-generational factor, and how it is hard to break habits and so on.

[215] **Mark Drakeford:** Absolutely. Yes, it does affect the whole family. So, we would definitely be keen to preserve that into the future. It is labour-intensive as a programme; 1,723 children have taken part in it in the last evaluation. In the first round, 80% of them completed the full 10-week programme; in the second year, 90% of them completed the 10-week programme. For those children who get drawn into it, it is clearly something that they stick with, and it makes a difference to them. However, it is not surprising that, when budgets are under such pressure, being able to maintain a service of that intensity is something that people look at. The public health review, which is what we will rely on in terms of what we fund in the future, was positive about MEND as a basis for continuation beyond 2014, which is where it is funded to at the moment.

[216] **Ann Jones:** Sorry, we are out of time. I am not even going to get to future development. Sorry. It is probably poor chairmanship.

[217] **Bethan Jenkins:** I think the Minister did touch on planning—perhaps we could write on that?

[218] **Ann Jones:** Yes, we will do. We wanted to ask you, Minister, whether there was any impact on planning law, and whether there should be health impact assessments in a public health Bill. We will write on those.

[219] **Mark Drakeford:** Of course, yes.

[220] **Ann Jones:** Thank you for coming and giving us evidence, and sharing with us your thoughts. I have to say the diagram that was sent with your papers is a bit like stargazing. I thought I was back on stargazing; I really cannot follow it at all. If somebody would like to

tell me how it works, that would be interesting. Thank you both for coming today.

[221] **Mark Drakeford:** Just for the record—because I found my notes on the Caerphilly cohort—shall I give you the accurate figures, in case they are wanted for the record?

[222] **Ann Jones:** That would be good.

[223] **Mark Drakeford:** What the cohort study says is that, if men added one more healthy behaviour, there would have been a 13% reduction in dementia, a 12% reduction in diabetes, and 6% less vascular disease.

[224] **Ann Jones:** Thanks very much. We will send you a copy of the transcript to check for accuracy.

11:34

**Papurau i'w Nodi
Papers to Note**

[225] **Ann Jones:** There are a number of papers to note, so I take it we can note those papers.

**Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd o'r
Cyfarfod
Motion under Standing Order 17.42 to Resolve to Exclude the Public from the
Meeting**

[226] **Ann Jones:** I move that

the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 17.42(ix).

[227] I see that the committee is in agreement.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 11:34.
The public part of the meeting ended at 11:34.*