

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](#)

OB26 : Ymateb gan: Counterweight | Response from: Counterweight

Dear Sir/Madam

My name is Anna Bell-Higgs, NHS Implementation and Training lead, Counterweight. My contact details can be found below in my email signature.

I am submitting evidence on behalf of Counterweight.

Counterweight Evidence:

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

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

As providers of the Welsh Type 2 Diabetes Remission service since 2020 our experience and learnings are:

Excellent partnership working with the Project lead and trained practitioners across a number of Welsh Health boards

Remote working has contributed greatly to this relationship.

Joint working is imperative to ensure such a service meets the needs of the Welsh population

Some Barriers were identified during the term of the service. These have been local in nature to the health boards and despite multi agency efforts and plans to overcome the barriers, some have not been resolved during the term of the contract, leading to inequity of the service for the population of Wales. Future equity of services will need buy in from all stakeholders from the outset of service design.

The impact of social and commercial determinants on obesity;

The multifactorial causes of overweight and obesity are well documented. For Services to be successful in preventing the rise of obesity these need to be designed and delivered by not just focusing on the behaviours of individuals but taking into account the complexity of how obesity is reached and maintained.

<https://www.worldobesity.org/what-we-do/our-policy-priorities/commercial-determinants-of-obesity>

<https://www.who.int/publications/i/item/WHO-NMH-NVI-17.9>

Interventions in pregnancy and early childhood to promote good nutrition and prevent obesity - No comment

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

This is an area with emerging evidence and one of the key considerations is that weight stigma is internalised in all of us living in Western Society. Even in those who are advocates and champions of obesity prevention and treatment. Raising 'non blame' awareness and provision of education on the impact of stigma and discrimination should be targeted at the whole population if there is to be a shift in these beliefs and behaviours. Embedding the lived experience into the education would be of high value.

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

People living with obesity would like to access a range of services under one umbrella service, rather than having to be re-referred to services and being put on long waiting lists. For example, if someone is receiving care for tier 2, but they develop a new medical condition that means they qualify for tier 3 services that they move to these services. Or when a person is not able to follow a service offered that they are offered other options for care.

The relationship between obesity and mental health - No comment

international examples of success (including potential applicability to the Welsh context). - No comment - no comment

Anna Bell-Higgs | NHS Implementation & Training Lead, RD