

**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](#)**

**OB43 : Ymateb gan: Diabetes UK Cymru | Response from: Diabetes UK Cymru**

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# Diabetes UK Cymru Response

Diabetes UK Cymru welcomes the opportunity to respond to the Health and Social Care Committee's Inquiry into the Prevention of Ill Health - Obesity.

This response has been provided by Mathew Norman, Deputy Director, Wales ([Mathew.Norman@diabetes.org.uk](mailto:Mathew.Norman@diabetes.org.uk)) on behalf of Diabetes UK Cymru and can be published.

## About Diabetes UK Cymru

Diabetes UK's vision is a world where diabetes can do no harm. We lead the fight against Wales' largest growing health crisis by sharing knowledge and taking on diabetes together.

When discussing diabetes, we must note that there are several different forms and causes for people living with diabetes. The two most common are type 1 and type 2.

Type 1 diabetes accounts for about 8% of UK cases. It is a lifelong condition where the body's immune system attacks and destroys the cells that produce insulin. Insulin helps control the body's energy supply. For Type 1 diabetes, there are only limited lifestyle changes that you can make to lower your risk.

Type 2 diabetes accounts for around 90% of UK cases. In Type 2 diabetes, the body does not produce enough insulin, or the body's cells do not react to insulin properly. You can reduce the risk of getting Type 2 diabetes through healthy eating, regular exercise and achieving a healthy body weight. It may also be possible to put Type 2 diabetes into remission by weight loss.

Other, rarer forms of diabetes make up the remaining 2%.

Further information on diabetes and our work can be found on our website.<sup>1</sup>

Diabetes UK Cymru is also a member of the Obesity Alliance Cymru, which has also responded to this consultation. In our response, we sought to add further concerns to what the OAC noted.

## The concerning trend

Obesity is a major modifiable risk factor for Type 2 diabetes. Over 1 in 4 Welsh adults are now living with obesity, with rates highest in older age groups and deprived areas. One in four adults (16+ years) record living with obesity in 2021/22, and adults living with obesity are more than twice as likely to have diabetes than those who do

not.<sup>1</sup> The impact of living with diabetes has serious complications for everyday health as well as an impact on the health service.

The number of adults diagnosed with diabetes has risen significantly in Wales over the past decade. Between 2009/10 and 2021/22, the total rose from around 152,000 to over 212,000 – a 40% increase. Prevalence also increased from around 6% to 8% of the adult population over this period. Rates vary somewhat between Health Boards.<sup>ii</sup>

Since 2014/15, the net cost of prescribing medication for people living with diabetes has almost doubled to £105 million per year, with the number of items prescribed to treat and manage diabetes has risen by one-third.<sup>2</sup> People living with diabetes are more likely to be admitted to hospital, with more than one in ten inpatient admissions admitted in 2021/22 for those aged 65 years or older, admissions for diabetes as primary or secondary diagnosis increases to more than one in five.<sup>3</sup> The cost to the health of that person living with diabetes affects their quality of life, whilst the cost to the NHS in 2021/22 was £428 million.<sup>iii</sup>

Projections based on current trends note that by 2035/36, there will be nearly 48,000 more people living with diabetes than in 2021/2022, an increase of 22% to 260,000 people.<sup>iv</sup> This is the current prediction that doesn't consider a scaled-up version of the All-Wales Diabetes Prevention programme. What is even further concerning is that without further action, it is unlikely that the current prevalence rate will remain consistent (this is the low estimate); the high estimated model predicts that an additional 67,000 more people will be living with diabetes in 2035/36 than in 2021/22 which is an increase of one third (35%).

The current number of people living with diabetes is 1 in 12 (an increase from 1 in 13 before these most recent statistics); Wales has the highest prevalence of diabetes than any other nation in the UK.

With each diabetes spell in hospital lasting 7 days and costing on average £4,500 (and 92,387 recorded for 2021/22) and with amputations related to diabetes impacting the quality of life of someone living with diabetes and costing the NHS £17,000 per spell, including 20 days in hospital (656 were recorded in 2021/22), it is paramount that more not less is done to reduce the number of people at risk and being diagnosed with diabetes.<sup>v</sup>

With a 13% mortality rate within a year of discharge following an amputation, the risk factors associated with surgery following complications with diabetes are high.<sup>vi</sup> It must also be noted that people living with diabetes have the second highest age-standardised excess mortality after heart failure and complications.<sup>vii</sup> For which

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<sup>1</sup> National Survey for Wales, 2022/23, Welsh Government.

<sup>2</sup> Figure 5, [Diabetes Insights and Variation Atlas](#), 2022/23, NHS Wales Finance Delivery Unit.

<sup>3</sup> Patient Episode Database Wales, Digital Health and Care Wales.

Diabetes is also a risk factor for ischaemic (coronary) heart disease, the leading cause of death in Wales, accounting for nearly one in 10 of all deaths in July 2023.<sup>viii</sup>

Without action, the increasing burden on individuals and the healthcare system will likely continue to rise sharply. Prevention is key, and investment is needed to support people to reduce their chances of developing lifelong impacting conditions associated with living with overweight / obesity, such as type 2 diabetes.

Based on our most recent report, 'Reverse the Trend, ' our recommendations for the Government are<sup>ix</sup>:

1. Commit to healthier childhoods by enacting bold fiscal measures to enable healthier diets. New measures should consider inequalities in access to healthy food and seek to address them by making healthier options more affordable and accessible.
2. Implement existing commitments to reduce obesity made by the Welsh Government on June 27, 2023, to bring forward subordinate legislation in Wales restricting the placement and price promotions of products high in fat, sugar, and salt in retailers with over 50 staff members.<sup>x</sup>
3. Develop an effective cross-governmental strategy to reduce health inequalities, including wide-ranging measures to reduce poverty and recognise diabetes as a major driver of health inequality.
4. Implement an enhanced offer to support people newly diagnosed with type 2 diabetes to support self-management in the first year of diagnosis.
5. Invest in piloting the NHS health check from age 25 in areas of high type 2 diabetes prevalence, focusing on groups most vulnerable to developing type 2 diabetes at a younger age, including people from Black and Asian backgrounds.
6. Provide sustainable, longer-term investment and prioritised targeted support programmes for those most at risk of developing diabetes and complications.

#### **Gaps/areas for improvement in existing policy:**

More focus is needed on addressing the root social and commercial determinants of obesity, like poverty, income inequality, and lack of access to healthy food and spaces for physical activity.

During the Cross Party Group (CPG) on Diabetes inquiry, matters relating to the food environment in Wales and the impact of obesity and diabetes in Wales highlighted several important considerations.<sup>xi</sup> Healthy eating and exercise are consistently emphasised as key factors in reducing obesity. It is recognised that podiatrists can play a role in maintaining patients' mobility and offering lifestyle support. This highlights the importance of a multidisciplinary approach to tackling obesity and diabetes, with healthcare professionals from various fields working together to provide comprehensive care.

#### Remission Programme

Type 2 diabetes is a global health issue that has traditionally been considered chronic and progressive.<sup>xii</sup> However, recent research has highlighted the potential for type 2 diabetes remission, especially for individuals within 6 years of diagnosis.<sup>xiii</sup> The CPG on Diabetes inquiry focused on the Type 2 Diabetes Remission Programme implemented in Wales, which was presented to the CPG by Catherine Washbrook-Davies which supported individuals in achieving remission through weight loss.<sup>xiv</sup> The programme utilises a Total Diet Replacement (TDR) approach and involves the participation of registered dietitians.

One of the recommendations by the CPG was to implement an All-Wales Diabetes Remission Service to help increase type 2 diabetes remission in Wales. In response by the Cabinet Secretary of Health and Social Services, Eluned Morgan MS, it was noted that the Welsh Government:

*“Accept in principle. The Quality Statement for Diabetes sets an expectation that health boards will develop remission services and these are being developed in three health boards. Further development is part of the national programme for diabetes led by the Value and Sustainability Board. As part of this work is underway to analyse the effectiveness of this intervention.”<sup>xv</sup>*

In England, the programme has already been established and is called the ‘Type 2 Diabetes Path to Remission (T2DR). The programme has noted an average weight loss of 14.3kg (over 2 stone) at the end of the first 12 weeks of a low-calorie diet, which is part of a 12-month programme.<sup>xvi</sup>

Given the effectiveness of such programmes, funding needs to be allocated for an embedded pathway All-Wales approach so that everyone in Wales who meets the criteria can have the opportunity to place their diabetes into remission and reduce the possibility of complications later in life.

### Prevention Programme

Prevention programmes such as the All-Wales Diabetes Prevention Programme (AWDPP) are key to reducing the number of people living with diabetes by targeting people most at risk of developing diabetes.<sup>xvii</sup> The AWDPP involves trained Health Care Support Workers delivering a brief intervention under the supervision of local dietitians. The intervention aims to support individuals in making lifestyle changes, including improvements in diet, physical activity, and overall healthier choices.

While the AWDPP may not be as extensive as comparable programmes in England, it marks a significant step forward in diabetes prevention efforts in Wales. It is part of the Healthy Weight Healthy Wales Strategy, which aims to reduce obesity levels by 2030.<sup>xviii</sup> The programme has shown promising initial uptake, with 50% of the 3,068 identified individuals participating in the AWDPP.

One of the CPG on Diabetes' recommendations in its recent inquiry was to continue to fund and expand AWDPP to reduce the levels of type 2 diabetes in Wales.<sup>xix</sup>

In response by the Cabinet Secretary of Health and Social Services, Eluned Morgan MS it was noted that the Welsh Government<sup>xx</sup>:

*“Accept in principle. The Quality Statement for Diabetes sets an expectation for health boards to deliver the all-Wales pre-diabetes intervention. However, the continued provision of this programme will depend on the evaluation of the pilot and the financial outlook for health boards in Wales.”*

At the end of 2023, the Welsh Government's Draft budget 2024-25, specifically point 55 on page 34, noted impacts on wider health budgets and a proposal to cut obesity prevention programmes.<sup>xxi</sup> Diabetes UK Cymru was concerned that this meant that programmes such as the All-Wales Diabetes Prevention Programme would no longer continue to receive funding and, furthermore, that there would be no space for further work regarding reviewing future strategies to reduce the alarming rise of people living with obesity in Wales.

Successfully, arguments for the programme resulted in funding being secured for another year. Still, we are concerned that without a dedicated funding stream with an embedded pathway for Diabetes Prevention Services across Wales, access to such programmes and development of future means to support people at risk of diabetes will not be developed.

The budget for preventative health strategies in our NHS needs to be increased, not reduced, and the Welsh Government needs to commit to ringfence preventative health budgets and increase them, not cut them.

### Self-Management

Effective diabetes diagnosis and management in the early years is key to reducing the risk of complications in the future. The time immediately after type 2 diabetes diagnosis is critical for educating people on their condition, supporting them, tackling stigma and encouraging behavioural change.

Wales participates in the National Diabetes Audit, which measures the effectiveness of diabetes healthcare against NICE clinical guidelines and Quality Standards in England and Wales.<sup>xxii</sup> The National Diabetes Audit includes four distinct areas of diabetes care, treatment, and outcomes, with the National Diabetes Core Audit (NDA) being the foundational audit crucial to driving improvements in care in Wales.

The National Institute for Health and Care Excellence (NICE) recommends nine care processes for people with type 1 and 2 diabetes. However, retinal screening is not compared due to temporary service closures during the pandemic.

The recent public NDA data for Wales does not grant a complete picture, with two health boards failing to submit data in time for review. However, what we do know from recent trends is that only around a third of people living with type 2 diabetes complete their annual checks.<sup>xxiii</sup>

These checks are vital in establishing and ensuring that the right support is available for people living with diabetes and to catch complications early. More needs to be done to highlight the need for people to attend and organise their checks for their diabetes. With such a low number of people completing checks, more needs to be done to highlight the need for checks and ensure access is available across Wales.

By increasing the number of people living with diabetes completing their checks, people can live better with diabetes, with fewer complications, resulting in reduced pressures for the NHS.

### **Impact of social and commercial determinants:**

Poverty, income inequality and lack of health-promoting local environments play a major role in driving obesity. More action is needed to minimise unhealthy commodity marketing and make healthy choices affordable and accessible for all.

The impact of diabetes on individuals from deprived backgrounds is also a significant concern. Living in poverty can have both psychological and physiological effects, increasing the risk of being diagnosed with type 2 or gestational diabetes.<sup>xxiv</sup>

Currently, over 1 in 5 people in the UK live in poverty, and for children, this number rises to almost 1 in 3.<sup>xxv</sup> Healthy life expectancy at birth is significantly lower in the most deprived quintile compared to the most affluent quintile.<sup>xxvi</sup>

Food insecurity is a concerning issue faced by individuals from deprived backgrounds, especially during colder winter months, with 16% of people in the UK reporting very low or low food security.<sup>xxvii</sup> Poverty and inequality can lead to a higher attraction to calorie-dense foods, which are often nutrient-poor and heavily processed.<sup>xxviii</sup> Limited resources and energy costs can also hinder individuals from spending time cooking and increase their reliance on convenience foods, which are often less healthy.<sup>xxix</sup>

It is crucial to address the impact of living with obesity and, in turn, associated conditions such as diabetes on deprived backgrounds by addressing the underlying factors contributing to this disparity. This includes addressing poverty, improving access to affordable and nutritious food, and providing support and education on healthy lifestyle choices. Additionally, raising awareness of the link between poverty, stress, and diabetes can help drive policy changes and interventions to reduce the burden of diabetes in deprived communities.

Diabetes UK Cymru welcomes measures such as healthy and balanced Free School Meals to help reduce the financial burdens of Welsh families and ensure that all children receive a healthy, balanced diet.<sup>xxx</sup> Nonetheless; we are concerned that nutritional information needed for the good management of diabetes will not be readily available and call for further support for all children with conditions such as diabetes that require nutritional information to manage their condition well. This will help reduce pressure on families with children who have diabetes and avoid families having to consider sending their children with a packed lunch to avoid any complications.

Understanding the calories and carbohydrates of meals is essential to supporting insulin injections and adequate medication intake. However, not all parents receive the information in a timely manner to adequately prepare their children for school. Because of this, children with long-term health conditions tend to be sent with packed lunches, which undermines schemes such as free school meals.

There has also been an increase in the number of children with type 2 diabetes presenting at school, a relatively recent development; there is a growing need for support for children living with obesity and at risk of or having developed type 2 diabetes. Positive encouragement is needed at this most crucial stage of development to ensure that a positive relationship with food and exercise is developed and no mental illnesses are developed due to living with obesity in school.

### **Interventions in pregnancy/early childhood:**

We are deeply concerned by the rise of type 2 diabetes in children and young people in Wales, with a comparatively small but growing population being diagnosed with the condition during childhood and adolescence. Type 2 diabetes was until recently not described amongst children and young people in the UK, but cases in the country have been rising since they were first reported around 25 years ago.<sup>xxxi</sup>

This is a particularly urgent aspect of the ongoing diabetes epidemic that demands greater understanding, both to ensure that there is a consistently high level of support for children and young people with type 2 diabetes and interventions in place to reduce the risk of developing it.<sup>xxxii</sup> As type 2 diabetes presents as a more aggressive condition with a faster progression to devastating complications in children and young people than in older adults; it is vital it is given a clearly defined focus.

Audit data has reported that children and young people with type 2 diabetes up to the age of 24 are more likely to be female, of Asian, Black or Mixed ethnicity and from areas of higher deprivation compared to the national average. Furthermore, over 90% of children and young people with type 2 diabetes are also living with obesity or overweight, and there is a strong association between the rise of these conditions in youth.<sup>xxxiii</sup>

Due to the close links between an increased chance of having type 2 diabetes at a young age, being of a minoritised ethnic group and/or from a more deprived background, an understanding of health inequalities is an essential consideration when adapting care to meet the needs of children and young people with the condition.

Our recent report ‘Reverse the Trend’ notes the concerning increasing trend of diagnosis of type 2 diabetes in the under 40s.<sup>xxxiv</sup> The number of people under 40 diagnosed with type 2 diabetes has increased by 22% over the last 7 years, with an uneasy trend of more people being diagnosed from deprived and ethnic minority backgrounds, so much so that children in the most deprived areas are more than five times more likely to develop type 2 diabetes than those in the least deprived.

What is concerning is the devastating consequences of the rise of type 2 diabetes in younger people and adverse pregnancy outcomes. Managing diabetes during pregnancy can be extremely difficult, and the condition can place both the mother and the baby at risk during pregnancy and childbirth. Unfortunately, over one-third of pregnancies for women with type 2 diabetes were in the most deprived areas, with over half of pregnancies amongst women with type 2 diabetes from ethnic minority backgrounds.

Pregnancy outcomes for people living with type 2 diabetes have been increasing. Rates of serious outcomes such as stillbirth, miscarriage, neonatal death and birth defects have increased in 2022 to 6.6%.

For our schools and colleges, we need to promote the best and healthiest environments so that they become ingrained as normal and as part of their everyday lives. Schools should provide food education throughout all years, emphasising health and diet sustainability alongside accessibility to healthy, balanced and nutritionally informed foods.

Diabetes UK welcomes a ‘Whole School Approach’ to healthy food and physical activity, which includes providing education through the years emphasising health, diet, and sustainability. We also welcome structured and unstructured approaches to physical activity throughout the day, with food served in schools meeting high nutritional standards.

Parents should be informed on the best way to fuel their children for early years and in childcare settings. Portion control is the biggest variable when it comes to the health of our children; with more children than ever being diagnosed with obesity, creating a positive relationship with food at such an early stage is critical.<sup>xxxv</sup>

A positive food environment is needed at all stages of a child’s development to reduce complications for long-term health conditions such as Type 1 diabetes and prevent conditions such as Type 2 diabetes. This is especially true at sports days, grounds, and events.

Typically, during such events, children are supported to push themselves physically and are awarded for athletics. At the same time, fast or processed food is usually available alongside high-sugar or energy drinks. The messaging around sports and the consumption of high salt, sugar and fat foods/drinks has long been a confusing association, with profits/sponsorships the primary motivation of such partnerships. To promote and ensure that the environment around our children and future generations is positive, we need to promote and encourage the consumption of healthy foods at all possible opportunities. Therefore, from early years to college, a place of learning should encourage positive behaviours with food and relationships with physical exercise and sports.

Such school education also helps inform parents of the health benefits of a healthy lifestyle and the sustenance provided at school. With such information, they are then better able to make the positive choice of whether to send their child with a packed lunch or purchase school meals. Although soon school meals will be free for all, this doesn't negate the necessity to share the nutritional value of these meals with the children's guardians. As noted by Diabetes UK Cymru, for children and parents/guardians managing Type 1 diabetes, such information is critical for good and proper insulin/medication management.

### **Stigma and discrimination:**

People experiencing overweight/obesity often face stigma in healthcare and other settings. A rights-based approach must be taken to promote dignity, respect and non-judgment of individuals.

For decades, attempts to reduce obesity and its health impacts have focused on individuals, ignoring the structural and environmental factors that shape and influence our lives. Only recently have we started to see policy change from focusing on individual behaviour to changing the food environment and the unaffordability and inaccessibility of a healthy diet.

One of the concerns raised in the CPG on Diabetes by the All-Wales Diabetes Patient Reference Group during its inquiry on Diabetes Care last year was the increased pressures and stigma associated towards weight loss and the risk of diabetes.<sup>xxxvi</sup> It was noted that recent comments made by the Government representatives asking people to take personal responsibility for their condition and well-being were antagonising as many felt that they were making every effort to manage their condition and reduce risks associated with increased weight. Still, the service provision was inadequate for prolonged and continued weight loss and self-management.

Diabetes UK Cymru shares this concern and notes that stigma can further harm people's health by preventing people from reaching out for the care and support that they need. This, in turn, makes it harder for people to live with a health condition and impact their wellbeing.

## **Obesity and mental health:**

The relationship between obesity and poor mental health is bidirectional and complex. Integrated support is required that addresses both physical and psychological wellbeing.

Tackling the general stigma associated with type 2 diabetes is also needed; by reducing misconceptions about the condition, more people need to be encouraged to seek help and assistance when presented with symptoms. We would like to support the development of awareness campaigns focused on positive messages around the actions and support available to individuals to reduce their risk of type 2 diabetes. Diabetes UK Cymru would welcome the opportunity to work with the Welsh Government, NHS, PHW and relevant organisations to develop an awareness programme to reduce the harm of stigma surrounding living with obesity and associated conditions such as diabetes in Wales.

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<sup>i</sup> Diabetes in Wales, accessed October 2023, [https://www.diabetes.org.uk/in\\_your\\_area/wales/diabetes-in-wales](https://www.diabetes.org.uk/in_your_area/wales/diabetes-in-wales).

<sup>ii</sup> Diabetes prevalence – trends, risk factors, and 10-year projection Rhys Powell, [Publichealthwalesobservatory@wales.nhs.uk](mailto:Publichealthwalesobservatory@wales.nhs.uk)

<sup>iii</sup> Diabetes Insights and Variation Atlas, NHS Wales Finance Delivery Unit.

<sup>iv</sup> Diabetes prevalence – trends, risk factors, and 10-year projection, Rhys Powell, Public Health Wales, 14<sup>th</sup> of November 2023. <https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/diabetes-prevalence-trends-risk-factors-and-10-year-projection/>.

<sup>v</sup> Diabetes Insights and Variation Atlas, NHS Wales Finance Delivery Unit.

<sup>vi</sup> Diabetes Insights and Variation Atlas, NHS Wales Finance Delivery Unit.

<sup>vii</sup> [Monthly mortality analysis, England and Wales, July 2023](https://www.ons.gov.uk/peoplepopulationandcommunity/death/coronaviruscovid19/mortalityanalysis), ONS.

<sup>viii</sup> [Monthly mortality analysis, England and Wales, July 2023](https://www.ons.gov.uk/peoplepopulationandcommunity/death/coronaviruscovid19/mortalityanalysis), ONS.

<sup>ix</sup> Reverse the Trend, Diabetes UK, May 2024, <https://diabetes-resources-production.s3.eu-west-1.amazonaws.com/resources-s3/public/2024-05/Reverse%20the%20Trend%20-%20Reducing%20type%20diabetes%20in%20young%20people.pdf>.

<sup>x</sup> Oral Statement by the Deputy Minister for Mental Health and Wellbeing, Lynne Neagle MS, 17:29:04 on the 27<sup>th</sup> of June 2023, <https://record.senedd.wales/Plenary/13383#A80680>.

<sup>xi</sup> All-Wales Diabetes Review, CPG on Diabetes 2023, <https://business.senedd.wales/documents/s143642/All-Wales%20Diabetes%20Review.pdf>.

<sup>xii</sup> “Can we stop the rise in diabetes?”, Senedd Research, 12.06.2023, [https://research.senedd.wales/research-articles/can-we-stop-the-rise-in-diabetes/#:~:text=Wales%20has%20the%20highest%20rate,adults\)%20living%20with%20the%20condition](https://research.senedd.wales/research-articles/can-we-stop-the-rise-in-diabetes/#:~:text=Wales%20has%20the%20highest%20rate,adults)%20living%20with%20the%20condition).

<sup>xiii</sup> Diabetes UK, DiRECT Study Results, 18.04.23, [https://www.diabetes.org.uk/about\\_us/news/weight-loss-can-put-type-2-diabetes-remission-least-five-years-reveal-latest-findings](https://www.diabetes.org.uk/about_us/news/weight-loss-can-put-type-2-diabetes-remission-least-five-years-reveal-latest-findings)

<sup>xiv</sup> All-Wales Diabetes Review, CPG on Diabetes 2023, <https://business.senedd.wales/documents/s143642/All-Wales%20Diabetes%20Review.pdf>.

<sup>xv</sup> Annex 1, Response to the CPG on Diabetes Report from the Cabinet Secretary for Health and Social Care, 7<sup>th</sup> of May 2024.

<sup>xvi</sup> MyWay Diabetes, NHS England, <https://diabetesmyway.nhs.uk/keeping-healthy/different-dietary-approaches-for-weight-loss/nhs-type-2-diabetes-path-to-remission-t2dr-programme/>

<sup>xvii</sup> All-Wales Diabetes Review, CPG on Diabetes 2023, page 37, <https://business.senedd.wales/documents/s143642/All-Wales%20Diabetes%20Review.pdf>.

<sup>xviii</sup> Welsh Government, Healthy Weight, Healthy Wales, [https://www.gov.wales/sites/default/files/publications/2019-10/healthy-weight-healthy-wales\\_0](https://www.gov.wales/sites/default/files/publications/2019-10/healthy-weight-healthy-wales_0).

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<sup>xix</sup> All-Wales Diabetes Review, CPG on Diabetes 2023,  
<https://business.senedd.wales/documents/s143642/All-Wales%20Diabetes%20Review.pdf>.

<sup>xx</sup> Annex 1, Response to the CPG on Diabetes Report from the Cabinet Secretary for Health and Social Care, 7th of May 2024.

<sup>xxi</sup> Welsh Government Draft Budget 2024-25 “A Budget to Protect the Services which Matter Most to You”.

<sup>xxii</sup> NICE, Diabetes in Adults, Quality Standard (QS6), Published March 2011, last updated 18<sup>th</sup> of August 2016, <https://www.nice.org.uk/guidance/qs6>

<sup>xxiii</sup> NICE type 1 Diabetes Management recommendations, Accessed September 2023:  
<https://www.nice.org.uk/guidance/ng17>.

<sup>xxiv</sup> “Poverty Increases Type 2 Diabetes Incidence and Inequality of Care Despite Universal Health Coverage” *Diabetes Care.* 2012 Nov; 35(11): 2286–2292. Published online 2012 Oct 13. doi: [10.2337/dc11-2052](https://doi.org/10.2337/dc11-2052)

<sup>xxv</sup> Joseph Rowntree Foundation, UK Poverty Statistics – Available online: <https://www.jrf.org.uk/data>

<sup>xxvi</sup> Office for National Statistics, Health state life expectancy by deprivation deciles , Wales 2018-20 – Available online:  
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbynationaldeprivationdecileswales/2018to2020>.

<sup>xxvii</sup> ONS, Impact of Winter Pressures, Feb 2023,  
<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/theimpactofwinterpressuresondifferentpopulationgroupingsgreatbritain/15to26february2023>

<sup>xxviii</sup> Bratanova, Boyka & Loughnan, Steve & Klein, Olivier & Claassen, Almudena & Wood, Robert. (2016). Poverty, inequality, and increased consumption of high calorie food: Experimental evidence for a causal link. *Appetite.* 100. 10.1016/j.appet.2016.01.028.

<sup>xxix</sup> Laran, J., & Salerno, A. (2013). Life-History Strategy, Food Choice, and Caloric Consumption. *Psychological Science,* 24(2), 167–173. <https://doi.org/10.1177/0956797612450033>

<sup>xxx</sup> Welsh Government 2022, <https://gov.wales/25m-kick-start-free-school-meals-all-primary-school-children-wales>.

<sup>xxxi</sup> Ehtisham S, Barrett TG, Shaw NJ. Type 2 diabetes mellitus in UK children--an emerging problem. *Diabetic Medicine.* 2000 Dec;17(12):867-71.

<sup>xxxii</sup> <https://www.diabetes.org.uk/about-us/news-and-views/number-people-living-diabetes-uk-tops-5-million-first-time>.

<sup>xxxiii</sup> <https://www.rcpch.ac.uk/sites/default/files/2021-11/NPDA%20Spotlight%20Report%20on%20Type%202%20Diabetes%202021.pdf>.

<sup>xxxiv</sup> Reverse the Trend, Diabetes UK, May 2024, <https://diabetes-resources-production.s3.eu-west-1.amazonaws.com/resources-s3/public/2024-05/Reverse%20the%20Trend%20-%20Reducing%20type%202%20diabetes%20in%20young%20people.pdf>.

<sup>xxxv</sup> Child Measurement Programme, PHW, 2022, <https://phw.nhs.wales/news/child-measurement-programme-shows-increase-in-numbers-of-children-with-obesity/>

<sup>xxxvi</sup> All-Wales Diabetes Review, CPG on Diabetes 2023,  
<https://business.senedd.wales/documents/s143642/All-Wales%20Diabetes%20Review.pdf>.



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Llywodraeth Cymru  
Welsh Government

Chair  
Cross-Party Group on Diabetes  
Welsh Parliament  
Cardiff  
CF99 1SN

7 May 2024

Dear Chair

Further to your email of 12 March, I am writing to respond to the recommendations made by the Cross-Party Group on Diabetes in its annual report.

I apologise for the delay in responding following my remarks at the World Diabetes Day event on 14 November 2023.

Thank you for the hard work of your Group and I am pleased to say I have been able to accept in full or in principle all bar one of the 20 recommendations.

I enclose below a more detailed response to each of those recommendations.

Yours sincerely,



**Eluned Morgan AS/MS**  
Cabinet Secretary for Health and Social Care  
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and responding in Welsh will not lead to a delay in responding.

**Recommendation 1: Implement an awareness campaign highlighting the increased risk of diabetes associated with ethnicity.**

Accept. The Welsh Government will work with Diabetes UK Cymru to promote its awareness materials and risk checker.

**Recommendation 2: Target programmes specifically to support less affluent communities facing food insecurity to support healthier diets and reduce the risk of type 2 diabetes.**

Accept. The ten-year strategy “Healthy Weight, Healthy Wales” puts in place a range of interventions to support healthier diets, including for those who live in less affluent communities. The strategy takes a preventative approach to reduce the impacts of obesity, including the risk of type 2 diabetes.

**Recommendation 3: Make NDA Core Audit accessible, updated quarterly and presented as a dashboard for local comparison, as is available in England.**

Accept. The National Diabetes Audit dashboards are already publicly accessible and provide a comparison at local health board level. It can be found at:

[National Diabetes Audit dashboards - NHS Digital](#)

Professional standards recommend that people with diabetes receive annual key care processes. The data is not required publicly on a quarterly basis because compliance at quarter one, two or three does not determine if health boards are meeting this annual requirement, and the end year position is publicly reported. The NHS already has access to the data on a monthly basis at health board and cluster level through the Primary Care Information Portal to determine if it is on track to deliver improved key care process completion and to address variation in provision. The NHS Executive is providing reports to each health board with cluster-level data quarterly.

**Recommendation 4: Improve collaboration between primary and secondary care services to effectively manage diabetes during the increased waiting period for surgery.**

Accept. A variety of digital means are available to support this including consultant connect, the Welsh Patient Referral System, and the new Diabetes Consultation Note functionality in the Welsh Clinical Portal. Many diabetes teams work collaboratively in the community, in primary care and secondary care, and liaise with colleagues in pre-operative assessment and surgery. We also published our Waiting Well 3 Ps policy in August 2023: [Promote, prevent and prepare for planned care \[HTML\] | GOV.WALES](#). A key part of this policy is the establishment of “single points of contact” at each health board to provide individualised support to patients to wait well. This will include support on diabetic care and monitoring and working with GPs to help maintain good diabetic control while waiting. These are being implemented across each health board in 2024.

**Recommendation 5: Increase access to NDA data to local level to help drive improvement through highlighting areas of good practice and performance of the 8 care processes in Wales.**

Accept. NDA data is already available at local health board level, either via the NDA dashboard, Value in Healthcare dashboard, or Primary Care Information Portal. The completion of the nine essential care processes and improvement in outcomes is the focus of workstream 1 in the Tackling Diabetes Together Programme. This includes examining and spreading examples of good performance and looking for different solutions where barriers exist. An example of this is the programme of peer educators to increase screening for diabetes kidney disease in South Asian populations and among those living in areas of greatest deprivation.

**Recommendation 6: Implement strategies to reduce the mortality risk of people living with diabetes by improving DKA management, promoting better means to control HbA1c levels, and addressing cardiovascular risks such as angina and stroke.**

Accept. The key aspect of the national approach to diabetes is good chronic condition management to avoid serious complications such as diabetic ketoacidosis and cardiovascular disease. This is set out in the Quality Statement for Diabetes and is part of the NHS Executive's national programme for diabetes. It includes requirements for health boards to improve key care process completion rates, improving provision for structured education, and equitable adoption of diabetes technology such as hybrid closed loop systems for type 1 diabetes.

**Recommendation 7: Focus efforts on reducing obesity rates, monitoring trends, and implementing targeted interventions to improve the health and well-being of children.**

Accept: The ten-year strategy "Healthy Weight, Healthy Wales" puts in place a range of interventions focussed on reducing obesity rates, including targeted interventions to improve the health and wellbeing of adults and children. The Welsh Government's Child Measurement Programme measures the height and weight of children aged 4-5. The National Survey for Wales involves around 12,000 people from across Wales, aged 16 and over, and covers a wide range of topics. The results from both surveys are used by the Welsh Government to inform health services planning and delivery.

**Recommendation 8: Ensure support for diabetes specialist workforce growth when drafting the NHS workforce plan for Wales, including advancement in clinical practice and leadership roles.**

Accept. The Quality Statement for Diabetes includes an expectation that health boards provide appropriately resourced specialist teams and professionally competent generalist care to support people with diabetes to manage their condition in accordance with the nationally agreed pathways. The NHS Executive will provide national leadership and coordination, via its national clinical lead and clinical network manager roles. As part of the Welsh Academy for Nursing in Diabetes, work has been undertaken on competencies.

**Recommendation 9: Review the need for a Diabetes Implementation Plan to deliver the aims and objectives of the Quality Statement for Diabetes Care in Wales.**

Accept. We have considered the need for an implementation plan and determined that one is not required. Health boards will respond to the Quality Statement through local planning. The need for health boards to focus specifically on diabetes care has been reflected in the NHS planning framework. Work is underway via the Value and Sustainability Board to ensure all health boards are engaged in a national programme of work for diabetes.

**Recommendation 10: Ensure the current transformation of diabetic eye screening services is effective in improving access to eye screening, and take action to reduce waiting times for follow up treatments for those with diabetes-related eye conditions.**

Accept. Public Health Wales will work to improve access to eye screening as part of the transformation of Diabetic Eye Screening Wales. Health boards should take action to reduce the waiting time for follow up assessment and treatment for those with diabetes-related eye conditions.

**Recommendation 11: Ensure continued funding for the DEIW tool to help improve care for people living with diabetes in care homes.**

Accept. The tool is deliberately web-based to ensure minimal running costs, scalability and for ease of up-dating. There is no ring-fenced funding, but the National Diabetes Strategic Network team will continue to update and promote the Diabetes Education and Information Resource.

**Recommendation 12: Implement the recommendations outlined in Dr Rose Stewart's report and the Guidance on Recognising T1DE to ensure that psychological care is integrated, accessible, and flexible, meeting the needs of people living with diabetes at all stages of their lifespan and improving overall health outcomes.**

Accept in principle. The Quality Statement for Diabetes sets an expectation that health boards provide tools and appropriate support to people with diabetes to help address the emotional and psychological impact of living with diabetes. The National Strategic Network for Diabetes will support national action to improve local service provision, for example through the appointment of a T1DE project lead and national conferences on T1DE.

**Recommendation 13: Continue to fund, and expand, the All Wales Diabetes Prevention Programme to reduce the levels of type 2 diabetes in Wales.**

Accept in principle. The Quality Statement for Diabetes sets an expectation for health boards to deliver the all-Wales pre-diabetes intervention. However, the continued provision of this programme will depend on the evaluation of the pilot and the financial outlook for health boards in Wales.

**Recommendation 14: Fund programmes and initiatives to reduce obesity levels in Wales under Healthy Weight Healthy Wales.**

Accept. The Healthy Weight Healthy Wales strategy delivers a range of interventions at a national and local level.

**Recommendation 15: Implement an All Wales Diabetes Remission Service to help increase type 2 diabetes remission in Wales.**

Accept in principle. The Quality Statement for Diabetes sets an expectation that health boards will develop remission services and these are being developed in three health boards. Further development is part of the national programme for diabetes led by the Value and Sustainability Board. As part of this work is underway to analyse the effectiveness of this intervention.

**Recommendation 16: Ensure equitable access to diabetes technology in Wales for type 1 and type 2 diabetes.**

Accept. The Quality Statement for Diabetes sets this expectation and the NHS Executive's clinical network for diabetes is working with health boards and the NHS Wales Shared Service Partnership to support equitable provision of hybrid closed loop systems and glucose monitoring devices. This forms part of the partnership work between the National Strategic Diabetes Network, Diabetes UK, and other stakeholders to reduce inequality in diabetes care.

**Recommendation 17: Review primary and secondary care information technology systems to support the increased use of diabetes technology.**

Accept. This will be undertaken as part of future planning for the diabetes clinical note functionality called WISDM.

**Recommendation 18: Ensure the future sustainability of education programmes like SEREN for people and families living with diabetes in Wales.**

Accept. SEREN will continue.

**Recommendation 19: Review the current implementation of the Additional Learning Needs (Wales) Tribunals 2018 Act and its impact on education for children living with type 1 diabetes.**

Reject. While the Welsh Government will continue to monitor and review the implementation to the Additional Learning Needs (ALN) system, we do not believe a specific ALN review on the impact on education for children living with type 1 diabetes is required.

The provisions of the ALNET Act are only relevant to a child with healthcare needs if those needs give rise to a learning difficulty or disability, or they otherwise have a learning difficulty or disability, that calls for additional learning provision. Although individual development plans (IDPs) under the ALN system may be appropriate for some learners with diabetes, individual healthcare plans (IHPs) under the Supporting Learners with Healthcare Needs guidance should be available to all pupils with type 1 diabetes. The Supporting Learners with Healthcare Needs guidance provides a link to Diabetes UK's website, which has IHP templates for children and young people with type 1 diabetes along with other accessible resources.

We recognise the unique challenges some learners with type 1 diabetes face in our schools, and we are working to reduce barriers by further promoting the social model of disability in our education settings through new professional learning modules. The National Diabetes Strategic Network has a lead for diabetes in schools to support children living with diabetes in educational settings. The Welsh Government will also begin to revise the Supporting Learners with Healthcare Needs guidance later this year, and will ensure the educational needs of children and young people with type 1 diabetes are fully considered.

**Recommendation 20: Commit to continued funding for a coordinator for the SEREN education programme to enable the programme to continue.**

Accept. The National Strategic Clinical Network for Diabetes has appointed to a national position for the development of educational resources for children and young people with diabetes.