

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](#)

OB02: Ymateb gan: Bwrdd Iechyd Aneurin Bevan |

Response from: Aneurin Bevan University Health Board.



Aneurin Bevan University Health Board Response to the (Welsh Parliament) Health and Social Care Committee inquiry into the prevention of ill health-obesity (May 2024)

Contribution from: Professor Tracy Daszkiewicz, FFPH - Executive Director for Public Health

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

- Food system challenges are complex and crosscutting by nature. For example, recent research in England found that 16 separate government departments had responsibility for an aspect of food policy.¹
- We recognise that progress is being made by Welsh Government to join up key agendas. For example, the commitment to provide universal primary free school meals (UPFSM) also includes the desire to increase the amount of locally produced food. This ties in with the commitment to produce a Community Food Strategy to strengthen local food supply chains.² We will be keen to see the evaluation of UPFSM for the early impacts on children, families and schools in Gwent. In an area of Gwent, one early indication has been that schools that previously had high numbers of pupils entitled to free school meals are now the schools with the lowest uptake of UPFSM. Specific measures to target children most in need may be required if we are to avoid further exacerbating health inequalities.
- We feel that greater policy integration is required. Welsh Government's 'Healthy Weight: Healthy Wales' long-term strategy to prevent and reduce obesity includes a national priority area to shape the food and drink environment towards sustainable and healthier options.³ This priority would benefit from greater alignment with economic and agricultural policy so that longer-term planning of Welsh food production can better meet health goals and the Eatwell Guide.⁴
- It would be useful if Welsh Government could publish progress reports in respect of its two-year 'Healthy Weight: Healthy Wales' delivery plans. These up-dates could also consider whether specific actions are system-level or individual-level, and whether this balance is correct to bring about sustainable change.
- 'Brexit', Climate Change and Covid-19 have all presented challenges for our health and well-being. This triple challenge is impacting negatively on food security for a wide range of population groups in Wales, including rural communities, fishers and farmers, people on low incomes and children and young people.⁵

- This is now heightening with the cost-of-living crisis,⁶ and the occurrence of extreme weather events, including drought, to create a strong case for the need for a long-term food strategy to build a sustainable food system for Wales.⁷
- The local food partnerships in [Blaenau Gwent](#), [Monmouthshire](#) and [Torfaen](#) have all achieved membership of Sustainable Food Places (SFP).⁸ This includes a commitment to work across the environmental, health and economic agendas on food. Newport Food Partnership is working towards SFP membership, whilst Caerphilly Food Network convenes a wide range of stakeholders across food poverty, food production and the community food sector. The SFP Evidence Database captures the breadth and depth of impact of the SFP approach and programme, alongside data on individual food partnerships including Blaenau Gwent and Monmouthshire.⁹
- Examples of current work by local food partnerships include emergency food, exploring ‘fringe-farming’ on the edges of urban areas, supplying kitchens to community centres, providing grants (community and business), and connecting with local food businesses. The future sustainability and longevity of the food partnerships is crucial, as they are currently on very short-term funding. We are not aware of a national co-ordinated evaluation, and would advocate for one.
- There is currently no integrated framework for action on food at local, regional and national level in Wales. A national food strategy is needed. This is currently a gap as highlighted by Cardiff University in a Welsh Food System Fit for Future Generations.¹⁰ In particular, there is a need for greater integration of the health, agriculture, food and farming agendas at the national level.
- We need to consider a trauma informed approach to understanding obesity, both in terms of causation and presentation. Trauma and related stress hormone release can have a direct impact on insulin take up and result in weight gain. Trauma is also a factor in body image and adds to the complexity of obesity that we need to understand in addition to nutrition and physical activity

Question 2: The impact of social and commercial determinants on obesity:

- The ABUHB Healthy Start Uptake Working Group conducted a survey in Autumn 2023 which found that:
 - 79% of respondents were aware of the Healthy Start scheme
 - 13% of those who were aware were not sure what the scheme entails
 - 31% of people heard about the scheme from their health visitor
 - Only 38% of respondents knew what could be purchased

This highlights the need to continue to raise awareness and understanding of the Healthy Start scheme, potentially through a national focus.¹¹

- Recognising the impact of the wider (or social) determinants of health, Gwent (through its Public Services Board) became a ‘Marmot region’ in 2022 to improve equity in and between our communities across Gwent, including for healthy weight.¹²
- The Chief Medical Officer for Wales’s Annual Report in 2023 explores how commercial interests influence our choices and behaviours. In particular, four industries (tobacco, unhealthy food, fossil fuel, and alcohol) are responsible for at least a third of global deaths per year.¹³ For example, in the area of children and young people’s physical activity, two examples of ‘counter-productive’ sponsorship are the Daily Mile supported by a global petrochemicals manufacturer, and the Football Association of Wales’s ‘Fun Football Partnership’ with a global fast-food chain.
- Whilst food banks are delivering vital work in tackling hunger, the types of foods donated/sourced are not always healthy foods. Food towards the end of its shelf-life passed on to food banks and pantries by retailers can often end in food waste (and costs) for these charities. What is the future vision for our food system in Wales in terms of eradicating food poverty and the need for food banks, pantries and Big Bocs Bwyd etc.?
- Food made available through food banks and community cupboards are often influenced by the foods people are able to prepare and cook. A local community conversation found that 1 in 3 households attending a local community cupboard only had a microwave as a means of cooking. This directly influences the types of foods chosen and in turn, prioritised the foods made available.
- The ‘Healthy Weight: Healthy Wales’ Strategy is also advocating and funding the whole system approach (WSA) to recognise the role and importance of food and active environments in supporting the population to live with healthy weight.
- In Gwent, following the WSA methodology, stakeholders in the system have chosen ‘access to healthy food for early years families (ages 0-7)’ as the first priority sub-system and theme. Further work to delve into this priority has identified four aims, which are now being developed into a system-level action plan in Gwent:
 - Food in early years settings: pre-school nurseries, childcare etc.
 - Public-sector venues in the community with catering services
 - Community food-growing near to people’s homes
 - Food in local / corner shops

The rationale in these discussions focused on opportunities for improvement in current catering provision, and persisting inequalities in access to food

retailers due to geographical home location, lack of car ownership, cost of public transport, and the range of food available in local/corner shops.

- We need to expand the conversation on ultra processed foods (UPF), the impact these have on our physiology and the direct contribution these foods have to obesity, way beyond the number of calories. A person eating their recommended calorie intake on a predominantly UPFs would gain weight. The conversation needs to shift from calories in, energy out, so these broader factors are understood.
- Engaging with stakeholders across Gwent has also identified further areas for improvement linked to access to healthy food for early years families, which could be addressed at the national level on a 'once for Wales' basis:
 - Strengthening public health support with Care Inspectorate Wales for its role in monitoring nutritional standards in childcare settings
 - Developing 'bitesize' nutrition training for childcare workers, which would slot in at the start of the nutrition training pathway
 - Improving nutrition advice in community sport, working with national governing bodies of sport and Healthy Weight Ambassadors
 - Welsh Government / Public Health Wales further engaging with the food retail sector
 - Strengthening the National Design Principles by including food to underpin Local Development Plans
 - Adding food to the vision narrative for Wales' well-being goals in a future up-date of the Well-being of Future Generations Act (in a similar way to how 'fair work' has been added to 'A prosperous Wales' well-being goal)
 - Opportunities to streamline the administration of the 'Food and Fun' School Holiday Enrichment Programme to increase its scale, working with the Welsh Local Government Association (WLGA)
- Data on children and adults living with obesity, including the differences between the least and most deprived areas across the Aneurin Bevan UHB footprint (Gwent) can be found in the following sources:

Gwent Joint Strategic Assessment 2023

- Percentage of children aged 4-5 years recorded as living with overweight or obesity by local authority
- Percentage of adolescents meeting physical activity guidelines 2021/22 by local authority
- Percentage of working age adults of healthy weight by local authorities 2021/22
- Age standardised percentage of adults meeting physical activity guidance by local authority
- Gwent life expectancy (years) and healthy life expectancy (years and %) at birth

- Quality Assurance and Improvement Framework disease register prevalence; showing hypertension, obesity and asthma are most prevalent
- Average distance to nearest park, public garden or playing field by local authority and Welsh Index of Multiple Deprivation decile

[Quality Assurance and Improvement Framework \(QAIF\) disease registers](#)

- Number of patients registered with a GP practice who have been diagnosed with a medical condition as defined by QAIF
- Obesity patients aged 16+ by Neighbourhood Care Network

[Public Health Outcomes Framework](#)

[Child Measurement Programme - Public Health Wales](#)

- Adults meeting physical activity guidelines, age standardised percentage persons aged 16+
- Adults eating five fruit or vegetable portions a day by health board and local authority
- Breastfeeding at 10 days
- Physical activity in adolescents
- Adolescents drinking sugary drinks once a day or more
- Adolescents of a healthy weight
- Children aged 4 to 5 by local deprivation fifths

There are more children living with 'overweight not obesity' and 'obesity' in the most deprived quintile in all five of our local authority areas in Gwent.

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

- With greater emphasis on the importance of developing the Early Years workforce in food and nutrition as part of supporting the 'best start in life'. This includes specifically:
 - In Gwent we have created and delivered Nutrition Skills for Life™ training for both Early Years staff and Health Visitors.¹⁴ However, it is a challenge to roll out to Gwent with current constraints. Also relevant is the 'national lever' point earlier on 'bitesize' nutrition training for childcare workers
 - Pregnant people supported with a BMI over 30 have expressed the need for more long term follow up after the birth of their baby
 - ABUHB would value an All Wales Maternal Weight Management Pathway for pregnancy and post pregnancy to provide evidence-based guidance

Question 4: People's ability to access appropriate support and treatment services for obesity:

- Currently in Gwent, there is a 3-5 year waiting time/list to access level 3 services due to increased demand. This emphasises the need for prevention through the 'Leadership and Enabling Change' strand of the 'Healthy Weight: Healthy Wales' strategy. National policy should shift the focus from treatment by NHS Wales to enabling people through their local communities/environments.
- Weight loss medications such as Saxenda® and Wegovy® have launched. Numbers that can be financed from within our level 3 service are limited to 50 patients, with 88 people waiting.
- Level 4 Bariatric Surgery should be at a local level (this is currently provided by Swansea Bay UHB).
- There is no level 2 Children's Weight Management Service (CWMS) in ABUHB. The ABUHB level 3 CWMS is operating in line with the All Wales Weight Management Pathway.
- Level 1 access nationally should be enhanced to complement the 'Healthy Weight: Healthy You' website; e.g., a digital app similar to the free NHS Weight Loss Plan; and free community food and active engagement and events.¹⁵
- A pilot programme run in two Neighbourhood Care Networks (NCNs) enabled direct referral to Slimming World® following a conversation with a member of the primary care team. Individual's referred were on average accessing this level 2 weight management service within 10 days of referral.

Question 5: The stigma and discrimination experienced by people who are overweight/obese:

This is addressed in the response to Question 6 below.

Question 6: The relationship between obesity and mental health:

- The association between obesity and mental health is complex, multi-dimensional, and often poorly understood.¹⁶ In addition, weight stigma and discrimination contribute to psychological distress which in turn can hamper weight control.¹⁷
- A study by University College London and University of London found that obesity and mental ill-health develop together during childhood, which highlights the need for early interventions to target both weight and mental health.¹⁸
- Research on body image and mental health has found that higher body dissatisfaction is associated with a poorer quality of life, psychological distress and the risk of unhealthy eating behaviours and eating disorders. This report also includes a set of policy recommendations.¹⁹ The UK

Parliament's Health and Social Care Committee has published a report, with recommendations to government, on the impact of body image on mental and physical health.²⁰

- What we eat affects gut microbiome; gut health is important for mental health. Researchers at Oxford Population Health, along with colleagues in the Netherlands, demonstrated that 13 types of gut bacteria are associated with symptoms of depression.²¹
- There are opportunities to strengthen these associations in policy. For example, the current consultation on Welsh Government's draft Mental Health and Wellbeing Strategy does not include these links between food/obesity and mental health.²² It is also important to listen to people with lived experiences; for example, the Centre for Mental Health's report on experiences of weight management among people with severe mental illness.²³
- In the 'Healthy Weight: Healthy Wales' strategy, the language and approach continue to primarily promote a biomedical model that perpetuates a sense that overweight and obesity are a 'medical problem' to be 'fixed'. Alongside this, the strategy also perpetuates the societal beliefs that overweight and obesity are 'caused' by the individual and therefore to be 'corrected' by the individual. The focus, for example, on a model of calorie reduction and exercise increase (calories in/calories out) disregards the wider social determinants that influence a person's ability and options for good self-care. However, to note that a 'Systems Based Approach' is included in the 'Leadership and Enabling Change' strand of the strategy. Please see the response to Question 2 for a summary of this whole system approach in Gwent to-date.³
- Whilst economic factors are, of course, highly relevant, so too are cultural and social factors. There tends to be an oversimplistic acknowledgement of the influence of mental health with little regard, for example, to the bi-directional nature of the relationship with overweight and obesity.²⁴ This bi-directional relationship also plays out in physical health and other additional needs. As clinicians, our own reflections and understanding continue to develop and this means that our approach to assessment and treatment also continue to evolve. This is a relatively new specialism and best evidence continues to emerge.
- Welsh Government's All Wales Weight Management Pathway 2021 is clear that NHS Wales staff (and other deliverers) need to understand weight stigma and its impact, and how to communicate sensitively and effectively with people living with overweight and obesity, when designing and delivering services.²⁵ The way in which stigma is managed will inevitably influence the quality of patient care, and we know that if not managed correctly it will maintain weight gain.²⁶

- Given the complexity of the issue, we believe that there is a need for a highly integrated approach across all sectors. This should consider how to make best use of consultation, liaison, training, support and supervision for all relevant staff about understanding the complex roots of overweight and obesity, and how to compassionately support people. Cross discipline education and liaison are essential.

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

- In 2018 Public Health Wales published a report following its review of international policies, approaches and actions to address obesity.²⁷
- Professor Kevin Morgan, Cardiff University has written a conference ‘blog’ on food in the Swedish post-industrial city of Malmö. Between 2010 and 2020, 70% of food in public-settings became certified as organic, and greenhouse gas emissions reduced by 30%. A key lesson is that Malmö used its purchasing power through its public procurement policy to stimulate its organic food industry. A similar approach could be considered by Wales’s Public Services Boards.²⁸
- Leeds, England has reduced rates of childhood obesity. Strong leadership and a supportive (senior) political environment are key. In Leeds, 625 fewer children started Reception Class living with obesity between 2009-10 and 2016-17. The city’s approach included the ‘HENRY’ (Health, Exercise, Nutrition for the Really Young) programme.²⁹
- In Amsterdam, Netherlands there were 2,500 fewer children and young people (aged 0-18 years) living with overweight and obesity between 2012 and 2015, and despite an additional 5,000 children in Amsterdam in this period. The capital’s approach covered 10 pillars of activity across preventative, curative and facilitative actions.³⁰
- Three places in Wales – Merthyr, Cardiff and Anglesey - are piloting the ‘PIPYN’ (Pwysau lach Plant yng Nghymru) programme, which supports children and their families to achieve a healthy weight through a series of topics.³¹

We consider this to be the approach which should be available pan-Wales, as part of a package of community-level interventions, with the necessary resources to deliver.

REFERENCES

1. [Who makes food policy in England? A map of government actors and activities - Food Research Collaboration](#)
2. [Welsh Government - Programme for Government - Update](#)
3. [Healthy weight strategy \(Healthy Weight Healthy Wales\) | GOV.WALES](#)

