

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](#)

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| Response from: Betsi Cadwaladr University Health Board

Prevention of ill health – obesity

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Organisation: Betsi Cadwaladr University Health Board

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1. Introduction

Betsi Cadwaladr University Health Board welcome this opportunity to respond to the Health and Social Care committee inquiry into the prevention of ill health – obesity. The health board recognises the significant impact that overweight and obesity is having on the NHS in Wales today and the ongoing risk this creates for future levels of ill health and service demand should the problem go unresolved. We also recognise that solving the problem of obesity will not be simple, quick or achieved by one organisation alone. Obesity is a complex multi-factorial issue that requires a whole system approach across a range of areas to successfully achieve change. Currently there is no country in the world that has successfully reversed their current obesity trends. But Wales has an opportunity through a combination of increased system wide accountability, the implementation of innovative legislation and evidence based interventions to begin to prevent and reduce obesity.

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

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

2.1.1 Strategic approach to healthy weight in Wales

Nationally the commitment to prevention both within the NHS performance framework and across national strategies needs to be strengthened. There needs to be stronger recognition of the role the wider system has in preventing obesity particularly across areas such as:

- Spatial planning

- Economic Regeneration
- Procurement
- Education
- Workplaces

Cross sector accountability would ensure that the complexity of obesity is recognised but also the role of the wider system in tackling and preventing obesity is acknowledged. Until the role of the wider system is acknowledged and these partners are around the table and held to account there will be an ongoing belief that health boards and the weight management services they deliver can solve this problem and the prevalence of overweight and obesity will continue to increase as patients and the wider population are required to continue living in obesogenic environments.

Currently Welsh Government is investing in taking a Whole System Approach to Healthy Weight, which the health board welcomes as an acknowledgement of the complexity and need for system wide leadership to effectively tackle the problem of overweight and obesity. There is an opportunity for Welsh Government to embed this way of working within the strategic approach to supporting the residents of Wales to eat well and be active through Healthy Weight Healthy Wales the Welsh Government long-term plan for reducing and preventing obesity. An example of this is the use of system beliefs and goals that are adopted across public, third and private sector in an attempt to have some clear ambitions and targets. The scale of the challenge means that these system goals and beliefs should be focused to a small number of significant ambitions. There could be an opportunity to align accountability for delivering some of these ambitions to Public Service Boards or Regional Partnership Boards to ensure a significant number of key organisations within the system understand this is their role and are held to account for the delivery.

Examples of these could be:

System Belief: All children, young people who live within three miles of a childcare or education setting actively travel there.

System Goal: To increase the proportion of children, young people who live within three miles of a childcare or education setting who actively travel there.

Enablers

Reliable data on how many children, young people and staff live within three miles of their childcare or education setting.

Reliable data on how many of the children who live within three miles of their childcare or education setting regularly actively travel there.

A clear understanding of the active travel infrastructure within three miles of every childcare and school setting

Other examples of system beliefs could be:

Every school age child should have at least one nutritionally balanced meal per day

Every school aged child should be physically active for at least one hour per day

2.1.2 Long-term funding investment

Consideration needs to be given to making a long-term commitment to evidence based interventions to improve organisations ability to recruit and retain staff. This includes programmes of work across areas such as:

- Whole System Approach to Healthy Weight Teams
- Public Health Dietetic Services
- Weight Management Services

2.1.3 Setting specific policies in Wales

Ensuring that staff working in childcare settings, early year's settings and education settings as well as organisations delivering support and services to children and parents should be required to have a minimum level of knowledge and understanding of diet, nutrition and physical activity. This can be achieved in a number of ways and again requires a whole system approach including: Embedding knowledge, understanding and skills relating to diet and physical activity within all training courses and qualifications across areas such as:

- Childminding and childcare
- Health visiting
- School nursing
- Youth work
- Education
- Social work

Food and nutrition standards for all early years and education settings should be a legislation rather than guidance. There should be no opportunity for registered settings and schools to operate outside of nutritional standards and these nutritional standards need to be strengthened to prevent unhealthy options being available on a daily basis. If prisons are required to offer prisoners certain nutritional standards and time for being active early year's settings and schools should also have this requirement. Investment should be given to the supporting settings to comply with the nutritional standards and the monitoring of compliance day to day.

2.2 The impact of social and commercial determinants on obesity;

2.2.1 Obesogenic environment

It is well recognised that the social and commercial determinants of health have a significant impact on our health and wellbeing. It is crucial that those system actors who influence these social and commercial determinants of health recognise the role they have played in creating obesogenic environments and the need to begin reversing this. Key system actors include spatial planners who determine the environment that we live, work and spend leisure time in, recognise the role that they have in creating a built environment that determines many of the choices we make about the food we eat, how we move around and travel and the activities we participate in.

It is also crucial that the public sector recognises their role in the commercial determinants of health. Public sector buildings and land is often leased to the private sector to provide and promote food that is high in fat, salt and sugar with limited alternative options. Reducing the availability and access to tobacco products has had a significant contribution to reducing the prevalence of smoking, a similar approach is needed to products high in fat, salt and sugar.

Opportunities to make the healthy choice the easy (including affordable) choice could be optimised across settings where we currently have greater influence and control including:

- Childcare settings
- Education settings
- Public and third sector employers

The role of the social and commercial determinants of health in widening health inequalities also needs to be recognised. Access to healthy and affordable food is often determined by where you live and how much you earn. Evidence suggests that density of hot food takeaways is increasing but the density is greatest in our most deprived communities. Time and cost rather than skills is often identified as a reason for increased consumption of out of home, energy dense food. In response to this we need a range of creative approaches to tackling this including:

- Creating system goals for reducing the number of hot food takeaways in deprived communities
- Amending legislation to allow concerns about the impact of planning applications on health and wellbeing to be considered as part of the planning application process
- Working with local authorities to create preferential business rates for hot food takeaways that offer healthy and affordable food
- Working with social enterprises to create access to subsidised healthy convenient food
- Working with existing hot food takeaways to reformulate their existing menu options
- Ensuring small businesses are included in calorie menu labelling requirements in Wales to allow customers to make informed choices

2.2.2 Marketing

Restrictions on the promotion, marketing and advertising of foods high in fat, salt and sugar are needed in Wales. The Obesity Health Alliance: [Turning-the-Tide-A-10-year-Healthy-Weight-Strategy.pdf \(obesityhealthalliance.org.uk\)](https://www.obesityhealthalliance.org.uk/wp-content/uploads/2019/05/Turning-the-Tide-A-10-year-Healthy-Weight-Strategy.pdf) and [Appendix-1-Devolved-Nations.pdf \(obesityhealthalliance.org.uk\)](https://www.obesityhealthalliance.org.uk/wp-content/uploads/2019/05/Appendix-1-Devolved-Nations.pdf) outlines how this can be achieved in Wales.

The health board welcomes the Welsh Government proposed food legislation as a significant step towards tackling the commercial determinants of health linked to obesity, particularly price promotions and product placements. But it is also recognised that to achieve success investment is needed in capacity to monitor adherence to this legislation through trading standards as we have already seen similar legislation in England poorly adhered to and previous voluntary adoption of policies such as stopping the placement of high fat, salt and sugar products at tills slowly declining in use.

The International Code of marketing of breastmilk substitutes is intended to protect all babies from unscrupulous marketing and claims about alternatives to breastmilk. Some but not all of the Code and resolutions are written into regulation in the UK, which means that advertising of follow on formula, and advertising to health

professionals (generally) is permissible. Welsh Government should continue to support upholding of the code across Wales as well as working with the UK Government and fellow home countries to ensure active commitment to the protection and promotion of breastmilk.

Welsh Government should work alongside the UK government to better govern the appropriate marketing and sale of foods (particularly ultra-processed foods) targeting infants and young children. The **First Steps Nutrition Trust** have published multiple illuminating reports [Marketed food for children — First Steps Nutrition Trust](#) highlighting concerns around how such products can very easily mislead parents to feel they would be 'recommended' and better nutritionally than homemade options when this is predominantly not true. Some products also continue to undermine (and unfairly confuse parents) by labelling 'as suitable from 4 months' which contravenes accepted, evidence based national and international guidance/ policy on advising infants start solids from 6 months of age. Early commencement of solids can be detrimental for infant's nutritional wellbeing (short and long term) and risks displacing/ reducing the intake of breastmilk.

Opportunities to restrict advertising and promotion of food high in fat, salt and sugar should be considered across the system and embedded within public sector contracting arrangements including:

- Transport contracts
- Use of public land for marketing
- Food outlets operating out of public sector buildings

2.2.3 Built environment

An increased reliance on motor vehicles and an environment built around cars has led to reduced opportunities for the population to be active as part of their everyday life. There are a number of opportunities to begin reversing this in Wales including:

- The promotion of flexible working policies (including home working) as a way of supporting parents to actively travel with their child to and from childcare and education settings
- The introduction of the 20 mph zones as an opportunity to encourage parents and children to actively travel safely to and from childcare and education settings
- Encouraging workplaces to integrate a range of policies and practices to encourage more movement during the working day this could include extended paid lunch breaks to participate in physical activity, on-site activities before, during lunch or after work as well as integrating activity into sedentary roles such as having walking meetings

The design of our towns and cities is also crucial to this approach and continues to reflect the need to take a whole system approach which engages and holds to account wider partners on their role. Active travel and the use of public transport (which often increases peoples active travel through walking and cycle to bus and train stops) needs to be easier, cheaper and more attractive than motor vehicle use. Approaches will need to include:

- Subsidised public transport
- Increased public transport routes

- Increased frequency of public transport
- Increase in costs of town and city parking
- Improvements in cycle routes and storage
- Improvements in walking routes including suitable foot paths, signage and distance for main routes, regular resting places and promotion of routes and the benefits to using them

2.3 Interventions in pregnancy and early childhood to promote good nutrition and prevent obesity;

2.3.1 Best Start – First 1000 Days

The health board also recognises the importance of the first 1000 days in laying the foundations for weight. As outlined in the Marmot report it is crucial that the wider determinants of health such as housing, education and income are prioritised as a way of achieving the best start in life. The evidence is clear that parents living in poverty will have a significantly reduced ability to effectively parent due to the reduced choices experienced when living in poverty. The emotional distress often experienced when living in poverty also significantly impacts on parenting capacity which means that parents are unable to successfully implement the actions that we often recommend to parents for achieving a healthy weight (as outlined by the Public Health Wales 10 steps to a healthy weight). Optimising uptake of interventions that can support families to achieve a healthy weight through income maximisation and increasing access to healthy and affordable food should also be prioritised by the Welsh Government. Currently the uptake in Wales for the Healthy Start programme is 66.8%, consideration needs to be given to the design of this intervention and the barriers to accessing the service that are causing the low uptake.

2.3.2 Healthy Weight in pregnancy

It is crucial that women and families are supported to achieve a healthy weight prior to conception and during pregnancy. The health board recognises the importance of providing specialist advice on how women experiencing overweight and obesity can achieve a healthy weight in preparation for pregnancy and while pregnant, but it should be recognised that without changes to the obesogenic environment many women will find it difficult to maintain the changes they have been supported to implement long-term. The healthy choice should be the easy choice across a range of areas including affordable food, how we undertake short journeys and the type of leisure activities available that enable them to be more active. The settings pregnant women visit such as hospitals, community clinics, workplaces and the high street should also make the healthy choice the easy choice. For up to 50% of women their pregnancy is unplanned and as a result they will not be able to prepare for their pregnancy, therefore supporting all women who are of childbearing age to be a healthy weight should be a priority.

2.3.3 Breastfeeding

Recognising the need to take a whole system approach to breastfeeding is also crucial to achieving good health outcomes in the first 1000 days. Currently the system is heavily focused on the support provided in the hospital and the health boards in Wales are held to account for breastfeeding targets. This approach fails to recognise the impact of the wider system on breastfeeding rates which are heavily dependent on culture, beliefs and attitudes of partners, family members and friends

as well as the ongoing availability of support once a new mum leaves hospital. In recognition of the need for wider system support consideration should be given to holding a range of organisations to account over the delivery of targets such as breastfeeding.

2.3.4 Childcare and Education settings

As children progress into using childcare and education settings it is crucial that these settings adhere to strict national requirements across the areas of diet and physical activity. The current school food system creates a significant opportunity for providing children with access to healthy and affordable food. The current school food regulations need to be reviewed and strengthened to prevent children from accessing food high in fat, salt and sugar. Particular priority should be given to primary school food where the newly introduced universal free school meal offer creates an opportunity to provide all children access to at least one nutritionally balanced meal per day. The commercialisation of school food and the culture of school food also needs to be reviewed if this is to be achieved. Consideration needs to be given to approaches that continue to promote unhealthy weight in school age children including:

- The daily availability of unhealthy dessert options (cupcakes, donuts, cookies and ice cream are daily options in some schools in Wales)
- The failure to ensure that school meals are an opportunity to provide children with a significant proportion of their five a day
- The provision of sugary food treats as rewards
- The availability of high fat, salt and sugar products at school events (such as PTA fundraisers, school fayres, school discos, birthday celebrations)
- The current carbon footprint of school food, there is an opportunity to significantly reduce food miles and procure food from local suppliers

The use of sugary drinks and food high in fat, salt and sugar as part of celebrations and rewards is an area that could be quickly improved and replaced with rewards that are positive approaches to health and wellbeing and aligned to the five ways to wellbeing including:

- Increased playtime
- Learning based rewards such as books or equipment
- Healthy food and drink options at events

Work is also needed with secondary schools to improve the availability of unhealthy food options, particularly the availability of unhealthy food options during school breaks where food choices are often dominated by red processed meat (bacon and sausage baps). Increased recognition should be given to understanding when teenagers experience hunger and ensuring breaks and lunchtimes are aligned to these times. Many schools have moved to later, shorter lunch breaks which is having a significant impact on how much pupils eat at particular times of the day and pupils ability to purchase and eat food as well as getting an opportunity to be active, with many pupils being required to return to class before they are even able to consume the food they have purchased. Education leaders need to recognise the important role diet and physical activity plays in a young person ability to concentrate and learn.

There are significant opportunities to take an intelligence led approach to school food through the use of both transaction data from cashless purchasing systems and school level data from the school health research network data. Currently the availability of data to improve our understanding of food and drink consumption in schools and the impact this has on the self-reported health behaviours of pupils is not accessible, meaning health boards are unable to work in partnership with colleagues across education, procurement and catering to make the necessary improvements.

2.4 The stigma and discrimination experienced by people who are overweight/obese;

2.4.1 Causes of obesity

As part of the whole system approach to healthy weight, there is an opportunity to integrate system beliefs that challenge the stigma and discrimination experience by those who are living with overweight and obesity. This would support an approach that avoids focusing on blaming individuals and identifying personal responsibility for an individual's behaviour as a solution to unhealthy weight and instead shifting the focus to how the social and commercial determinants of health are causing unhealthy weight.

The use of system mapping to identify the causes of overweight and obesity in Wales can be a powerful tool for challenging the beliefs held by many individuals that overweight and obesity is a personal choice caused by eating too much and not moving enough. It can often help support wider system actors to identify how their role in the system can prevent overweight and obesity and refocus areas of action away from individuals and into tackling the wider system.

2.4.2 Language and imagery

We would encourage the Welsh Government to adopt an organisation wide commitment to using non-stigmatising, person-first language across all communication about obesity. An example of this approach within this consultation would then be to re-phrased the current consultation question to 'the stigma and discrimination experienced by people living with overweight/obesity' Further guidance on this approach is available from the European Association for the Study of Obesity <https://cdn.easo.org/wp-content/uploads/2024/03/25195227/Person-First-Language-Guide.pdf>

We would also encourage a move away from using images of people living with overweight and obesity eating within any documents published by either the Welsh Government or wider public sector partners as these images perpetuate the view that individual overconsumption of food is responsible for their overweight or obesity. Free non-stigmatising image banks are available to support with non-stigmatising communication such as the link found here [Image Bank - ECPO Media](#) we would encourage Welsh Government to promote these resources when working in partnership with media outlets as well.

As a health board we also recognise that the language used across healthcare services including maternity services can often be judgemental and stigmatising. Consideration needs to be given to how we reframe this approach and focus on

ensuring patients feel supported to access the support they require to achieve a healthy weight.

2.4.1 Workplaces

Employers are a key partner in tackling stigma and discrimination for people living with overweight and obesity. Further work could be undertaken to understand how people living with overweight and obesity would like to be supported in the workplace including:

- Making the healthy choice the easy choice across areas including food sold in the workplace, opportunities to be active when travelling to and from work and opportunities for being active in the workplace
- Having time within the working day to access weight management services
- Establishing staff health and wellbeing plans for all employees that outlines a co-produced plan for supporting them to achieve goals across healthy eating and being active alongside other identified needs and goals

2.5 People's ability to access appropriate support and treatment services for obesity;

2.5.1 Obesogenic environment

The health board recognises that for some people who are experiencing overweight and obesity they will require specialist services and interventions including pharmacotherapy and surgery. Unfortunately due to the increasing prevalence of overweight and obesity the resource, capacity and workforce to meet this demand is not available. The ongoing obesogenic environment also makes it significantly challenging for patients to maintain long-term change which then calls into question the return on investment from these interventions.

2.5.2 Performance and outcomes

Work is required nationally to develop a greater understanding of the outcomes achieved across different specialist weight management service models. Effective integrated digital systems that provide both a case management and performance management function are also required to enable this to happen.

2.5.3 Evidence-based interventions

The weight management service pilots currently being delivered in England offer an opportunity for shared learning with Wales on the most effective evidence based interventions for children, young people and families. Long-term sustained investment is then needed into the services that offer the greatest long-term outcomes for patients.

2.6 The relationship between obesity and mental health;

2.6.1 Early Years

The relationship between obesity and mental health is complex and spans across the life course. In early years it is crucial that we recognise the importance of early food experiences and the role they play in the development of healthy relationships with food. It is vital that the education and training offered to those working with

children and young people appropriately equips them with the skills to create, preserve and protect positive relationships with food.

2.6.2 Children and young people

Insight conducted by the health board with parents has also found that protecting children from the risk of bullying and the potential impact of bullying on mental health is a significant motivating factor for parents wanting to support their child to be a healthy weight. Parents often struggle to envisage their children as adults and therefore concern regarding long-term conditions their children may experience has a limited impact on motivators for parents but the prevention of bullying is seen as a key influencing factor.

2.6.3 Binge Eating Disorders

As children begin to get older and progress into adulthood there is a recognised risk that for people living with overweight and obesity there is a strong relationship with binge eating. To ensure those who experience a binge eating disorder are appropriately supported to address their binge eating disorder appropriate specialist services are needed to tackle the underlying causes that are often strongly associated with stress, anxiety, depression, poor coping skills and low self-esteem.

2.6.4 Common mental disorders in those living with overweight and obesity

For people living with overweight and obesity the relationship between their weight and mental health is complex. Establishing cause and effect can be difficult and complex as many people who are living with overweight and obesity may have experienced poor mental health which has led to increased weight gain. For others weight gain leads to poor mental health often associated with the stigma and judgements they are subjected to. Those patients living with obesity often struggle to access activities that help people maintain good mental health such as physical activity.

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

Consideration needs to be given to how we manage the approach we take to supporting pregnant women living with overweight and obesity as well. Currently the language used within maternity services creates significant feelings of stigma and judgement which can then lead to poorer mental health throughout pregnancy.

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

There are a range of interventions that have been implemented across different countries that will contribute to tackling unhealthy weight. Some of these have been adopted in Wales already, others are being consulted on. It should be recognised that obesity is a complex, multifactorial issue and there is no one single intervention that will offer a solution alone.

Examples include:

- Improvements in healthy start to align with the approach taken in Scotland (Best Start Foods Grant)
- Tax on sugar sweetened beverages

- Tax on energy drinks
- Ban on advertising high fat, salt and sugar foods
- Regulation of food environments in hospitals, schools and the community
- Financial investment in school food
- Legislation to restrict new hot food takeaways
- Improved nutritional labelling of food and drink (including alcohol) making it easier for the public to make the healthy choice
- Restrictions on multi-buy options of high fat, salt and sugar foods
- Improved active travel route infrastructure
- Subsidised public transport