

**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**

**OB36 : Ymateb gan: Wales Allied Health Professions Committee (WAHPC), Wales Dietetic Leadership Advisory Group (WDLAG) & Public Health Dietitians in Wales (PHDiW) |**

**Response from: Wales Allied Health Professions Committee (WAHPC), Wales Dietetic Leadership Advisory Group (WDLAG) & Public Health Dietitians in Wales (PHDiW)**

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**Senedd Cymru Health and Social Care Committee's Consultation: Prevention of ill health-obesity**

Name

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Submitting on behalf of Wales Allied Health Professions Committee (WAHPC), Wales Dietetic Leadership Advisory Group (WDLAG) & Public Health Dietitians in Wales (PHDiW)

Approval for name to be published

Confirmation of whether you would like the Committee to treat any or all of your written evidence as confidential, with reasons for the request – no requirement for confidential

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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);
- the impact of social and commercial determinants on obesity;
- interventions in pregnancy and early childhood to promote good nutrition and prevent obesity;
- the stigma and discrimination experienced by people who are overweight/obese;
- people's ability to access appropriate support and treatment services for obesity;

- the relationship between obesity and mental health;
- international examples of success (including potential applicability to the Welsh context).

**Allied Health Professions – AHPs.** Allied Health Professions are the third largest clinical workforce in NHS Wales and comprise 13 different professions: art therapists, dramatherapists, music therapists, podiatrists, dietitians, occupational therapists, orthoptists, prosthetists and orthotists, paramedics, physiotherapists, speech and language therapists, psychologists

**WDLAG** is a Statutory Advisory Group to the Wales Allied Health Professions Committee Membership comprises Heads of Service and Operational Dietetic Managers from all NHS Wales Health Boards/LHB and Velindre Trust, and HEI's

**PHDiW** are a group of Specialist Dietitians employed within University Health Boards to provide population based preventive and public health nutrition services.

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

**Prevention of ill health – obesity** encompasses the need for wide ranging policy and regulations that impact on the multifactorial causes of obesity, and we support the committee's priorities for continuing to promote healthy lifestyles and prevention, tackling health inequalities and improving access to services for long term conditions, many of which are secondary to obesity. We would welcome more cross cutting and collaboration on these policies and regulations that impact on these multifactorial underlying causes which include but are not limited to food/nutrition and physical activity.

The increased cost of living and in particular increasing cost of food and widening gaps in health inequalities emphasise the need for more focus in these areas to enable our deprived communities to be supported by healthier environments and access to more affordable healthier choices and opportunities to embed regular physical activity. This is covered in more detail in response 2 and reference to policy and regulation for early years is covered in response 3.

### **Heathy Weight Healthy Wales (HW:HW) - 10 year strategy**

The HW:HW current delivery plan ended in March 2024, as the Allied health professions (AHPs) we would welcome further engagement on future plans for 2024-26 and a summary of system wide achievements for 2022-24.

### **Food promotions and regulation**

Healthy Weight, Healthy Wales delivery plan (2022-2024) *National Priority One: Shape the food and drink environment towards sustainable and healthier options*, states that by 2024 it will:

- Support UK Government action to introduce advertising bans on HFSS foods across television and online environments, as well as **consideration** of sponsorship advertising that targets young people
- Increase access to advertising of healthier foods on public transport
- Work with other public bodies to support a shift in the food offer and **consider** limiting HFSS advertising

We fully support the new legislation to restrict the placement and price promotion of products high in fat, sugar and salt to be introduced.

However this will only go part way to improving the food environment which has a huge impact on access to healthier affordable food for large sectors of our population. we would call on Welsh Government to lobby at UK level for the return of obesity policies that impact at a UK level such as plans to scrap the sugar levy on soft drinks and ban on advertising junk food before 9pm as a measure of duty of care to the population and to make it easier for people to make healthier choices.

Restrictions on the promotion, marketing and advertising of foods high in fat, salt and sugar are needed. Please refer to Obesity Health Alliance:[Turning-the-Tide-A-10-year-Healthy-Weight-Strategy.pdf](#) ([obesityhealthalliance.org.uk](http://obesityhealthalliance.org.uk)) and [Appendix-1-Devolved-Nations.pdf](#) ([obesityhealthalliance.org.uk](http://obesityhealthalliance.org.uk))

We are aware of recent consultation work led by Public Health Wales exploring healthy meal deals (lunch and dinner) and await proposed outcome of the report and recommendations.

We welcome the planned review of school food and nutrition regulations as part of the Healthy Weight:Healthy Wales delivery plan, noting its delay. We hope it will now gain momentum and also incorporate plans to consider timing of meals and space as this is seen as crucial for pupils to enjoy food and socialise, improving the dining experience and making it an important part of the day.

### **Other policy and regulations in relation to food and nutrition**

**Mandatory Hospital food and nutrition standards** in Wales are currently being updated and near completion, whilst these should have a focus on the nutritional needs of ill and vulnerable patients there is a need to ensure a balance with healthier choices across inpatients and a greater emphasis on this for public and staff food and drink provision, to promote awareness of the requirement for health boards to be practicing public health organisations, (see response 5).

There are also opportunities for teaching children and parents through hospital meal provision and procuring better quality meals & ingredients with better investment, to impact on levels of ultra processed foods.

Guidance/ regulations relating to the food and drink provision in leisure, youth settings and public places also requires renewed attention since published in 2012 .

SACN advises UK government on nutrition and related health matters and provide scientific evidence base for nutrition across the lifespan and will form the basis of national dietary recommendations.

### **Density of fast food outlets**

Research on density of fast food outlets has indicated the need for further regulation on increasing the availability of healthier food choices and overall healthier food environments to support and enable a narrowing in the health inequality gap.

The recent media attention on the risks of ultra processed foods can cause further distress and anxiety for those communities that often have to rely on such foods as being more affordable and accessible to them and hence future policy needs to engage fully with communities on any potential negative impact or harm.

## **2.The impact of social and commercial determinants on obesity;**

The Healthy Weight:Healthy Wales delivery plan includes a priority to remove barriers to reduce diet and health inequalities, we would advocate this continues to be a key priority for the next delivery plan from 2024 onwards, and progress monitored.

We strongly believe that commitment to addressing poverty and the wider determinants of health with an emphasis on child poverty will have a huge impact on the ability of people to access and afford a healthy balanced diet and opportunities to embed regular physical activity. This combined with measures that WG can deliver alone on the food environment and support for UK fiscal measures will go some way to achieving improvements in diet that impact on obesity and the health inequalities that exist .

However, this also requires local interventions to enable and empower communities to develop skills and opportunities to enable lifestyle change within this improved environment.

**Free school meals** – the commitment for all primary school children in Wales to receive free school meals by 2024 is welcomed and we are in agreement that this will help towards tackling child poverty and ensuring no child goes hungry in school, as well as proving a nutritious meal, that can contribute to a healthy balanced diet . It is well documented that there exists a wide divide in health between the most and least deprived in the UK (Marmot, 2010; The Children's Society, 2014). The Marmot review (2010) recognised the need for ensuring a healthy standard of living for all in order to

reduce health inequalities. The provision and access of free school meals is key in helping reduce these inequalities both in health and education.

**Food Insecurity in Wales** - Access to an adequate food supply is the most basic of human needs and rights. People have a right to be adequately nourished to attain and maintain health and dignity (UN 1948, FAO 1996, UN 2014, Nourish Scotland 2016). Money for food is a key flexible item in household budgets and in low income households the quantity and quality of food purchased and consumed by families is regularly amongst the first to be sacrificed in times of financial hardship, (see appendix 1 )

### **Nutritional consequences**

- People in lower income groups have higher prevalence of diet related conditions such as diabetes, heart disease, obesity and certain cancers (Marmot, 2010)
- Children's obesity levels in Wales are the highest of the home nations with 26.5 % of children being overweight or obese in 2021/22 (PHW, 2023)( nb some data missing due to Covid19). Children living in the worst off areas in Wales are 76% more likely to be obese compared to children living in the best off areas (14% compared to 8%). (WG, 2021). Recent evidence from a review of the impact of the cost of living crisis and poverty on children's health include a greater risk of obesity as a result of missing out on nutritious food (PHW, 2023). Children from lower income groups are also more likely to have poor growth and poor oral health.
- With the introduction of the Healthy Eating in Schools Measure (2013), school meals provide an opportunity for children to access a healthy nutritious meal that is more nutritious than packed lunches. Evidence suggests that only 1% of packed lunches meet the overall nutrition standards that apply to school food (<https://www.childrenssociety.org/news-and-blogs/our-blog/addressing-obesity-through-school-meals>).
- Supporting a policy that widens the access to FSM is an essential element in addressing inequalities in health, mitigating the impact of food insecurity and reducing childhood obesity.
- We believe that the Pupil Development Grant which is determined by the number of children claiming FSM in schools should be ring fenced for the development of school based food and health initiatives such as those discussed above.
- We also support a whole school approach to food and nutrition where children and families are supported to develop the skills and knowledge to be able to shop, cook and budget for healthy nutritious meals in a sustainable way to further reduce health inequalities. Registered Dietitians in the NHS in Wales deliver the well established, award winning **Nutrition Skills for Life™** (NS4L) programme of quality assured nutrition training, ( see appendix 3). This aims to develop the nutrition knowledge and skills of a wide range of community workers including health, social care and third sector staff, volunteers and peer educators to enable them to support healthy eating at a community level. We would recommend this

national cascade model of nutrition training is incorporated across policy domains e.g. education, social services. This training can support work around reducing food poverty e.g. through delivery of programmes such as the School Holiday Enrichment Programme but also as part of the Health and Wellbeing component of the new school curriculum in Wales.

### **3. Interventions in pregnancy and early childhood to promote good nutrition and prevent obesity**

**Healthy Weight:** Healthy Wales strategy sets out actions to support future generations in Wales to have the best start in life, and to make positive lifestyle choices to sustain or maintain a healthy weight. ‘Give every child the best start in life’ is the first principle of Marmot’s review (Marmot 2010) and investment in early years is seen as vital to reducing health inequalities.

There is considerable and compelling evidence that early life nutrition (the First 1000 days) is pivotal in laying foundations for a healthy weight, a healthy relationship with food, and a reduced risk of future chronic and enduring ill health. It is also suggested known that Adverse childhood experiences can also impact on the risk of future adult obesity, ( Appendix 2).

AHP professions in Wales in particular dietitians, deliver a range of services to meet these actions and continue to strive for an integrated approach to ensure this delivery is included as part of overall early years systems and that future opportunities to strengthen such approaches are considered. The aforementioned **NS4L** programme of work led by public health dietitians enables the cascade and quality assurance of accredited/ non-accredited food and nutrition skills courses for community based professionals and practitioners as well as community members. Key areas of work that have been developed nationally via NS4L are outlined in Appendix 3.

We believe that more can be done to ensure equity across Wales for our early years interventions and a pressing need for universal approaches to nutrition in Flying Start to embed preventive nutrition at these crucial stages. Welsh Government has guidance in place for **early childcare settings** Food and nutrition for childcare providers: menus and recipes | GOV.WALES and as part of **Flying Start Childcare guidance** Flying Start childcare: guidance | GOV.WALES (pg 11) advises settings to work with dietitians / Nutrition Skills for Life teams across Welsh health boards to support implementation of best practice in menu provision. Opportunities to fund enhanced NS4L services across ALL Flying Start teams in Wales as part of a consistent wider multidisciplinary support network for staff and families would be welcomed, in order to **protect future generation's** nutritional health and wellbeing of all children and to provide the level of support /staff training required (at scale) for all registered settings ( appendix 2).

The National Institute for Health and Clinical Excellence (NICE) (2006) recommends all nurseries and childcare facilities should ensure that preventing excess weight gain and improving children’s diet and activity level are priorities

This prudent “once for Wales” approach would enable a service that is efficient and equitable, quality assured and delivered by appropriately qualified health professionals, and make it comparable to the current national approach to speech and language provision to Flying Start. With the current Flying Start programme expansion to support more families and settings, this is an ideal mechanism by which to ensure delivery of services to ensure our most vulnerable families can have the right support to optimise their children’s nutrition.

This requires a strategic approach to planning and promoting services alongside national policy to implement best practice at universal and targeted population approaches. AHP leaders should be part of the systems wide work e.g., Healthy Child Wales, as AHPs are a key mechanism by which a lot of this work can be delivered. AHPs are keen to work in partnership to achieve the aims of national priority 3, and be an integral part of the wider public health system to achieve these aims.

There has been no uplift or increase in NS4L funding to health boards since its inception in 2006, despite continual increase in demand for input across the early years, schools, broader lifespan, community and wider preventative context and demonstration of positive outcomes. Wales now has 2 higher educational settings (Wrexham and Cardiff) that deliver programmes for future registered dietitians and our capacity in Wales to retain and benefit from ‘home grown’ professionals has never been greater.

Furthermore, head teachers and chair of governors should ensure that teaching, support and catering staff receive training on the importance of healthy school policies and how to support their implementation.

An understanding of, and commitment to, national public health initiatives such as the Healthy and Sustainable Pre School Scheme, which should be expanded to cover all settings, will enable leaders to contribute effectively towards this long term public health goal.

This would contribute towards children achieving the Personal and Social Development Well being and Cultural Diversity target within the Early Years Outcome Framework (Welsh Government, 2014).

## **Pregnancy**

Healthy Start Scheme for pregnant women and children – Uptake of the scheme across Wales is disappointingly low, with some areas seeing approx. 40% of families that are entitled, not benefiting from the support for funds to buy healthy food items/ access free vitamins. Increased awareness and ease of access to the scheme for those families that are eligible can make a valuable contribution towards maximising their income. Also, evidence at a UK wide level (Food Foundation, April 2023) that families with children under 5 years are more likely to be food insecure than families with school aged children.

In respect of entitlements, we would advocate for Welsh Government (WG) to consider feasibility of extending eligible families’ entitlement to the Healthy Start scheme when

children commence full time education (not ending on the child's 4<sup>th</sup> birthday). This would ensure that the gap in entitlement between a child's 4<sup>th</sup> birthday and the universal free school meal offer would be minimised.

This is a vital period of growth for young children and could impact adversely on many vulnerable families if unable to meet their children's needs fully during this time.

We also support the need to continue to increase awareness and uptake of the Healthy Start scheme and prioritise the work of the Healthy Start Network, in particular the dissemination of the E-Learning package developed by dietitians for a wide range of partners in the health sector and beyond who work with families. We would support this as being mandatory training for those professionals and practitioners working with pregnant women and families with children under 4 years to ensure maximum reach and impact.

As previously mentioned the impact of the increased cost of living on rising food costs makes it more difficult for families on low incomes to manage. A renewed focus and priority on improving access to affordable good food and reducing food insecurity is essential, to help mitigate the impact of poverty and optimise nutritional health at key stages of child development.

The drive should be to increase access to affordable healthy food via sustainable solutions and reduce the focus and reliance on short term emergency food banks.

The **Foodwise in Pregnancy App** developed by dietitians in Wales supports pregnant women and their families to access trusted nutrition, physical activity and healthy weight management in pregnancy information. It has been awarded the ORCHA quality mark, is accessible via a free App and has recently been included in the updated antenatal handheld notes. We would welcome its promotion and inclusion within the Every Child Wales parent booklets/ suite of information.

As with many dietetic services that deliver preventive nutrition interventions, health boards have been able in some areas to access funding via grants such as the Early Years in Prevention grant/ Building a Healthier Wales fund. But with no assurances that grants can continue beyond March 2025, these key services where it takes time to embed and demonstrate longer term impact on health and wellbeing are subject to short timescales and continual disruption with cycles of funding.

Greater investment in public health dietetic services including expanding the support workforce, (trained and supervised), across Wales would enable closer multi-disciplinary partnership working with existing services and programmes of work including maternity (prenatal, antenatal and post-natal care), Flying Start, early years childcare and ultimately benefit our future generation.

#### **4.The stigma and discrimination experienced by people who are overweight/obese;**

Weight stigma together with unconscious bias can lead to exacerbating the psychological distress for people living with obesity and this leads to blaming the individual rather than addressing the underlying biological, psychological and social causes (BPS , 2019)

Psychologists and specialist weight management dietitians have been instrumental in influencing content of education packages for other workforces such as MECC . The key skills and expertise of both these professions could be utilised more fully in developments to support stigma and discrimination.

Other harmful impacts occur in health care settings where services are unable to accommodate their needs for example, accessibility and furniture to support their needs.

Young people may be particularly affected by bullying which negatively impact their self esteem, and can lead to depression, poor body image, more complex eating disorders and also impact their education. Employment opportunities for people who are obese are limited by stigma of employers and therefore training on stigma and discrimination needs to be wide spread across workplaces, health and care settings as well as children's environments to reduce this at scale.

We call for the WG to employ non-stigmatising, person-first language across all communication about obesity, e.g the above point would be better phrased as 'the stigma and discrimination experienced by people living with overweight/obesity', as well as ensuring widespread training is included across all relevant sectors.

Reference : guide produced by the European Association for the Study of Obesity

<https://cdn.easo.org/wp-content/uploads/2024/03/25195227/Person-First-Language-Guide.pdf>

## **5. People's ability to access appropriate support and treatment services for obesity;**

The **Healthy Weight:Healthy Wales** delivery plan (2022-2024) has enabled a growth in weight management services, led by dietitians and psychologists and increased preventive nutrition interventions involving a range of allied health professions, however this is still far from adequate and not equitable.

Significantly, increased and sustainable investment is needed to increase capacity for all levels including for all ages, (adults and children), and to support the new pharmacotherapies and bariatric surgery at Level 4 of the All Wales Weight Management Pathway. Furthermore, the rise in private bariatric surgery without provision for monitoring and follow up, will impact on weight management service capacity, with those from the most deprived areas (unable to self-fund) waiting longer to access services

It is acknowledged there can never be the level of services required by the numbers of people who are overweight and obese ( 62% of the population ) but current capacity

does not meet service targets for Level 2 of 1.5 % of people with BMI >30 and for Level 3 0.5%, in all health boards. More can be done to ensure equity of provision and access across Wales, especially in areas of deprivation.

However, it is continually difficult to predict workforce numbers ( and subsequently pre registration places ) for dietitians, psychologists and other key AHPs such as physiotherapists and occupational therapists to support such work programmes within the climate of short term funding. This often makes it difficult to recruit and retain staff, results in movement of staff across health boards and impacts negatively on other services.

AHPs have been instrumental in leading and developing innovative, evidenced based services to impact on prevention and management of obesity. We would recommend there is increased engagement of and collaboration with AHP leads at a strategic policy level and shared decision making on future delivery plans and budgets taking into account the level of service delivery and clinical expertise by these professions.

Further consideration of longer term funding cycles/substantive funding would enable services to be sustained and staff to be developed and retained to impact more effectively in this key policy area. Further consideration of funding allocation in relation to levels of deprivation and equity of current service provision would result in a more equitable approach.

As mentioned in the early years response , AHPs are increasingly utilising their skill set to train others making services more cost effective and able to be scaled up. The dietetic led Foodwise for Life programme ( see appendix 1 ) and All Wales diabetes prevention programme is a key example of this approach and the AHP professions are keen to continually develop this approach of capacity building in local communities.

Research should be commissioned to evaluate approaches to overcome barriers to access to services and to identify which individuals will benefit most from specific interventions.

The NHS as one of the largest public sector employers in Wales with similar percentages of the population of staff facing health related aspects of obesity it makes sense to provide services within this setting by those who also work there . There are excellent examples of AHP led services for NHS staff health & wellbeing in relation to obesity e.g. Cardiff and Vale UHB has a dedicated Dietitian for staff health that encompasses food policy across all food provision for staff, staff weight management groups and awareness campaigns and Cwm Taf Morgannwg has a well develop healthy lifestyle and psychological wellbeing service for staff living with obesity. We would recommend a universal approach to AHP staff health and wellbeing services in relation to weight management, diabetes risk reduction and subsequent positive impact on MSK conditions and sickness rates across health boards.

## **6.The relationship between obesity and mental health**

The links between mental health and obesity are well evidenced , both for increasing risk of obesity and people living with obesity experiencing mental health problems. This calls for ensuring that all services for supporting people need appropriate levels of psychological input from trained staff encompassing trauma informed approaches and consideration of mental wellbeing , and referring to specialist help where needed.

As recommended earlier more focus and investment in the early years with parents and families will support the importance of early food experiences and the role they play in the development of healthy relationships with food. It is vital that appropriate training, resources and language is utilised, particularly with children and young people across our public services and education sector, in order to preserve and protect positive relationships with food and eating. Dietitians working within paediatrics, eating disorders and public health have previously come together to develop resources with appropriate language and content for the new curricula and would be ideally placed as key consults for more invested work in this area.

Investment is required to ensure that eating disorder services have the capacity to collaborate with weight management services to provide effective treatment for people with eating disorders and higher BMI.

## **7. International examples of success (including potential applicability to the Welsh context).**

Welsh Government could consider the approach **Scotland** has taken to better invest in the Healthy Start scheme (called Best Start foods grant in Scotland)\*. This is run separately by the Scottish Government and has a 92% uptake rate (Wales = 66.8% uptake). Payments for families are higher / more in line with inflation at £5.30 per week for pregnant mothers and children aged 1 to 4, and £10.60 per week for infants under 1.

[Healthy Start map: Estimated loss to families in 2024 | Sustain \(sustainweb.org\)](https://sustainweb.org/healthy-start-map-estimated-loss-families-2024)

Wales HW:HW recognises the need for system wide response and we call on future delivery plans to engage more fully with AHPs as key to delivery across the system .

## **References**

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PHW (2023) Children and the cost of living crisis in Wales: How children's health and well-being are impacted and areas for action [PHW-Children-and-cost-of-living-report-ENG.pdf \(phwwhocc.co.uk\)](https://phwwhocc.co.uk/PHW-Children-and-cost-of-living-report-ENG.pdf)

## Appendix 1

**Food insecurity** can be defined as 'Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways (e.g. without resorting to emergency food supplies, scavenging, stealing or other coping strategies), (UK Low Income Diet and Nutrition Survey, 2007).

The Welsh Government National Survey for Wales results suggest an increase in acute, severe food insecurity from 2016-17 to 2017-18 from 3% to 4 % of those surveyed (<https://gov.wales/statistics-and-research/national-survey/?lang=en>). In 2017-18. Trussell food banks in Wales provided 98,350 people, including 35,403 children, with three days of emergency food (<https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/>), however this seen as an underestimate of the number of people going hungry in Wales due to a lack of data from other emergency food aid providers and food bank users being only a small group of the wider food insecure population.

Evidence shows that unfortunately children are going hungry in schools. Free school meals enable children to have a meal when food is lacking at home and maybe the only healthy cooked meal they have in the day. 35 % of children attending the School Holiday Enrichment Programme Food and Fun reported skipping at least one main meal on the day they did not attend the clubs. The stories the families have to tell show us that the current FSM system is failing and the current criteria does not necessarily capture all children living in poverty.

### **Nutritional intakes of people on low income**

There is a wealth of evidence to indicate that those living in poverty are far from the stereotypical image of poor financial managers. In fact, those on a low income have been shown to be highly skilled in budgeting their food provision especially where food procurement is the only flexible item in their budget. Additionally these families spend the highest proportion of their income on meeting dietary needs and are impacted more by rising food prices. Recent evidence from the Food Foundation (2018) has estimated that for households with children in the bottom two deciles, earning less than £15860, 42 % of after-housing disposable income would have to be spent to meet their nutritional needs, as recommended by the UK Governments Eatwell Guide.

Data reported in the National Diet and Nutrition Survey (NDNS, 2016) by quintiles reaffirm that lower income affects household food expenditure to effect a poorer quality diet overall. Mean total fruit and vegetable consumption was significantly lower in income quintile 1 compared with quintile 5 in all age/sex groups up to the age of 65, Non starch polysaccharide (NSP) intakes were significantly lower in the lowest quintile groups compared with the highest in all age/sex groups.

## Appendix 2

### **Importance of early years nutrition and impact of poor nutrition**

Poor nutrition in early life is linked to Adverse Childhood Experiences (ACE) (Public Health Wales, 2015). 16.9% children with no ACE have a poor diet compared to 32% with 4 or more ACEs. This relationship remains after accounting for socio-demographic factors and impacts on future health and wellbeing. The previously mentioned National Diet and Nutrition Survey (Welsh Government, 2019) and the National Survey for Wales (Welsh Government, 2019) also tell us that children are not achieving UK dietary recommendations with lower intakes of fruit and vegetables and higher intakes of free sugars. In addition, data released by The Food Foundation (April, 2023) highlights that the prevalence of household food insecurity was highest amongst families with children 0-4 years of age, at 27%, compared with households with older or no children.

People access nutrition information from a wide range of sources, some often misleading and can provoke negative emotions with parents in the important early years phase. National initiatives such as 'Every child' and '10 steps to a healthy weight' provides the evidence base for the importance of breastfeeding, growing steadily, appropriate introduction of solid foods and encouragement of fruit and vegetables, all of which require a whole population approach backed by correct and consistent information. Appropriate nutrition and care is a key element of the public health approach to supporting parents (PHW, 2023) and fundamental to the attainment of good health. Nutrition initiatives can also form part of other key elements of relationships, learning and interaction with young children.

Interventions to achieve optimum nutrition must therefore be an integral part of national public health programmes and requires a workforce competent in evidence based nutrition if we are to address the poor nutrition and obesity levels of children in Wales.

Registered public health dietitians are experts in translating the evidence base into practical methods of learning alongside motivational techniques to support early years nutrition practices. 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.

## Appendix 3

### **The examples below illustrate the integral part that NHS dietetic services play to achieving the aims of National Priority 3**

#### **1. Nationally coordinated training programme - *Nutrition Skills for Life*™**

NHS dietitians in Wales deliver accredited nutrition training to the wider workforce who work with communities to promote healthy eating and incorporate evidence based food

and nutrition messages into their work. Delivered as part of core dietetic services in each health board, the level of service varies according to additional often fixed term funding secured at local level. The programme is designed and reviewed at an all Wales level ensuring an efficient cost effective and prudent approach. It seeks to build community capacity across communities and settings, investing in personal skills and knowledge to convey practical and timely evidence based food and nutrition messages. Training programmes include:

- **Community Food and Nutrition Skills (Agored Cymru accredited Level 2, 3 credits)** For community workers, to develop the competencies required to promote key healthy eating messages focussing on the Eatwell Guide to groups and communities they work with. They can also deliver level 1 accredited courses as part of their work.
- **Community Food and Nutrition Skills for the Early Years (Level 2, 2 credits)** equips early years and childcare workers with the nutrition knowledge and skills to cascade food and nutrition messages to children and families and improve food and drink provision in their setting.
- **Eating for 1, Healthy and Active for 2** - training for community midwives to build their knowledge and confidence in supporting women with nutrition, physical activity and weight management advice during pregnancy.
- **Getting the Best Start** training for health visitors to support parents with nutrition and healthy weight messages and enable them to confidently and competently pass on evidence based nutrition and infant feeding messages as outlined in the Healthy Child Wales programme
- **Nutrition and Hydration in Early Years and Childcare Settings.** Training for tutors and assessors delivering the mandatory nutrition and hydration component of the new suite of Children's Care, Play, Learning and Development qualifications for the early years and childcare workforce in Wales.

## 2. Nutrition initiatives developed with community groups

**Nutrition Skills for Life** <sup>TM</sup> dietitians provide quality assurance and ongoing support to trained staff who deliver healthy eating initiatives to local communities. These include:

- **Get Cooking** and **Come and Cook** accredited Level 1 courses. Developed with families these courses equip participants with practical food skills to enable them to prepare healthy, affordable meals. Gaining credit for learning and access to further lifelong learning and employment opportunities can impact positively on the life chances of individuals (Institute of Health Equity, 2014).
- **Foodwise for Life** 8 week structured weight management programme for parents to empower them to manage their weight and make healthy food choices for themselves and their families. Suitable for women at ante-natal and post-natal.
- **Foodwise in Pregnancy** 6 week healthy lifestyle programmes to support pregnant women to eat well, be active and achieve a healthy weight gain during pregnancy. A

Foodwise In Pregnancy App has been developed to support further access to these key messages and is freely available for download. There are opportunities for marketing as part of PHW resources such as 'Every child'- parent information resources to optimise reach. It can also be signposted as part of the rapid review of the Wales maternity health handheld records.

- **Introducing to solid food (Weaning parties)** to support parents to initiate introducing solid food at the right time with the right balance and quantities to support healthy growth and development. Within some health boards, additional funded capacity, has enabled closer working with Flying Start teams to support parent engagement opportunities and development of practical evidence-based resources enabling parents to confidently follow healthy and safe infant feeding practices
- **Promotion of Healthy Start** - Public Health Dietitians are contributing to the Welsh Government led Healthy Start Network and are leading on development of a Healthy Start E-learning package to encourage eligible families to access the national Healthy Start scheme.

The scheme is underutilised Wales-wide and community staff supporting families need clearer information to support more families to access the scheme and free vitamins. One example of good practice is BCUHB (East) Public Health Dietetics working in partnership with community pharmacies and Flying Start areas to increase access to the vitamins [Community Pharmacies Collection Points in Wrexham and Flintshire - Betsi Cadwaladr University Health Board \(nhs.wales\)](#)

### **3. Creating health promoting environments – initiatives to support the healthy and sustainable pre school scheme and WG Child care settings - Best practice guidance**

- **Local award schemes e.g Gold Standard Healthy Snack Award (GSHSA) and Tiny Tums best practice award**  
Together with the NS4L training support childcare settings to meet the nutrition criteria for the healthy and sustainable pre school scheme which align with the **Food and Nutrition for Childcare Settings Best Practice Guidelines** Welsh Government (2018). In leading these innovative schemes, public health dietitians provide vital support to settings ensuring their menus offer the best possible nutrition and hydration for children in their care and thus have a significant positive impact for 1000s of children accessing early childcare whether this be playgroups, childminders, or registered nurseries.

### **4. Integral part of the public health system**

- **AHPs, in particular dietitians and psychologists contribute expertise to the development of national programmes led by PHW:**
  - Key members of HW:HW sub groups developing evidenced based interventions

- MECC healthy weight conversation module – psychologists and dietitians expertise in content development
- Pregnancy nutrition, healthy weight management and infant feeding sections of revised Bump Baby and Beyond resource
- Provide annual expert sessional input for professional studies in Welsh Universities e.g., Specialist Community Public Health Nursing and Midwifery degree level courses
- Advise on nutrition criteria and food standards for the Holiday Hunger Playwork Scheme
- Supporting PHW ‘10 steps to a healthy weight campaign’ – social marketing campaigns with training for health care professionals
- Work in partnership with Designed to Smile, Healthy and Sustainable Pre School, Healthy Schools teams at local level
- Input to the health and wellbeing area of learning within the school curriculum to support nutrition and healthy eating initiatives in schools
- HW:HW children and family pilots – dietitians are leading on the implementation of the pilots in Wales

Public Health Wales (2015) Welsh Adverse Childhood Experiences (ACE) Study [Online] Available from <http://www.wales.nhs.uk/sitesplus/888/news/40000>

Public Health Wales (2023) First 1000 days A public health approach to supporting parents

The Food Foundation (2023): [Food Insecurity Tracking | Food Foundation](#)

Welsh Government (2015) Well Being of Future Generations (Wales) Act 2015 <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

Welsh Government (2019) National Diet and Nutrition Survey. Results for Years 5-( of the Rolling Programme for Wales [Online] Available from <https://gov.wales/sites/default/files/statistics-and-research/2019-11/national-diet-nutrition-survey-results-for-years-1-to-9.pdf>

Welsh Government (2019) National Survey for Wales 2017-2018 Child Lifestyle (ages 3-7) [https://gov.wales/sites/default/files/statistics-and-research/2019-03/national-survey-for-wales-2017-18-child-lifestyles-diet-and-physical-activity-897\\_1.pdf](https://gov.wales/sites/default/files/statistics-and-research/2019-03/national-survey-for-wales-2017-18-child-lifestyles-diet-and-physical-activity-897_1.pdf)