

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

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

OB03 : Ymateb gan: Tîm Iechyd Cyhoeddus Cwm Taf Morgannwg Bwrdd Iechyd Lleol Cwm Taff Morgannwg

| Response from: Cwm Taf Morgannwg Public Health Team - Cwm Taf Morgannwg University Health Board

Prevention of ill health – obesity: Consultation response on behalf of Cwm Taf Morgannwg University Health Board

- Cwm Taf Morgannwg UHB Public Health Team. Contact Ann Unitt, Principal Public Health Practitioner, [REDACTED]
- Submitted on behalf of the organisation.
- Name of the organisation only
- There is no reason for the Committee to treat any or all of this written evidence as confidential.

Abbreviations	
WG	Welsh Government
ESVG	Effective Services for Vulnerable Groups
PSLG	Public Service Leadership Group
CTMUHB	Cwm Taf Morgannwg University Health Board
WHO	World Health Organisation
HFSS	High Fat Sugar Salt
BMI	Body Mass Index (measure of levels of adult obesity)
MECC	Making Every Contact Count

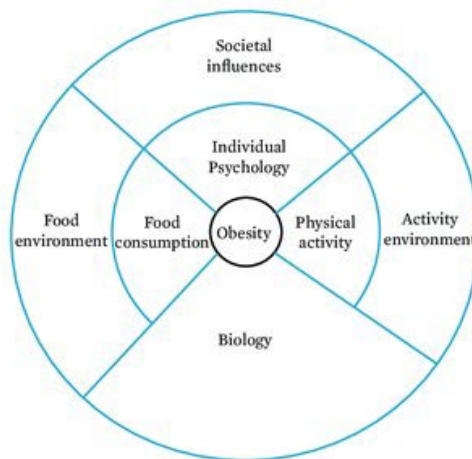
The effectiveness of Welsh Government (WG) strategy, regulations, and associated actions to prevent and reduce obesity in Wales, including consideration of:

1. Gaps/areas for improvement in existing policy and the current regulatory framework (including in relation to food/nutrition and physical activity).

It is welcomed that the promotion of healthy lifestyles is being considered as a priority for Health and Social Care Committee's next strategy. However, food and physical activity form just one of a highly complex set of factors which influence the increasing rates of obesity among children, young people and adults in our communities. Although obesity is preventable, the dietary and physical activity patterns for individual people are largely the result of environmental and societal conditions that greatly constrain personal choice¹.

The Foresight report² published in 2007 gave forecasts of the impending crisis of increasing obesity rates. It produced a systems map demonstrating the multi-factoral influences on obesity; an overview of these influences given in Figure 1.

Figure 1. Multi-factoral influences on obesity



Source: Foresight 2007

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

In Wales ten years ago, the Preventing Childhood Obesity Steering Group was commissioned by the Effective Services for Vulnerable Groups (ESVG), a national programme that reported to the Public Service Leadership Group (PSLG), to explore innovative, cross-public service solutions to the problem of childhood obesity. The Steering Group focused on identifying practical steps which public services in Wales could take to address six key themes to prevent upward trends in levels of childhood obesity:

- More children able to walk or cycle to and from school
- Safe environments where children can play in the evenings, weekends and holidays

- More children participating in sport and becoming hooked on sport for life
- All children able to access healthy, nutritionally-balanced meals on a daily basis
- Children and parents are able to distinguish between healthier and less healthy foods, feel confident in trying and preparing healthier foods, and are able to make informed dietary choices
- Healthier choices are easier to access than unhealthy choices



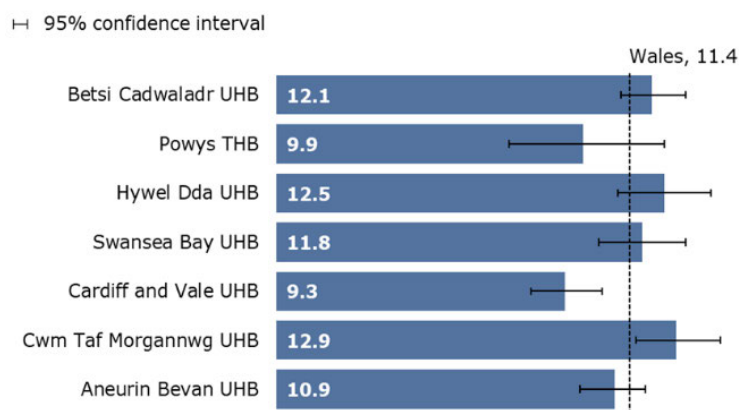
140828-turning-curve-childhood-obesity

Many of the arguments for action in the Turning the Curve report are echoed in the background to this Health and Social Care Committee consultation. However, in that ten year period, we have experienced the Covid pandemic, cost of living crisis and energy price increases which have impacted most on deprived communities. In that time period, overweight and obesity rates for children, young people and adults have increased.

The latest Child Measurement Programme report (published 21 May 2024) shows that obesity in Cwm Taf Morgannwg University Health Board (CTMUHB) is the highest in Wales, and is statistically significantly higher than the Wales average.

Figure 2.

Percentage of children aged 4 to 5 years with obesity, Child Measurement Programme, Wales and health boards, 2022/23
Produced by Public Health Wales, using CMP data (DHCW)



It is imperative that the policy landscape in Wales takes a whole system approach to tackling the issue of obesity. We do have legislation and policy frameworks which could/should collectively prioritise the obesity problem, including:

- Wellbeing of Future Generations (Wales) Act 2015
- Public Health (Wales) Bill 2016

- Future Wales: the national plan 2040
- Planning Policy Wales 2024
- A Healthier Wales
- Healthy Weight, Healthy Wales

While we welcome WG’s long term commitment to healthy weight, it is imperative that this is matched with long term, multi-year funding settlements to enable long-term planning, development and implementation

In its Acceleration Plan to Stop Obesity³, the World Health Organisation (WHO) acknowledges obesity as a societal rather than an individual responsibility, with the solutions to be found through the creation of supportive environments and communities that embed healthy diets and regular physical activity as the most accessible, available and affordable behaviours of daily life. This approach reflects the principles of the Ottawa Charter for Health Promotion.⁴

Figure 3: Ottawa charter



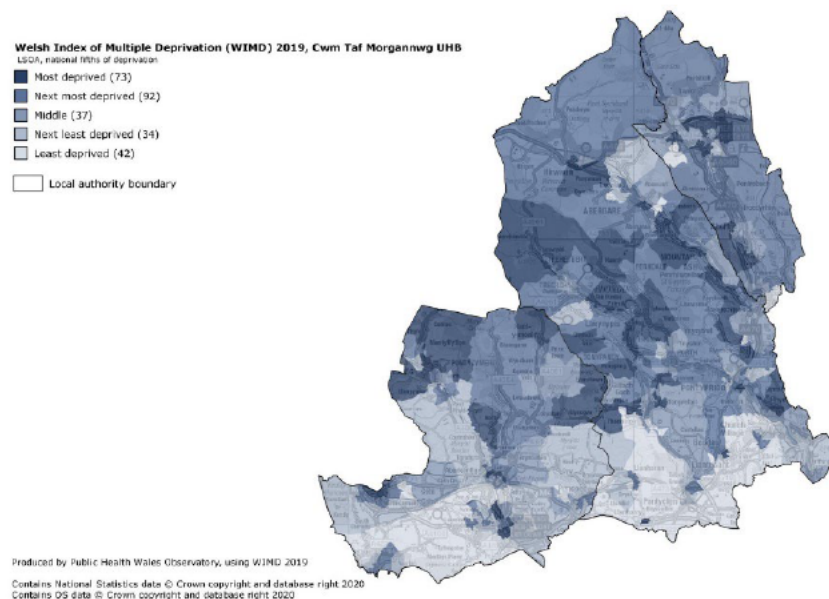
The WHO Acceleration Plan concludes that:

'The solution to the obesity epidemic is political will, a plan of action and the resources and commitment to deliver'.

2. The impact of social and commercial determinants on obesity

CTMUHB provides health services to the populations of Merthyr Tydfil, Rhondda Cynon Taf and Bridgend which are among the most deprived areas in Wales.

Figure 4.



Levels of obesity are linked with deprivation.

Figure 5. Percentage of adults (aged 16+) with BMI 30+ by deprivation quintile, Wales

Quintile 1 (Most deprived)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (Least deprived)
32	29	26	24	

				22
--	--	--	--	----

Source: National Survey for Wales (published July 2023)

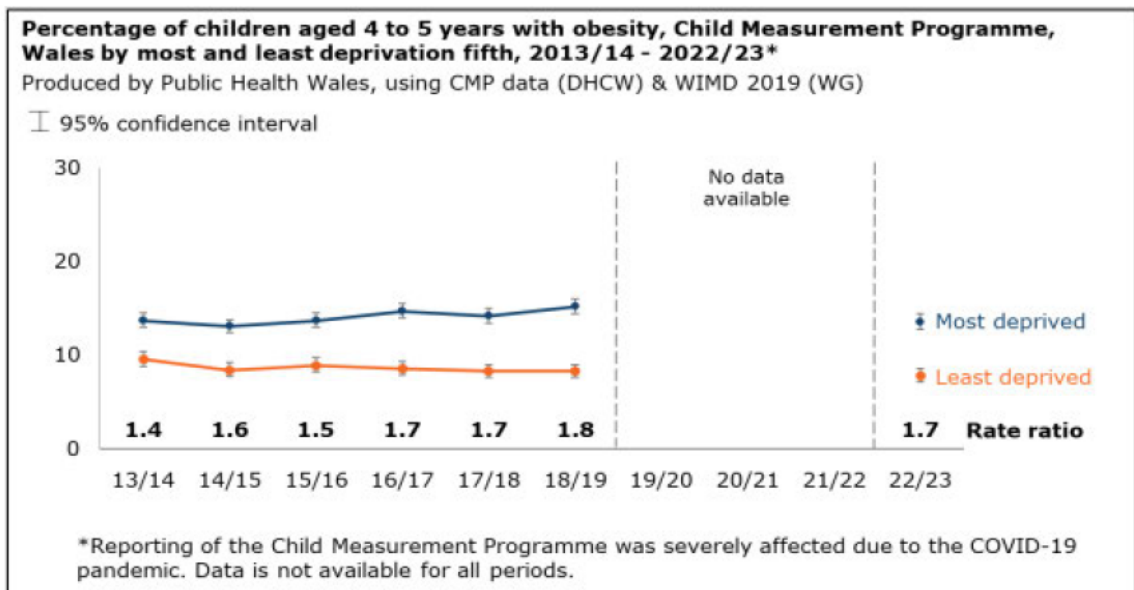
Figure 6. Percentage of adult overweight and obesity – Wales, CTMUHB and Local Authorities

	% Overweight or obese	% Obese
Wales	62	25
CTMUHB	68	29
RCT	67	27
Bridgend	71	30
Merthyr Tydfil	74	33

Source: National Survey for Wales (published July 2023)

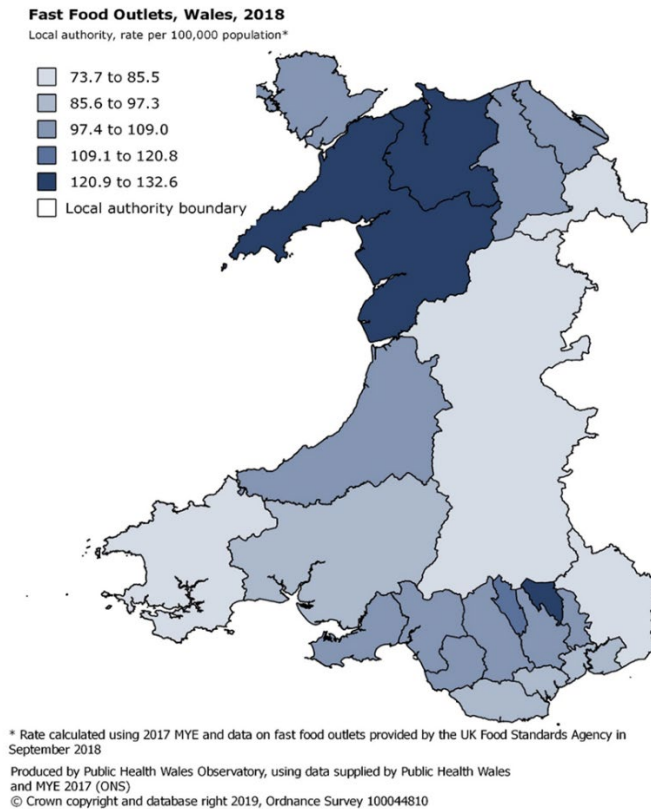
With regard to obesity in children, the inequality gap between the most and least deprived has widened since the start of the Child Measurement Programme for Wales.

Figure 7.



The density of fast food outlets is linked with deprivation.

Figure 8. Fast food outlets per 100,000 population by local authority and Wales, November 2018⁵



With regard to healthy food availability, a recent systematic review concluded that food outlets which sell mostly unhealthy and ultra-processed foods were associated with higher levels of obesity, while fruit and vegetable availability and supermarket accessibility, which enable healthier food access, were related to lower levels of obesity. Regulations that focus on increasing the availability of healthy food within stores and ensure overall healthy food environments require further attention⁶.

In England, a multi-pronged approach to planning restrictions on fast-food outlets by Gateshead local authority significantly reduced the density and proportion of fast-food outlets compared to other local authorities in the North East who did not implement planning guidance. This work demonstrated effective ways to promote a healthier environment within a period of less than 5 years⁷.

Restrictions on advertising of unhealthy food have been shown to be successful in London⁸, and we should be looking to implement similar restrictions in Wales. A 'Once for Wales' approach should be taken as the most efficient and effective method of implementation. It is therefore disappointing that the Healthy Weight, Healthy Wales delivery plan (2022-2024) *National Priority One: Shape the food and drink environment towards sustainable and healthier options*, states that by 2024 it will:

- Support UK Government action to introduce advertising bans on HFSS foods across television and online environments, as well as **consideration** of sponsorship advertising that targets young people

- Increase access to advertising of healthier foods on public transport
- Work with other public bodies to support a shift in the food offer and **consider** limiting HFSS advertising.

It is not known if these matters have been 'considered' and if so, what the outcome was. Much stronger action is needed here rather than mere consideration.

Stopping the rise in obesity in Wales will demand multi-sectoral actions that can have a more direct impact on the disease, for example:

- Food manufacturing, marketing, advertising and pricing.
- Access to healthy food in:
 - Deprived areas
 - Childcare, education and healthcare settings. Almost one third of people employed in the CTM region work in the public sector⁹.
- Current localised approaches to creating a healthy planning environment are highly resource intensive and often meet significant legal challenge from well-resourced providers of unhealthy food, current planning frameworks are not enabling of healthy environments. 'Once for Wales' approaches that create enabling environments for local planning action should be strongly considered. Healthy planning work should also consider other areas such as alcohol and gambling where proliferation of outlets makes it harder for people to live healthy lives.
- Poverty reduction
- Resource allocation – funding for measures to combat obesity should be proportionate to levels of deprivation.

Government at all levels in Wales must use what legislative and regulatory powers it has to address these wider determinants that impact on obesity.

3. Interventions in pregnancy and early childhood to promote good nutrition and prevent obesity

The first objective in the Marmot Review¹⁰ was for children to have the best start in life. It noted that:

- Investment in early years is vital to reducing health inequalities and needs to be sustained, otherwise its effect is lessened
- Returns on investment in early childhood are higher than in adolescence
- Early interventions during pregnancy and ongoing support in early years are critical to the long-term health of the child and other long-term outcomes.

In CTMUHB we have a Bump Start programme to support women with a high Body Mass Index (BMI) at their booking appointment to manage their weight gain in pregnancy:

- Women with BMI 35-39.9 have additional appointments with Community Midwives
- Women with BMI 40+ see the Public Health Specialist Midwife at 16, 24 and 36 week appointments.
- The aim of the service is to achieve a weight gain in pregnancy between 5-9 kg (Institute of Medicine guidelines). This has been a successful programme and is valued by the participants.
- Over the ten years that this programme has been running, the BMI of women has increased and midwives are now regularly supporting women with BMI of 50+. This requires additional dietetic and potentially psychological support and therefore additional funding.

During the past two years we have used fixed term funding to develop the following Level 1 services for children and families:

- HENRY. This programme works with families with children aged 0-5 years. HENRY integrates evidence-based behaviour change models with national guidance on a healthy start; primarily focusing on nutrition, physical activity/ play, parenting support and emotional wellbeing. HENRY is an 8 week programme delivered both face to face and through online virtual delivery.
- PIPYN is a fixed term WG funded research pilot, trialling new ways of working with children aged 3-7 years and their families in Merthyr Tydfil. It comprises a 7 week family based intervention supporting children and families with health promoting behaviours. It takes a whole system approach, working with key partners including Children, Young People and Families, Early Years Networks, Education, Play, Health, Leisure, School catering, Healthy Schools, Oral health, School Nursing, Health Visiting and Primary Care.

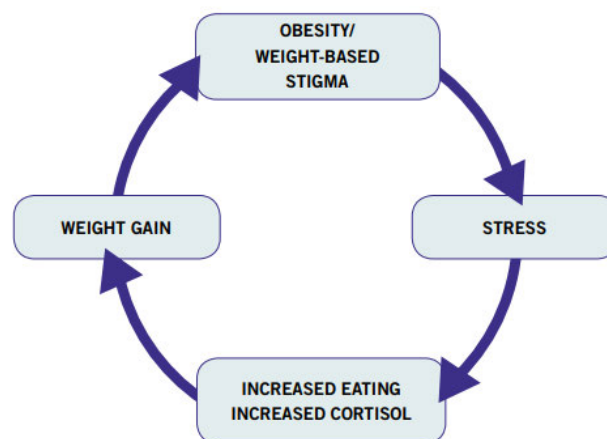
These programmes have provided additional follow-on support for some post-natal Bump Start clients to continue with healthy lifestyles in order to prevent childhood obesity. Some additional fixed –term funding has been secured from GP clusters in Rhondda and Taf Ely to deliver PIPYN in 2024/25. However, fixed term funding results in high staff turnover and risks service continuity and quality.

As shown in Figure 2, CTMUHB has the highest levels of childhood obesity in Wales, but we do not have any Level 2 or 3 weight management services for children, young people and families. A business case has been developed to address this. However, identifying sustainable funding presents a significant challenge.

4. The stigma and discrimination experienced by people who are overweight/obese

Many people believe that obesity is due to a lack of willpower and poor self-discipline and is therefore a personal characteristic with equally negative stereotypes. Weight stigma perpetuates a cycle of shame and weight gain at all levels of obesity. It leads to blaming the individual rather than addressing the underlying biological, psychological and social causes¹¹.

Figure 9. The cycle of stigma and weight gain



Source: British Psychological Society

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

Weight-based stigma such as experiencing taunts and bullying about their weight has a negative impact young people's wellbeing resulting in depression, low self-esteem and poor body image. It can also affect young people's education, as a result of missing more days of school than their peers.

Training for health professionals to understand weight stigma, its impact and to consider how to communicate sensitively and effectively to those living with obesity has been developed by Public Health Wales:

<https://mecc.publichealthnetwork.cymru/cy/e-ddysgu>

<https://mecc.publichealthnetwork.cymru/en/e-learning/>

Staff working in CTMUHB weight management services have received similar Making Every Contact Count (MECC) training.

5. People’s ability to access appropriate support and treatment services for obesity

While there are a range of services aimed at providing individual level support to achieve a healthy weight, it is important that we are realistic about our ability to deliver these at appropriate scale, and that they are unlikely to provide a population-level impact.

CTMUHB introduced an integrated Level 2/3 Adult Weight Management Service in spring 2023. It is jointly funded by the health board and WG (Healthy Weight, Healthy Wales funding). This service reports bi-annually to WG in accordance with the Healthy Weight, Healthy Wales delivery plan. It has established:

- A single point of contact, with professional triage into Level 2 or 3 options as appropriate.
- Ongoing delivery of Level 2 programmes (Foundation skills, Foodwise for Life, Joint Care Programme, and National Exercise Referral Scheme). However, suitable accessible venues for delivering face to face courses remains challenging in CTM. Virtual options are also available.
- Limited health board capacity to treat obesity, particularly those with severe and complex obesity. The specialist multi-disciplinary Level 3 service has a capacity of 250 patients/year. It has a current waiting list of 1700. Figure X illustrates that demand for these services far exceeds capacity. Weight management is required to prevent or mitigate the impact of obesity related long term conditions.

Figure 10. CTMUHB Level 3 waiting list as of April 2024



- National programmes that sign post into local health board weight management services, such as All Wales Diabetes Prevention

Programme, drive demand and this should be considered in funding models to ensure people can access the appropriate level of clinical service.

- Furthermore, the rise in private bariatric surgery without provision for monitoring and follow up, will impact on weight management service capacity, with those from the most deprived areas (unable to self-fund) waiting longer to access services.
- While the development of novel therapeutics for weight loss (GLP-1s) offers individuals promise for eligible individuals, long term outcomes are unclear, and cost (drug and prescribing/support infrastructure) will present significant challenges to achieving sufficient patient numbers for population impact. These should not be relied on as a silver bullet.
- A research group has been established with university partners. A funding application in collaboration with Cardiff Metropolitan University has been approved, and a rapid review into the recommendations for patients waiting to access level 3 will start in August 2024.

6. The relationship between obesity and mental health

A two-way association has been identified between mental health problems and obesity, with conditions such as depression often leading to weight gain and obesity leading to depression¹². Rates of obesity are even higher in people with severe mental health problems than in the general public, due to the effects of medication, poor diet, alcohol misuse and less active lifestyles. Emotional wellbeing and mental health can be impacted leading to low self-esteem, poor body image and suicidal thoughts¹³.

A systematic review¹⁴ found that a higher BMI in children and adolescents is associated with more behavioural difficulties and lower health related quality of life (HRQoL).

A recent study explored the association between childhood obesity and mental health in Wales¹⁵. It reported a very small but significant association between childhood obesity and mental health problems. It also demonstrated that there are statistically significant poorer health outcomes in relation to both obesity and mental health for children in lower socio-economic groups, demonstrating that policies that reduce the number of children living in poverty are crucial.

The findings of various studies highlight the importance of mental health problems in children and adolescents with higher BMI and, consequently, the relevance of including psychological interventions in the treatment of overweight and obesity.

7. International examples of success (including potential applicability to the Welsh context)

A report published in 2018 by Public Health Wales¹⁶ gives several international case study examples of innovative approaches which have been successful in reducing obesity in children. The case studies had the following themes in common:

- All included multi-level action across different sectors including community, schools and early year settings, industry and government city departments. No single solution creates sufficient impact to reverse obesity
- Involved strong leadership, often from a key figure such as a mayor, who shared a vision
- Involved ownership and community participation and mobilised existing structures within the communities
- Influenced individual and environmental factors
- Took a long term approach with realistic targets and goals
- Flexible enough to evolve as they were delivered and vary target groups or geographical areas
- Had strong communication/ marketing element.

A population-based approach to preventing obesity has been suggested by the World Health Organisation (WHO)¹⁷. In 2023 the WHO adopted new recommendations for the prevention and management of obesity and endorsed the WHO acceleration plan to stop obesity¹⁸. This plan acknowledges that obesity prevention and management necessitates multi-sectoral policies and actions that go beyond the health sector.

References

¹ [Obesity and overweight \(who.int\)](#)

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287943/07-1469x-tackling-obesities-future-choices-summary.pdf

³ [9789240075634-eng.pdf \(who.int\)](#)

⁴ [Ottawa Charter for Health Promotion \(who.int\)](#)

⁵ <https://phw.nhs.wales/services-and-teams/child-measurement-programme/additional-reports/fast-food-density-in-wales/>

⁶ [Food environment and obesity: a systematic review and meta-analysis \(bmj.com\)](#)

⁷ [No new fast-food outlets allowed! Evaluating the effect of planning policy on the local food environment in the North East of England \(sciencedirectassets.com\)](#)

⁸ [The health, cost and equity impacts of restrictions on the advertisement of high fat, salt and sugar products across the transport for London network: a health economic modelling study | International Journal of Behavioral Nutrition and Physical Activity | Full Text \(biomedcentral.com\)](#)

⁹ [Employment in the public and private sectors by Welsh local authority and status \(gov.wales\)](#)

¹⁰ [Marmot final report \(london.gov.uk\)](#)

-
- 11 [rep130_2019.pdf \(bps.org.uk\)](#)
- 12 [obesity in mental health secure units.pdf \(publishing.service.gov.uk\)](#)
- 13 [rep130_2019.pdf \(bps.org.uk\)](#)
- 14 [Mental health in children and adolescents with overweight or obesity | BMC Public Health | Full Text \(biomedcentral.com\)](#)
- 15 [Association between children living with obesity and mental health problems: a data analysis of the Welsh Health Survey, UK](#)
- 16 [PHW International perspectives on action to prevent and reduce obesity 1218.indd \(nhs.wales\)](#)
- 17 [Population-based approaches to childhood obesity prevention](#)
- 18 [WHO acceleration plan to stop obesity](#)