

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](#)

OB14 : Ymateb gan: Cynghrair Gordewdra Cymru | Response from: Obesity Alliance Cymru



Obesity Alliance Cymru Response

Health and Social Care Committee

Inquiry into the prevention of ill health – obesity.

About Us

Obesity Alliance Cymru (OAC) is a group of leading national charities, professional bodies, campaign groups and membership bodies working together to support public health in Wales. The Obesity Alliance Cymru is a forum for organisations to collaborate and influence policy on preventing and reducing obesity in Wales.

Our current members are:

- Cancer Research UK (Co-Chair)
- British Heart Foundation Cymru (Co-Chair)
- Bowel Cancer UK
- British Dietetic Association and dieticians from local health boards
- British Medical Association Cymru Wales
- Chartered Society of Physiotherapy
- Diabetes UK Cymru
- Nesta
- Royal College of General Practitioners Cymru Wales
- Royal College of Occupational Therapists
- Royal College of Paediatrics and Child Health
- Royal College of physicians
- Royal College of Podiatry
- Royal College of Surgeons England
- Tenovus Cancer Care
- Welsh NHS Confederation

OAC welcomes the opportunity to respond to the Health and Social Care Committee's inquiry into the prevention of ill health. This response represents a consensus of our membership to prevent ill health related to overweight and obesity. For more information about anything contained within this response please contact:

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Context

Wales is facing a public health crisis. Rates of overweight and obesity are climbing, resulting in diet related ill health across the population. It is estimated that obesity costs the Welsh NHS £73 million a year, increasing to £86 million when including overweight¹ and is exacerbating huge, avoidable pressures facing our NHS. Excess weight can increase the risk of many non-communicable diseases and is associated with significant mortality and morbidity. This includes type-2 diabetes, cardiovascular diseases (CVDs), liver disease, is linked to 13² types of cancer, musculoskeletal conditions, and poor mental health.

OAC has been hugely supportive of Healthy Weight, Healthy Wales (HWHW), Welsh Governments 10-year Obesity Strategy. First published in 2020, delivery plans are published every two years and OAC has been supportive of many evidence based measures outlined in the plans to support public health. The 2024- 2026 Strategy is due to be published this year and we would encourage Welsh Government to take bold action in this plan to support the people of Wales to live health lives.

OAC fully supports Welsh Government's healthy food environment legislation to make the healthiest choices easier and to restrict the placement and price promotions of products high in fat, sugar, and salt (HFSS) and would encourage Welsh Government to bring this legislation without delay. However, we also recognise that more needs to be done to support the people of Wales to live a health life.

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. Welsh Government should work with local health boards to ensure that there is universal reporting of child measurement statistics so that resources can be targeted where there is greatest need.
2. Welsh Government should use the methodology outlined by Nesta and used by Scottish and UK Government to correct self-reported BMI statistics for a more accurate picture across Wales.
3. Welsh Government should ensure that all schools meals comply with Welsh Government guidance and standards and contain a minimum of two portions of locally and sustainably produced seasonal vegetables, and that information is accessible to parents.

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

4. Welsh Government should address the marketing, promotion, and availability of HFSS food and drink to improve people's food environment and reduce the negative impacts of commercial determinants of health through:
 - a. exploring ways to restrict outdoor advertising of HFSS food and drink within devolved powers.
 - b. addressing misleading marketing information on food and drink aimed at infants and young people.
 - c. legislation to restrict price promotions on HFSS food and drink as soon as possible.

¹ Public Health Wales <https://phw.nhs.wales/services-and-teams/primary-care-division/primary-care-obesity-prevention/>

² B. Lauby-Secretan, C. Scoccianti, D. Loomis, Y. Grosse, F. Bianchini, and K. Straif, "Body Fatness and Cancer — Viewpoint of the IARC Working Group," *New England Journal of Medicine*, vol. 375, no. 8, pp. 794–798, Aug. 2016, doi: 10.1056/NEJMsr1606602.

- d. taxation powers to provide additional support to food outlets which offer health food and drink.

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

- 4. The NHS should roll out a dedicated dietetic component to all Flying Start programmes across Wales.
- 5. Welsh Government should deliver an informational programme to upskill those working in health and childcare to be able to support child health and provide information to new parents.
- 6. The NHS in Wales should provide support for health care professionals to deliver programmes such as the Food Wise in Pregnancy programme and Healthy Start programmes to support new parents with information about nutrition and breastfeeding.
- 7. The Nutrition Skills for Life programme should be equitably delivered across Wales, with frequent reviews to ensure that relative need is being met.

Areas 4 & 5: The relationship between obesity and mental health and the stigma and discrimination experienced by people who are overweight/obese.

- 8. Welsh Government, the Senedd and other public bodies in Wales review their communications to move away from a rhetoric which focusses on the individual and one which acknowledges the wider determinants of health.

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

- 9. The NHS Executive should look to provide support and treatment services for obesity equitably across Wales.
- 10. The All-Wales Weight Management Pathway should be embedded in all health boards and across communities with multi-year funding.
- 11. The All-Wales Diabetes Prevention programme should be embedded in all health boards and Welsh Government should commit to multi-year funding.
- 12. The Type 2 Diabetes Remission Service pilot should be assessed and rolled out across Wales at pace.

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

- 13. Welsh Government should be ambitious in its plans to support the people of Wales to live healthily, and look apply examples of successful policies from other countries.

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

OAC recognises the importance of Welsh Government's HWHW, and we applaud its ambition. However, much of the ambition in HWHW has not yet been implemented.

Improving Public Health Data

Without accurate, Wales-wide public health data, it is incredibly difficult to track the progress of HWHW and the success of any public health measures. Data is needed to measure the scale of problems and to be able to plan services, particularly to help tackle inequalities.

Since the pandemic, the Child Measurement Programme has not collected complete, Wales-wide data, with some health boards failing to provide figures. We would urge Welsh Government to correct this as soon as possible to ensure that we have an accurate picture of childhood overweight and obesity across Wales and resources can be targeted where there is the greatest need.

New research by Nesta ³ has further highlighted the need for improved data on adult obesity prevalence in Wales. Nesta's analysis revealed that Wales's adult obesity rate could be higher than the official figure, with a third of adults in Wales living with obesity - potentially more than any other nation in the UK.

Official figures on obesity rates for Wales are based on height and weight measurements self-reported by the public, rather than being professionally measured. This is an issue because it is well known that people typically underreport their weight and over report their height when asked. This leads to underestimation of obesity rates within a population. Which means that until now we did not have a clear picture of the extent of the obesity issue in Wales.

Nesta used a set of equations, which are already in use by UK and Scottish Governments, to make corrections to the heights and weights reported by the public in the National Survey for Wales to correct for self-reporting and more accurately represent these measurements. When these corrections are made adult obesity rate estimates for Wales jump from 26% in 2022-23 to 34% for the same year.

While professionally measured BMI would give us the most accurate picture of obesity prevalence within the Welsh population, and would therefore be the ideal situation, we understand that this can be costly for governments to implement. By using the same approach currently in use by UK and Scottish Governments, it is possible to generate much more accurate estimates of obesity rates than by relying on self-reported height and weight alone. We acknowledge that Welsh Government have not followed other UK nations in adjusting self-report data because they want to maintain consistency with how figures have been reported in previous years. However, this barrier can be easily overcome by retrospectively applying this same approach to previous years data and then continuing to do so in future years to ensure they are able to get an accurate picture of how obesity rates change over time. This is what we would like to encourage the Welsh Government to do.

Improving School Meals

OAC welcomes measures to improve access to free school meals. However, there are concerns that there is unequal application of the current school food standards. We recommend Welsh Government should address this and ensure that all schools and other settings across Wales are:

- Meeting Welsh Government guidance and standards on school meals, and that compliance is regularly monitored.
- Ensuring parents can easily access information on what meals are being given to their children in schools.
- Providing meals which are sourced locally and sustainably produced and contain a minimum of two portions of seasonal vegetables.

³ <https://www.nesta.org.uk/blog/a-third-of-adults-in-wales-live-with-obesity-according-to-new-analysis/>

Welsh Government should also look to other successful programmes to improve child health and the role that schools play such as creating support environments for schools.

Recommendations

1. **Welsh Government should work with local health boards to ensure that there is universal reporting of child measurement statistics so that resources can be targeted where there is greatest need.**
2. **Welsh Government should use the methodology outlined by Nesta and used by Scottish and UK Government to correct self-reported BMI statistics for a more accurate picture across Wales.**
3. **Welsh Government should ensure that all schools meals comply with Welsh Government guidance and standards and contain a minimum of two portions of locally and sustainably produced seasonal vegetables, and that information is accessible to parents.**

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

Social determinants

We know that there are a number of wider social determinants of health that must be considered when understanding obesity. Health policy in its ambitions to reduce obesity levels must take into consideration the conditions in which people are born, live, work and age, rather than solely focussing on personal responsibility, which can reinforce shame and, in turn, negative perception of body image.

For example, evidence from a study by Sheffield University shows that 1.2 million people in the UK are now living in 'food deserts,' where people must shop in more expensive small convenience stores, with a limited stock of good value fresh products. The study also showed that these are more likely to be in deprived communities and are also likely to be the types of premises that school children will use at lunchtimes.⁴

A Report by the Kings Fund also states that the environment people live in can be one of the greatest challenges to eating healthily. For example, if people are surrounded by foods that are high in sugar, salt, or fat, these can become the default choice. Unhealthy food environments are more prevalent in more deprived areas; for example, there is a strong relationship between deprivation and density of fast-food outlets.⁵

Commercial Determinants

According to the WHO, commercial determinants of health are private sector activities which affect people's health, directly or indirectly, positively or negatively.⁶ There is strong evidence linking increased marketing, promotion and availability of HFSS foods with increased consumption of these products.⁷ Welsh Government should prioritise addressing the marketing, promotion and availability of HFSS foods as well as ensuring people have adequate information to make healthy choices.

⁴ <https://www.sheffield.ac.uk/social-sciences/news/12-million-living-uk-food-deserts-study-shows#:~:text=1.2%20million%20people%20in%20the,neighbourhoods%20across%20the%20United%20Kingdom>

⁵ https://assets.kingsfund.org.uk/f/256914/x/cead3911f6/tackling_obesity_role_nhs_whole_system_approach_2021.pdf

⁶ <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health>

⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470175/Annexe_4._Analysis_of_price_promotions.pdf

Restricting marketing on HFSS food and drink

Everyone, but particularly Children should be protected from any advertising of unhealthy food and drink as well as brands that primarily sell unhealthy food and drink. We would like to see Wales explore devolved powers for restrictions on the advertising of HFSS products. For example, there could be opportunity for restrictions on outdoor advertising of HFSS in Wales through the Welsh Government working with local authorities to encourage them to implement policies on the advertising space they own.

Bristol City Council has prohibited HFSS product advertising for all advertising generated by the Council and advertising and sponsorship by third parties on council-owned spaces, assets, and events. The Bristol policy also prohibits the advertising of a food or drink brand where no food or drink product is featured directly. The policy does not apply to local sponsorship deals such as sports teams. Cardiff City and Vale of Glamorgan Council are planning to introduce such policies based on the Bristol model. The main limitation of this approach is that councils only own a proportion of advertising space — in Bristol it is around 30%.

A second potential approach that could be used to restrict outdoor HFSS food and drink advertising is through powers in the Town and Country Planning Act 1990. This could apply to all HFSS and not just those owned by councils.

A new study in the National Library of Medicine suggests that outdoor food advertising has a similar impact on food cravings as online advertising.⁸

The Transport for London restrictions on advertising of HFSS products came into force in 2019 and have reported that this has been an effective intervention, and that advertising revenue was shown to increase by £1 million in the first quarter following the restrictions, not decrease.

The UK Government forecasts that implementing HFSS food and drink advertising restrictions (for TV and online) could reduce the number of children living with obesity by around 20,000 over the coming years ⁹. Despite these restrictions being passed into law in 2022, the UK Government has delayed introduction until October 2025. Considering this, the Welsh Government should advocate for these advertising restrictions to be implemented at pace.

We would like the next phase of Healthy Weight Healthy Wales to look at what powers Wales has to prevent the misleading marketing of food and drinks aimed at infants and young children; ensure honest labelling that aligns with public health advice; and strengthen the ban on advertising infant formula milk to follow-on formula- so marketing cannot be used to undermine breastfeeding or mislead parents.

Restricting promotion of HFSS food and drink

OAC is supportive of Welsh Government's commitment to reduce in store promotion of HFSS food and drink.

⁸ <https://pubmed.ncbi.nlm.nih.gov/38307297/>

⁹ Department of Health and Social Care (2021). [Consultation outcome - Introducing further advertising restrictions on TV and online for products high in fat, salt, and sugar: government response](https://www.gov.uk/government/publications/consultation-outcome-introducing-further-advertising-restrictions-on-tv-and-online-for-products-high-in-fat-salt-and-sugar-government-response).

Volume based promotions drive greater sales,¹⁰ promote quick consumption rather than sensible stockpiling,¹¹ and are much more prevalent for unhealthy products rather than core staples¹². Price promotions are not free gifts and should not be considered so by the Welsh public; they are mechanisms used to drive sales.

Polling by Cancer Research UK in November 2018 highlighted that 86% of Welsh adults felt that multi-buy type promotions caused people to buy more unhealthy food, and that Welsh adults more frequently saw unhealthy food on promotion than healthy food or core staples. As obesity rates have increased since 2018, this polling is still reflective of Wales's unhealthy shopping baskets.

Research by Cancer Research UK which included a sample size of 800 Welsh adults, published in March 2019, found that people who bought more on promotion were more likely to have a weight classed as overweight, and that they were more likely to buy unhealthy food and less likely to buy fruit and vegetables.¹³ As promotion use increases, adults buy more carbohydrates, sugar and saturated fat, and less protein and fibre – products that we often never intended to buy when walking into the shop!

Reduce availability of HFSS food and drink

A whole system approach to Healthy Weight should be taken nationally on the implementation of Healthy Weight Healthy Wales. Establishing national level system beliefs and goals would support with the implementation at a more local level and ensure all partners both nationally, regionally, and locally are pulling in the same direction to achieve change. For example, we welcome the pilot work that is being undertaken in Cardiff and Vale University Health Board and Betsi Cadwaladr University Health Board on how health and planning can work together to reduce hot food take aways in communities. Strengthening national planning guidance to give Local Councils the power to consider health and wellbeing when reviewing applications will enable local authorities to introduce local supplementary planning guidance which requires an assessment of the health and wellbeing impacts of planning applications. This would help to ensure that no new hot-food takeaways can be set up in areas near schools and where there is excess supply, an important step in tackling the obesogenic environment and ensuring that people can make healthier choices, particularly so that hot food establishments are not set up specifically to target children. We also do not want to see local hot food takeaways undermining school meals. The pilot work is currently working well so we would like to see this work align with the next phase of Healthy Weight Healthy Wales and for this work to be rolled out to all local health boards in Wales.

We also feel that it will be important to look at if incentives could be provided for businesses in communities to sell healthy food particularly in deprived areas. We would like Healthy Weight Healthy Wales to consider opportunities for devolved taxation powers to be used as levers to improve the obesogenic environment where these are not forthcoming from the UK Government. For example, providing incentives for such as rate relief for small businesses that provide healthy food.

We also continue to support banning the sale of energy drinks to under 16-year-olds.

Providing adequate information in the out of home sector

¹⁰ Public Health England

¹¹ NHS Health Scotland (2017) Rapid evidence review – restriction of price promotions.

¹² Food Standards Scotland (2018) Monitoring retail purchase and price promotions in Scotland (2010 – 2016)

¹³ https://www.cancerresearchuk.org/about-us/we-develop-policy/we-work-with-government/cancer-research-uk-in-wales#Policy_Wales1

Around a quarter of the energy intake in the UK comes from food eaten in the out of home sector¹⁴, that is food which is bought from takeaways or restaurants. Food eaten in the out of home sector tends to be higher in salt, fat and sugar with more calories and lower nutritional value. Given the sizeable and increasing contribution of the out of home sector to our diet, it is important that we have the right information about what we are eating. The OAC supports people having as much information as possible to support them when eating in the out of home sector, as it can encourage people to make healthier choices. OAC supports calorie and nutritional labelling being available when eating in all out of home settings, providing people with the same information they would have if they were buying the food at a supermarket.

This would support people who are trying to maintain a healthy weight and people who have a weight defined as overweight or obese who are trying to reach a healthy weight and people with dietary restrictions. Any approach must also consider the potential impact calorie labelling on menus may have on people with avoidant restrictive food intake disorders to support inclusivity across the sector.

We therefore recommend that Welsh Government make nutritional and calorie labelling available across the out of home sector, following most up to date evidence and research around how this can be done inclusively.

Recommendations

- 5. Welsh Government should address the marketing, promotion, and availability of HFSS food and drink to improve people's food environment and reduce the negative impacts of commercial determinants of health through:**
 - a. exploring ways to restrict outdoor advertising of HFSS food and drink within devolved powers.**
 - b. addressing misleading marketing information on food and drink aimed at infants and young people.**
 - c. legislation to restrict price promotions on HFSS food and drink as soon as possible.**
 - d. taxation powers to provide additional support to food outlets which offer health food and drink.**
 - e. national planning guidance to give councils the power to consider health and wellbeing impacts of planning applications, particularly to reduce hot food takeaways near schools.**
 - f. making calorie labelling available across the out of home sector.**

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

Investment in childhood nutrition is needed as a preventative action as it could prevent obesity later in life. A child who has obesity is around five times more likely to have obesity in adulthood; and the

¹⁴ <https://accesstonutrition.org/news/atni-publishes-its-first-research-on-the-out-of-home-ooh-food-sector-in-the-uk/#:~:text=The%20food%20industry's%20role&text=Today%2C%20around%20a%20quarter%20of,from%20the%20large%20chains3>.

likelihood is greater for children from more disadvantaged groups^{15 16}, acting early in the life course is critical.¹⁷

Dietitians in Wales work with health, social care and childcare practitioners, partner organisations and communities providing training, professional evidence-based advice, practical support, and initiatives to enable children and families in Wales to access a safe, healthy, affordable, and sustainable diet.

Flying Start Programme

There are key opportunities to build nutrition in as one of the core components of Flying Start in Wales, using the example of Cardiff Flying Start. Cardiff Flying Start is the only area with a dedicated dietetic component providing training for the wider early years' workforce. This should be rolled out across Wales to strengthen existing interventions to ensure that all populations covered by Flying Start programmes across Wales can benefit equally.

It is also important that all those involved in childcare have the tools they need to support child health. Health and social care professionals, nursery nurses, support workers, childcare practitioners and the voluntary sector caring for children and young people, should have the appropriate knowledge and skills to cascade consistent advice on the nutritional needs of young children, deliver basic food preparation skills to new parents and support appropriate food choices.

Foodwise in Pregnancy Programme

In Wales Just over half of mothers breastfed at 10 days (52%) and just over a third at 6 weeks (37%).¹⁸ Breastfeeding reduces the risk of overweight and obesity by up to 25%.¹⁹ There should be support for dietitians and midwives in all of the local health boards to deliver schemes such as the Foodwise in Pregnancy programme and Healthy Start across the whole of Wales.

Nutrition Skills for life

The Nutrition Skills for Life Programme is delivered in all local health boards in Wales, the programme comprises a series of series of Level 1 and 2 accredited community food and nutrition courses co-ordinated by registered dietitians. Level 2 courses are provided for the community workforce (e.g., youth practitioners, volunteers, social workers, and community nursery nurses), while Level 1 courses are facilitated directly with the community (e.g., parents, adults, and school pupils). The programme aims to widen community access to evidence-based nutrition messages and strengthen community food and nutrition action in areas of health inequality. Through the variety of courses tailored to the needs of the population, Nutrition Skills for Life® seeks to:

1. create supportive environments,
2. develop personal skills and
3. strengthen community action.

¹⁵ M. Simmonds, A. Llewellyn, C. G. Owen, and N. Woolacott, "Predicting adult obesity from childhood obesity: a systematic review and meta-analysis," *Obesity Reviews*, vol. 17, no. 2, pp. 95–107, Feb. 2016, doi: 10.1111/obr.12334.

¹⁶ V. Shrewsbury and J. Wardle, "Socioeconomic Status and Adiposity in Childhood: A Systematic Review of Cross-sectional Studies 1990–2005," *Obesity*, vol. 16, no. 2, pp. 275–284, Feb. 2008, doi: 10.1038/oby.2007.35

¹⁷ Cancer Research UK. [Our policy on obesity and diet | Cancer Research UK](#)

¹⁸ <https://www.gov.wales/breastfeeding-data-2021-html>

¹⁹ <https://www.unicef.org.uk/babyfriendly/breastfeeding-reduces-child-obesity-risk-by-up-to-25-per-cent/>

Even though there is a small team based in each LHB, Powys for example only has one dietitian, so not all areas have the same opportunity to help deliver the Programme.

Recommendations

5. The NHS should roll out a dedicated dietetic component to all Flying Start programmes across Wales.
6. Welsh Government should deliver an informational programme to upskill those working in health and childcare to be able to support child health and provide information to new parents.
7. The NHS in Wales should provide support for health care professionals to deliver programmes such as the Food Wise in Pregnancy programme and Healthy Start programmes to support new parents with information about nutrition and breastfeeding.
8. The Nutrition Skills for Life programme should be equitably delivered across Wales, with frequent reviews to ensure that relative need is being met.

Area 4 & 5: The relationship between obesity and mental health and the stigma and discrimination experienced by people who are overweight/obese.

There is clear evidence that weight-related stigma can be extremely damaging to those who experience it. Stigma causes physical and psychological harm, including discrimination in education, employment, and healthcare. Research has shown that discrimination explained approximately 40% of the association between obesity and depressive symptoms or poor psychological health status, and those who perceived themselves to have experienced it had increased levels of the stress hormone, cortisol and high circulating C-reactive protein levels, a marker of systemic inflammation. Weight stigma is therefore driving psychological stress and inflammation, impacting upon individual's physical and mental health.²⁰

OAC supports the UK Obesity Health Alliance's position that 'the prevailing misconception that a person's body weight is a matter of personal choice alone reinforces negative stereotypes of people living with obesity, portraying people as lazy, gluttonous and lacking willpower.' Such rhetoric does not take account of the obesogenic environment in which we live, the social and commercial determinants of health, or any underlying health conditions experienced by individuals.

OAC therefore focusses on national policy development, aimed at implementing policies which support people in Wales to live healthily.

Recommendation

9. We recommend that Welsh Government, the Senedd and other public bodies in Wales review their communications to move away from a rhetoric which focusses on the individual and one which acknowledges the wider determinants of health.

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

These points also help to illustrate what can be done to reduce health inequalities:

²⁰ [https://www.thelancet.com/pdfs/journals/eclinm/PIIS2589-5370\(22\)00138-9.pdf](https://www.thelancet.com/pdfs/journals/eclinm/PIIS2589-5370(22)00138-9.pdf)

Equitable access based on need.

There is a strong systemic relationship between obesity and deprivation, as rates of children with obesity are increasing significantly faster in communities with high deprivation levels, compared to those living in areas experiencing less deprivation ²¹. National Policy which focuses on population health measures is needed so that the NHS can work with local partners and engage with communities to deliver interventions to prevent and treat obesity across the social gradient with a scale and intensity that is proportionate to need.

All Wales Weight Management Pathways

We would like to see the All-Wales Weight Management Pathway is embedded in all health boards and across communities so that those people living with obesity can have equitable access to effective weight management particularly amongst socio-economic groups that are most under-represented in these services. These should include targeted outreach campaigns to encourage uptake from under-represented demographic groups and encouraging healthcare professionals to take-up training and develop opportunities to build their capability to discuss weight and health with patients.

Multi-year funding to health boards and other partners should also be maintained so that services can be delivered sustainably. Social prescribing would also be more beneficial if funded over multi years, particularly for initiatives like park run, and other local environments that promote physical activity.

There is an opportunity to train third sector organisation in areas of deprivation to support delivery of healthy lifestyle programmes such as Foodwise for Life, build sustainable services and widen access in all parts of Wales.

All Wales Diabetes Prevention

New analysis by Public Health Wales estimates that around 1 in 11 adults in Wales could be living with diabetes by 2035 if current trends continue. This would be an additional 48,000 people with the disease.

An increase like this would put significant additional pressure on health services. Diabetes related hospital spells cost the Welsh NHS an average of £4,518 per spell in 2021/22, not including spells requiring amputations. £105 million was spent on drugs to manage diabetes in Wales in 2022/23.

More than 200,000 people in Wales are already living with diabetes, around eight per cent of adults. However around 90 per cent of these cases have type 2 diabetes, over half of which could be prevented or delayed with behaviour changes. The main risk factors which people can act on include having a healthier weight, eating a healthy diet, and being physically active. This is why prevention programmes are so important to improve outcomes for patients as well as NHS resources. ²²

Public Health Wales leads the All-Wales Diabetes Prevention Programme, which is funded by the Welsh Government and delivered locally by dedicated trained healthcare support workers and dietetic leads working in primary care.

The programme supports people at higher risk of type 2 diabetes to amend their diet and to be more physically active. It is vital that the All-Wales Diabetes Prevention Programme continues. We have received confirmation that funding for Diabetes Prevention Programme will continue for the next year

²¹ Public Health Wales. [Every Child Measurement Programme 2018/2019](#), 2021.

²² <https://phw.nhs.wales/services-and-teams/primary-care-division/all-wales-diabetes-prevention-programme/>

however as funding is announced every 12 months this can cause problems for long term recruitment of expert staff.

All Wales Type 2 Diabetes Remission

In some areas of England, the NHS offers a low-calorie diet programme specifically designed to help people living with type 2 diabetes and obesity or overweight to try going into type 2 remission.

The programme is called the NHS Type 2 Diabetes Path to Remission Programme. The aim of the programme is to lose a significant amount of weight quickly and safely, to help put your blood sugar levels below a diabetes range and keep them there long-term. Figures from England show that a third of patients on the Programme end up in remission.

Now, there is an All-Wales Type 2 Diabetes Remission Service being piloted across four University Health Boards in Wales - Cardiff & Vale UHB, Betsi Cadwaladr UHB, Hywell Dda UHB & Aneurin Bevan. Teams within these Health Boards are continuing to support people on the pilot programme. But at this point no decision has been announced on whether the programme will continue or be rolled out to other areas of Wales after April 2024.

Recommendations

- 10. The NHS Executive should look to provide support and treatment services for obesity equitably across Wales.**
- 11. The All-Wales Weight Management Pathway should be embedded in all health boards and across communities with multi-year funding.**
- 12. The All-Wales Diabetes Prevention programme should be embedded in all health boards and Welsh Government should commit to multi-year funding.**
- 13. The Type 2 Diabetes Remission Service pilot should be assessed and rolled out across Wales at pace.**

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

While there is considerable variation in the breadth and depth of uptake of recommended strategies between countries, there is broad consensus that strong government, corporate, and consumer actions, including regulatory measures, are needed to advance obesity prevention policies. Below are international examples: ²³

Education in Norway

The Norwegian Directorate of Health has developed guidelines for all food and drink available during the school day, including school vending machines. Nutrition education is integrated within the Norwegian national school core curriculum developed by the Directorate of Education. A specific subject called “food and health” is compulsory for all grades. Education on nutrition is also embedded in other subjects such as science and general studies.

Culture shifting in Japan

²³ <https://pubmed.ncbi.nlm.nih.gov/31673982/>

In Japan, it is common for some nursery schools to not let children get dropped off by car, so families must walk or cycle. Most high school children eat lunches at school that are prepared on site using fresh local ingredients and planned by qualified experts in nutrition. This is one reason why there is a weaker relationship between low socioeconomic status and obesity in Japan than there is in Western countries. There is also a strong cultural pressure to enjoy junk food and processed food in moderation.

Energy Drinks in France

In France manufacturers reduced the caffeine content of beverages to avoid a tax levy based on caffeine content.

Recommendations

- 14. Welsh Government should be ambitious in its plans to support the people of Wales to live healthily, and look apply examples of successful policies from other countries.**