

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](#)

OB06 : Ymateb gan: British Heart Foundation Cymru | Response from: British Heart Foundation Cymru





British Heart Foundation Cymru

Health and Social Care Committee Inquiry into the prevention of ill health – obesity.

Introduction

BHF Cymru is Wales's largest independent funder of research into cardiovascular (heart and circulatory) diseases. Thanks to the generosity of our supporters, we are able fund around £3 million of research across Wales. Our vision is a world free from the fear of heart and circulatory diseases, and our research and the work we do aims to transform the prevention, detection and treatment of these diseases and provide trusted information for people affected by these conditions.

BHF Cymru is grateful for the opportunity to respond to this inquiry. We are pleased that Welsh Government are taking positive action to address ill health resulting from obesity in Wales, and that the consultation recognises the potential harmful effects of having excess weight on the cardiovascular system.

Obesity is a leading public health concern in Wales. Having a BMI classed as overweight or obese is linked to an increased risk of heart and circulatory diseases such as heart attack, stroke, and vascular dementia. This also increases the chances of developing other risk factors including raised blood pressure and type 2 diabetes. Overweight and obesity has a huge impact on the people of Wales.

BHF Cymru also Co-Chairs and endorses the Obesity Alliance Cymru response to this inquiry.

For any further information contact Inioluwa Longe, Policy and Public Affairs Coordinator at

Background

The prevalence of high body-mass index (BMI) in Wales poses a significant public health challenge, with approximately 1 in 6 heart and circulatory disease deaths attributed to it. Alarmingly, 26% of adults in Wales are classified as obese, and an additional 35% are categorised as overweight based on BMI. Furthermore, more than a quarter of children in reception year have a BMI classed as overweight or obese.¹

This escalating obesity trend not only puts a financial burden on the NHS with an estimated annual cost of £73 million, but it also exacerbates existing pressures on NHS healthcare services.ⁱⁱ Living with obesity is a key risk factor for the development of heart and circulatory diseases (i.e. cardiovascular disease (CVD)), heart attack and stroke. Poor diet, particularly excess consumption of fat, salt, and sugar, is a key driver of high population levels of obesity. On average, UK adults consume 50g of free sugars per day, two thirds more than the recommended maximum intake of 30g per day,ⁱⁱⁱ as well as 8.4g of salt per day, 40% more than the UK recommended intake of no more than 6g.^{iv}

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

The Welsh Government has made commendable progress with the introduction of the Healthy Weight, Healthy Wales (HWHW) 10-year obesity strategy. This Strategy is a significant step in the right direction. However, there remain several areas that require further attention to comprehensively address the issue of obesity-related ill health in Wales. The upcoming 2024-2026 Strategy, set to be published this year, presents an excellent opportunity for the Welsh Government to implement the necessary recommendations and address existing gaps. By taking these additional proactive steps, the effectiveness of the Strategy can be significantly enhanced, thereby ensuring better health outcomes for the population of Wales.

The Child Measurement programme has not provided comprehensive all-Wales data since the pandemic.

The challenges faced by Public Health Wales in providing an accurate overall figure of children measured in reception class across Wales during the pandemic and even post-pandemic, undermines the effectiveness of the HWHW Strategy and hinders the ability of NHS Wales to plan and deliver health services optimally.^v Addressing limitations in data collection is crucial to ensuring a comprehensive understanding and proper reflection of the situation across Wales.

Official statistics in Wales may be underestimating the problem.

Recent analysis by Nesta indicates that obesity is more prevalent in Wales compared to other UK nations. Nesta, using a method also used by Scotland and England to correct self-reported data found that over a third of Welsh adults are obese, rising to 34% from official figure of 26% - making it the highest rate of all UK nations.^{vi} This invariably means that the right people are not being targeted and are potentially missing out on health interventions. The discrepancy between official figures and Nesta's findings underscores the need for improved data collection methodologies. Utilising solely self-reported data without adjustments for potential errors leads to an underestimation of obesity rates. Adopting a new approach to obesity rate

data collection in Wales is imperative to enhance the targeting of health services and address this pressing public health issue effectively.

Recommendation:

1. While the Welsh Government has demonstrated commitment to tackling obesity through previous initiatives, such as restrictions on the promotion of high fat, salt and sugar (HFSS) products, it's essential to have accurate data to inform policymaking and health service provision accurately.

The impact of social and commercial determinants on obesity

Impact of Social determinants on obesity

Obesity is influenced by a complex interplay of social factors, economic, environmental and cultural determinants, including income, food security, economic status, access to health services, gender, race, and age. These determinants, which shape the environments in which people are born, grow, work, live, and age, play a crucial role in obesity rates observed in Wales.

To effectively reduce obesity levels in Wales, there is a need to take both a population-wide and targeted approach for those most at risk. We emphasise the importance of this broader approach, as population-wide measures are essential in preventing the exacerbation of health inequalities and ensuring that all communities have equitable opportunities to make healthier choices. Therefore, it is crucial to prioritise population-level measures that address common environmental factors driving the consumption of high-fat, sugar, and salt (HFSS) foods.

While everyone should have access to interventions promoting healthier lifestyles, additional targeted efforts are necessary for communities experiencing higher levels of deprivation and obesity such as low-income communities, minority ethnic groups, and individuals with disabilities. This might include localized programs that address specific barriers to healthy eating and physical activity, such as subsidised access to healthy foods, community-based fitness programs, and tailored educational campaigns. Balancing universal initiatives with proportionate support for those in greater needs will help in the reduction of overall obesity levels while also narrowing health inequalities, ensuring that every community in Wales has the opportunity to lead healthier lives. By implementing well-designed, population-wide and targeted strategies, we can create a more inclusive and effective framework for tackling obesity across all communities in Wales.

Recommendation:

2. Welsh Government should take a population-wide as well as a targeted approach to create a more inclusive and effective framework for tackling obesity across all communities in Wales.

Impact of commercial determinants on obesity

The commercial determinants of health (CDoH) are important factors affecting the high rates of obesity. The production and marketing practices of commercially produced food and drink, especially HFSS foods, significantly impact obesity rates. Decisions made by companies regarding the production, pricing, and targeted marketing of these products contribute to the prevalence of various health conditions, including obesity, cardiovascular disease, type 2 diabetes, certain cancers, and hypertension. Addressing these commercial determinants is essential in reducing obesity and improving public health outcomes.

The drivers of poor dietary health in the UK include the high availability, accessibility, and affordability of HFSS foods in comparison to healthier ones. To increase everyone's access to a healthy diet, it is critical that Welsh Government implement a comprehensive package of mandatory evidence-based measures. Alongside measures to encourage industry reformulation, action must also be taken to make healthier food more affordable.

We know that our current food environment puts less healthy products, which are high in fat, salt, and sugar and highly processed in the spotlight, and that currently, well-established dietary guidance is not always followed.

Reduce the availability of the unhealthiest foods

We commend the model work being undertaken in Cardiff and Vale University Health Board and Betsi Cadwaladr University Health Board, which exemplifies how collaboration between health and planning sectors can reduce the numbers of hot food takeaways in communities.

We agree with Obesity Alliance Cymru's view that strengthening national planning guidance to mandate the consideration of health and wellbeing in the review process of planning applications will empower local authorities to adopt local supplementary planning guidance. This guidance would require a thorough assessment of the health and wellbeing impacts of planning application, ensuring that no new hot-food takeaways can be established near schools or in areas already filled with such establishments. While this measure is not a comprehensive solution, it represents a significant step towards reducing the factors that contribute to obesity and promoting healthier choices. It is crucial that hot food establishments are not strategically placed to target children, nor should they undermine the nutritional standards of school meals. We need a comprehensive strategy that addresses our food environment in such a way that supports everyone to access a healthy, balanced diet without delay. The ongoing pilot projects have shown promising results, and we will continue to monitor their progress.

Restrict marketing of high fat, salt and sugar foods

33% of the UK food industry's marketing expenditure targets confectionery, snacks, desserts, and soft drinks, while a mere 1% is allocated towards promoting fruit and vegetables.^{vii} A substantial body of evidence indicates that food advertising significantly influences children's preferences and consumption of HFSS foods. For instance, just 4.4 minutes of food advertising can increase a child's consumption by an average of 60 calories.^{viii}

Despite the clear evidence, proposed restrictions on television and online marketing of less healthy foods have been postponed until October 2025. Implementing these restrictions immediately could potentially eliminate up to 7.2 billion calories from children's diets annually in the UK and reduces the number of children with obesity by approximately 20,000.^{ix} The Welsh Government should advocate for the swift implementation of these delayed restrictions on HFSS food advertising and promotion.

Beyond television and online marketing, HFSS product advertising is prevalent in outdoor spaces across the UK, with evidence showing higher concentrations in more deprived areas. In Wales, an estimated 82% of outdoor advertising is situated in these deprived areas, increasing exposure to this form of advertising, and further highlighting the unequal distribution of dietary influences in our health environment.^x Given the significant impact of this legislation on obesity and child health, the Welsh Government should also explore the possibilities afforded by devolved powers in this area, for example restricting advertising on public transport and sports events.

Restrict price promotions on unhealthy food and drink

Price promotion and multibuy offers are another key marketing tool used by the food industry to promote HFSS products. As evidenced by the analysis of promotional activities within the UK's largest retailers, 41% of these promotions are allocated to HFSS foods and drinks.^{xi} In stark contrast, only 3.3% target fruit and vegetables, with a mere 3.9% focusing on staple carbohydrates.^{xii} This discrepancy highlights the urgent need to address the prevalence of HFSS promotions, which can contribute to unhealthy dietary habits among consumers. We support the Welsh Government's commitment to implementing restrictions on multibuy promotions on less healthy products by 2025 to increase the availability and affordability of healthier products.

Research conducted by Cancer Research UK, involving 800 Welsh adults, provides additional insight into the impact of promotions on consumer behaviour.^{xiii} Their findings suggest a correlation between increased promotion purchases and a higher likelihood of having a weight defined as obese, as well as a preference for unhealthy foods over fruits and vegetables. Therefore, addressing promotional strategies as part of a comprehensive approach to improving public health is paramount. However, it is essential to recognise that this measure should be part of a broader package aimed at limiting the availability,

affordability, and promotion of HFSS products to effectively shift population consumption patterns and safeguard public health.

Recommendations:

3. The Welsh Government should regulate the advertising, promotion, and accessibility of HFSS foods and drinks to improve the food environment and mitigate negative commercial impacts on health through:
 - (a) Support UK-wide measures to tackle advertising of high fat, salt, and sugar (HFSS) products and explore actions within devolved powers.
 - (b) Strengthened planning guidance to give local authorities the power to review planning applications on the basis of health and wellbeing considerations.
 - (c) Restricting multibuy promotions on less healthy products, we can enhance the availability and affordability of healthier options, thereby empowering consumers and making the healthiest choice much easier.

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

Obesity significantly increases the risk of several serious health conditions that can adversely affect both physical and mental health. These conditions can diminish quality of life and may lead to premature death.^{xiv} However, effective treatment of obesity can lead to the improvement or even remission of related complications, enhance quality of life, and extend life expectancy. Even a modest amount of weight loss can have a substantial impact on health.^{xv} For example, reducing excess weight can lower blood pressure, reduce cardiovascular risk factors, and prevent the progression from impaired glucose tolerance to type 2 diabetes.^{xvi} Additionally, weight loss can alleviate back and joint pain, decrease the severity of sleep apnoea, and improve mental health.^{xvii} Overall, greater weight loss is generally associated with better health outcomes. To address obesity effectively, a national policy focusing on population health measures with targeted approaches for those most at risk of obesity is crucial. The NHS must collaborate with local partners and engage with communities to deliver targeted interventions. These interventions should be designed to prevent and treat obesity, tailored to the varying needs across different population groups.

The following considerations highlight potential actions that can be taken to reduce health disparities and improve inequalities, setting the stage for the subsequent suggestions in our consultation response.

All-Wales Weight Management Pathway

The All-Wales Weight Management Pathway with multi-year funding should be embedded across all Health Boards. This will ensure that individuals with existing obesity have equitable access to effective weight

management services, particularly among individuals from socio-economic groups that are currently underrepresented in these services. Specific measures should include targeted outreach campaigns to encourage uptake from these demographic groups and encouraging healthcare professionals to participate in training and development opportunities related to discussing weight and health with patients.

All-Wales Diabetes Prevention Programme

Between 2021 and 2022, diabetes-related hospital admissions cost the Welsh NHS an average of £4,518 per admission, excluding those requiring amputations.^{xviii} Additionally, in 2022/23, £105 million was allocated for diabetes management drugs in Wales.^{xix} Currently, over 200,000 individuals in Wales, about 8% of the adult population, are living with diabetes, with roughly 90% of these cases being type 2 diabetes.^{xx} Notably, over half of type 2 diabetes cases could potentially be prevented or delayed through lifestyle changes, including maintaining a healthier weight, adopting a balanced diet, and increasing physical activity.^{xxi} Recent analysis by Public Health Wales suggests that if current trends persist, approximately 1 in 11 adults could be living with diabetes by 2035, representing an additional 48,000 people.^{xxii} Such an increase would substantially strain health services.

The All-Wales Diabetes Prevention Programme, led by Public Health Wales and funded by the Welsh Government, is crucial in addressing these preventable cases. The programme operates through trained healthcare support workers and dietetic leads within primary care settings, supporting individuals at higher risk of type 2 diabetes to adopt healthier lifestyles. Despite the programme's significance, current funding is confirmed only on an annual basis, creating challenges for the long-term recruitment and retention of expert staff. To enhance the programme's effectiveness and sustainability, it is essential to secure payment funding. This stability would ensure the continuous support and resources necessary to prevent type 2 diabetes, thereby improving patient outcomes and alleviating future pressure on NHS resources.

Recommendations:

4. The All-Wales Weight Management Pathway with multi-year funding should be embedded across all Health Boards.
5. We urge the Health and Social Care Committee to advocate for the permanent establishment and funding of the All-Wales Diabetes Prevention Programme to safeguard public health and optimise healthcare resource allocation in Wales.

International examples of success

Amsterdam Healthy Weight Programme (AAGG)

In Amsterdam, the AAGG specifically addresses and mitigates the socioeconomic health inequalities related to obesity. The programme's objective is to "give every child a healthy childhood and future, regardless of

their start in life".^{xxiii} Notable disparities were observed, with 21.8% of children from very low socioeconomic backgrounds having a weight defined as obese, compared to only 9.6% of children from very high socioeconomic backgrounds.^{xxiv}

The AAGG implemented targeted interventions to promote healthier food choices, increase physical activity, and improve sleep quality. These initiatives were focused on neighbourhoods, schools, and children of non-Dutch origin, where the prevalence of obesity was highest. This comprehensive approach in Amsterdam demonstrates a successful model for addressing and reducing health inequalities linked to obesity.

Seinajoki Overcoming Obesity Programme

The City of Seinajoki in Finland launched the Overcoming Obesity Programme in 2013-2020, based on the National Obesity Programme. This initiative involved collaboration across various sectors, including childcare, education, nutrition, recreation, and urban planning, to create healthier environments and promote healthy dietary choices and physical activity among children aged 0-12 years.^{xxv}

Key actions taken included:

- Improvement of school playgrounds by the urban planning department.
- Implementation of more physical activity in schools by the recreation department.
- Elimination of Sugary snacks and provision of healthier lunches by the nutrition department within daycare centres.
- Annual health checks in schools introduced by the health department, along with parent education on healthy eating.

Additionally, health education, nutrition, and cooking lessons are mandatory in all schools in Finland. This comprehensive, multi-sectoral approach in Seinajoki demonstrates a successful model for combating childhood obesity.

Recommendation:

6. The Welsh Government should consider international examples of success in addressing health inequalities and obesity. Learning from proven, effective strategies implemented elsewhere can help develop comprehensive, multi-sectoral approaches to promote healthier environments, improve dietary choices, and increase physical activity, ultimately enhancing public health outcomes in Wales.

Conclusion

In conclusion, BHF Cymru commends the Welsh Government for its proactive steps in tackling ill health arising from obesity through initiatives like the HWHW. However, significant gaps remain, particularly in

data collection, targeting high-risk groups, and addressing the social and commercial determinants of obesity. Enhanced data accuracy, comprehensive population-wide strategies, and stringent regulations on the promotion and availability of unhealthy foods are critical. We advocate for the implementation of evidence-based policies, restrictions on HFSS food promotions. Furthermore, embedding the All-Wales Weight Management Pathway across all health boards will ensure equitable access to effective weight management services. By adopting these recommendations, the Welsh Government can significantly improve public health outcomes and reduce the burden of obesity-related diseases in Wales.

Summary of Recommendations

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

1. While the Welsh Government has demonstrated commitment to tackling obesity through previous initiatives, such as restrictions on the promotion of high fat, salt and sugar (HFSS) products, it's essential to have accurate data to inform policymaking and health service provision accurately.

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

2. Welsh Government should take a population-wide as well as a targeted approach to create a more inclusive and effective framework for tackling obesity across all communities in Wales.
3. The Welsh Government should regulate the advertising, promotion, and accessibility of HFSS foods and drinks to improve the food environment and mitigate negative commercial impacts on health through:
 - (a) Support UK-wide measures to tackle advertising of high fat, salt, and sugar (HFSS) products and explore actions within devolved powers.
 - (b) Strengthened planning guidance to give local authorities the power to review planning applications on the basis of health and wellbeing considerations.
 - (c) Restricting multibuy promotions on less healthy products, we can enhance the availability and affordability of healthier options, thereby empowering consumers and making the healthiest choice much easier.

Area 6: People's ability to access appropriate support and treatment services for obesity

4. The All-Wales Weight Management Pathway with multi-year funding should be embedded across all Health Boards.

5. We urge the Health and Social Care Committee to advocate for the permanent establishment and funding of the All-Wales Diabetes Prevention Programme to safeguard public health and optimise healthcare resource allocation in Wales.

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

6. The Welsh Government should consider international examples of success in addressing health inequalities and obesity. Learning from proven, effective strategies implemented elsewhere can help develop comprehensive, multi-sectoral approaches to promote healthier environments, improve dietary choices, and increase physical activity, ultimately enhancing public health outcomes in Wales.

ⁱ National Survey for Wales 2022/23 - <https://gov.wales/adult-lifestyle-national-survey-wales-april-2022-march-2023>

ⁱⁱ Public Health Wales (2022) "Primary care obesity prevention". <https://phw.nhs.wales/services-and-teams/primary-care-division/primary-care-obesity-prevention/>

ⁱⁱⁱ Dimbleby H, *National Food Strategy, Independent Review, Chapter 16*, 2021.

^{iv} Public Health England, *National Diet and Nutrition Survey, Assessment of salt intake from urinary sodium in adults (aged 19 to 64 years) in England, 2018 to 2019*, 2020

^v Child Measurement Programme (CMP 2021/22 - Public Health Wales (nhs.wales) <https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/cmp-2122/>

^{vi} Bone, J. (2024) *A third of adults in Wales live with obesity, according to New Analysis*, nesta.

<https://www.nesta.org.uk/blog/a-third-of-adults-in-wales-live-with-obesity-according-to-new-analysis/>

^{vii} The Food Foundation. <https://foodfoundation.org.uk/publication/state-nations-food-industry-report-2023>

^{viii} Ibid

^{ix} Department of Health and Social Care. *Health and Care Bill: advertising of less healthy food and drink*. 2022

^x Adfree Cities. "*Unavoidable impact*" *How outdoor advertising placement relates to health and wealth inequalities*. 2024.

^{xi} The Food Foundation. *41% of price promotions and one in four multibuy offers are on unhealthy food and drink*. [Press release]. 2024.

^{xii} Ibid

^{xiii} Cancer Research UK. *Obesity* https://www.cancerresearchuk.org/about-us/we-develop-policy/we-work-with-government/cancer-research-uk-in-wales#Policy_Wales1

^{xiv} NHS. <https://www.nhs.uk/conditions/obesity/>

^{xv} Public Health Wales *Obesity and Obesity - Public Health Wales (nhs.wales)*

^{xvi} Ibid

^{xvii} Ibid

^{xviii} Public Health Wales. *48,000 additional people with diabetes in Wales by 2035 – new analysis - Public Health Wales (nhs.wales)*

^{xix} Ibid

^{xx} <https://phw.nhs.wales/services-and-teams/primary-care-division/all-wales-diabetes-prevention-programme/>

^{xxi} Ibid

^{xxii} Ibid

xxiii Amsterdam Municipality. Health Equity Pilot Project (HEPP) [Internet]. 2018. Available from: https://ec.europa.eu/health/sites/health/files/social_determinants/docs/hepp_casestudies_07_en.pdf

xxiv Health Action Campaign. <https://www.healthactionresearch.org.uk/assets/documents/international-childhood-obesity>

xxv Welfare FI for H and. Overcoming Obesity Programme 2013-2020 [Internet]. Seinajoki; 2013.

https://www.seinajoki.fi/material/attachments/seinajokifi/sosialijaterveys/terveyspalyelut/asiakasjapotilasasiakirjat/Fnp1Zw3JF/OVERCOMING_OBESITY_PROGRAMME_2013-2020.pdf