Welsh NHS Confederation
Conffederasiwn GIG Cymru

The Welsh NHS Confederation response to The Health and Social Care Committee's consultation into the Prevention of ill health – obesity

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Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Health and Social Care Committee's inquiry into the prevention of ill health – obesity.

2. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services NHS Trust and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our membership. We also host NHS Wales Employers.

Consultation Questions

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

3. Our members agree that there are gaps/areas for improvement in existing policy and the current regulatory framework, including in relation to food/nutrition and physical activity.

4. Obesity is a leading public health concern in Wales. As highlighted by Obesity Alliance Cymru, rates of overweight and obesity are climbing, resulting in diet related ill health across the population. It is estimated that obesity costs the Welsh NHS £73 million a year and is exacerbating huge avoidable pressures facing our NHS. Excess weight leads to a large number of diseases that cause significant mortality and morbidity, including type-2 diabetes, cardiovascular disease (CVD), liver disease, many types of cancer, musculoskeletal conditions and poor mental health.

5. Food system challenges are complex and crosscutting by nature. Recent research in England found that 16 separate government departments had responsibility for an aspect of food policy. Our members recognise that progress is being made by Welsh

Government to join up key agendas across government departments, but they are keen to see the evaluation of Universal Primary Free School Meals (UPFSM) for the early impacts on children, families, and schools in Wales. In the Aneurin Bevan University Health Board/ Gwent area, one early indication has been that schools that previously had high numbers of pupils entitled to free school meals are now the schools with the lowest uptake of UPFSM. Specific measures to target children most in need may be required if we are to avoid further exacerbating health inequalities.

6. Furthermore, our members agree that greater policy integration is required. The Welsh Government's Healthy Weight: Healthy Wales's is the long-term strategy to prevent and reduce obesity and includes a national priority area to shape the food and drink environment towards sustainable and healthier options. This priority would benefit from greater alignment with economic and agricultural policy so that longer-term planning of Welsh food production can better meet health and wellbeing goals. Our members recommend that the Welsh Government publish progress reports in respect of its two-year Healthy Weight: Healthy Wales's delivery plans. These up-dates could also consider whether specific actions are system-level or individual-level, and whether this balance is correct to bring about sustainable change.

7. Moreover, as highlighted by Public Health Wales in a recent report, Brexit, Climate Change and Covid-19 have all presented challenges for our health and wellbeing. This triple challenge is impacting negatively on food security for a wide range of population groups in Wales, including rural communities, farmers, people on low incomes and children and young people. This is now heightening with the cost-of-living crisis, and the occurrence of extreme weather events, including drought, to create a strong case for the need for a long-term food strategy to build a sustainable food system for Wales.

8. Our members also advocate for a national co-ordinated evaluation. There is currently no integrated framework for action on food at local, regional, and national level in Wales. A national food strategy is needed. This is currently a gap as highlighted by Cardiff University in a Welsh Food System Fit for Future Generations. There is a need for greater integration of the health, planning, agriculture, food, and farming agendas at the national level.

9. As highlighted by Obesity Alliance Cymru, the Government should also consider ways of restricting price promotions on the unhealthiest foods. Volume based promotions drive greater sales, promote quick consumption rather than sensible stockpiling, and are much more prevalent for unhealthy products rather than core staples. Polling by Cancer Research UK in November 2018 highlighted that 86% of Welsh adults felt that multi-buy type promotions caused people to buy more unhealthy food, and that Welsh adults more frequently saw unhealthy food on promotion than healthy food or core staples. Further research by Cancer Research UK, which included a sample size of 800 Welsh adults, found that people who bought more on promotion were more likely to have a weight classed as overweight, and that they were more likely to buy unhealthy food and less likely to buy fruit and vegetables. As promotion use increases, adults buy more carbohydrates, sugar and saturated fat, and less protein and fibre.

10. Finally, there needs to be consideration of a trauma informed approach to understanding obesity, both in terms of causation and presentation. Trauma and related stress hormone release can have a direct impact on insulin take up and result in weight gain. Trauma is also a factor in body image and adds to the complexity of obesity that we need to understand in addition to nutrition and physical activity.

Question 2. The impact of social and commercial determinants on obesity.

11. Our members recognise the impact of social and commercial determinants on obesity.

12. The Chief Medical Officer for Wales's Annual Report in 2023 explores how commercial interests influence our choices and behaviours. Specifically, four industries (tobacco, unhealthy food, fossil fuel, and alcohol) are responsible for at least a third of global deaths per year. For example, in the area of children and young people's physical activity, two examples of 'counter-productive' sponsorship are the Daily Mile supported by a global petrochemicals manufacturer, and the Football Association of Wales's 'Fun Football Partnership' with a global fast-food chain.

13. Furthermore, whilst food banks are delivering vital work in tackling hunger, the types of foods donated/sourced are not always healthy foods. Food towards the end of its shelf-life passed on to food banks and pantries by retailers can often end in food waste (and costs) for these charities. Food made available through food banks and community cupboards are often influenced by the foods people are able to prepare and cook. A local community conversation found that 1 in 3 households attending a local community cupboard only had a microwave as a means of cooking. This directly influences the types of foods chosen and in turn, prioritised the foods made available.

14. Also, the 'Healthy Weight: Healthy Wales's Strategy is also advocating and funding the whole system approach to recognise the role and importance of food and active environments in supporting the population to live with healthy weight.

15. In Gwent, stakeholders in the system have chosen 'access to healthy food for early years families (ages 0-7)' as the priority sub-system and theme. Further work to delve into this priority has identified four aims, which are now being developed into a system-level action plan in Gwent:

    - Food in early years settings: pre-school nurseries, childcare etc.
    - Public-sector venues in the community with catering services
    - Community food-growing near to people's homes
    - Food in local / corner shops.

16. The rationale in these discussions focused on opportunities for improvement in current catering provision and persisting inequalities in access to food for retailers due to geographical home location, lack of car ownership, cost of public transport, and the range of food available in local/corner shops.

17. Our members emphasised the importance of expanding the conversation on ultra processed foods (UPF), the impact these have on our physiology and the direct

contribution these foods have to obesity, way beyond the number of calories. A person eating their recommended calorie intake on a predominantly UPFs would gain weight. The conversation needs to shift from calories in, energy out, so these broader factors are understood.

18. Our members recommended engaging with stakeholders across Wales to identify further areas for improvement linked to access to healthy food for early years families, which could be addressed at the national level on a 'once for Wales basis. This engagement could include:

    - Strengthening public health support with Care Inspectorate Wales for its role in monitoring nutritional standards in childcare settings, developing 'bitesize' nutrition training for childcare workers, which would slot in at the start of the nutrition training pathway
    - Improving nutrition advice in community sport, working with national governing bodies of sport and Healthy Weight Ambassadors, Welsh Government / Public Health Wales
    - Further engaging with the food retail sector
    - Strengthening the National Design Principles by including food to underpin Local Development Plans
    - Adding food to the vision narrative for Wales's wellbeing goals in a future up-date of the Well-being of Future Generations Act (in a similar way to how 'fair work' has been added to 'A prosperous Wales's well-being goal)
    - Opportunities to streamline the administration of the 'Food and Fun' School Holiday Enrichment Programme to increase its scale and working with the Welsh Local Government Association (WLGA).

19. Finally, deprivation must be considered when looking at the impact of social and commercial determinants on obesity. There is a strong systemic relationship between obesity and deprivation. Inequality has a broad adverse effect on societal wellbeing, as has been demonstrated across a range of measures, including health, life expectancy, crime, and mental health. The NHS alone does not have all the levers to reduce health inequalities, which is why we need to shift the focus from public health initiatives delivered through the NHS and local authorities to addressing factors such as poor housing, green spaces, transport and food quality. As highlighted in the Welsh NHS Confederation Health and Wellbeing Alliance and Royal College of Physicians report, 'Mind the gap: what's stopping change?, addressing the factors that cause ill health in the first place should be a central focus for the Welsh Government and we must continue to relentlessly focus on improving population health in order to reduce health inequalities. There needs to be a whole cross-government and public service approach to inequalities and the Welsh Government should produce a cross-government plan for reducing poverty and inequalities in adults and children.

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

20. Our members agree that there are opportunities for interventions in pregnancy and early childhood to promote good nutrition and prevent obesity.

21. Greater emphasis needs to be applied on the importance of developing the Early Years workforce in food and nutrition as part of supporting the ‘best start in life’. Also, the ‘national lever’ point earlier on ‘bitesize’ nutrition training for childcare workers is relevant.

22. Finally, members have highlighted that pregnant people supported with a BMI over 30 have expressed the need for more long term follow up after the birth of their baby which is why All Wales Maternal Weight Management Pathway for pregnancy and post pregnancy to provide evidence-based guidance would be important.

Question 4. The stigma and discrimination experienced by people who are overweight/obese

23. Our members recognise the stigma and discrimination experienced by people who are overweight/obese.

24. In the 'Healthy Weight: Healthy Wales strategy, the language and approach continue to primarily promote a biomedical model that perpetuates a sense that overweight, and obesity, are a ‘medical problem’ to be ‘fixed’. Alongside this, the strategy also perpetuates the societal beliefs that overweight, and obesity are ‘caused’ by the individual and therefore to be ‘corrected’ by the individual. The focus, for example, on a model of calorie reduction and exercise increase (calories in/calories out) disregards the wider social determinants that influence a person’s ability and options for good self-care. However, to note that a ‘Systems Based Approach’ is included in the ‘Leadership and Enabling Change’ strand of the strategy.

25. Also, we must view obesity through a holistic lens. Economic, cultural, and social factors influence the relationship between obesity and mental health. There tends to be an oversimplistic acknowledgement of the influence of mental health with little regard, for example, to the bi-directional nature of the relationship with overweight and obesity. This bi-directional relationship also plays out in physical health and other additional needs. This is a relatively new specialism and best evidence continues to emerge.

26. The Welsh Government’s All Wales Weight Management Pathway 2021 is clear that NHS Wales staff (and other deliverers) need to understand weight stigma and its impact, and how to communicate sensitively and effectively with people living with overweight and obesity, when designing and delivering services. The way in which stigma is managed will inevitably influence the quality of patient care, and if not managed correctly it will maintain weight gain. Given the complexity of the issue, our members highlight the need for a highly integrated approach across all sectors. This should consider how to make best use of consultation, liaison, training, support, and supervision for all relevant staff about understanding the complex roots of overweight and obesity, and how to compassionately support people. Cross discipline education and liaison are also essential.

Question 5. People's ability to access appropriate support and treatment services for obesity.

27. Due to increase demand, in some areas of Wales there is a 3-5 year waiting time/list to access level 3 services. This emphasises the need for prevention through the 'Leadership and Enabling Change' strand of the 'Healthy Weight: Healthy Wales's strategy. National policy should shift the focus from treatment by the NHS in Wales to enabling people through their local communities and environments. Also, while weight loss medications such as Saxenda® and Wegovy® have been launched, there are some barriers with the number of people that can be financed to receive the medication less than the demand, with patients waiting for Level 3 service and the medications.

28. Finally, there is no level 2 Children's Weight Management Service (CWMS) in some Health Boards. Level 1 access nationally should be enhanced to complement the 'Healthy Weight: Healthy You' website, e.g. a digital app like the free NHS Weight Loss Plan; and free community food and active engagement and events. A pilot programme run in two Neighbourhood Care Networks (NCNs) enabled direct referral to Slimming World® following a conversation with a member of the primary care team. Individuals referred were on average accessing this level 2 weight management service within 10 days of referral.

Question 6. The relationship between obesity and mental health.

29. Our members recognise that the relationship between obesity and mental health is complex, multi-dimensional, and often poorly understood. In addition, weight stigma and discrimination contribute to psychological distress which in turn can hamper weight control.

30. A study by University College London and University of London found that obesity and mental ill-health develop together during childhood, which highlights the need for early interventions to target both weight and mental health. Research on body image and mental health has found that higher body dissatisfaction is associated with a poorer quality of life, psychological distress and the risk of unhealthy eating behaviours and eating disorders.

31. Furthermore, what we eat affects gut microbiome; gut health is important for mental health. Researchers at Oxford Population Health, along with colleagues in the Netherlands, demonstrated that 13 types of gut bacteria are associated with symptoms of depression. There are opportunities to strengthen these associations in policy. For example, the current consultation on Welsh Government's draft Mental Health and Wellbeing Strategy does not include these links between food/obesity and mental health. It is also important to listen to people with lived experiences, for example, the Centre for Mental Health's report on experiences of weight management among people with severe mental illness.

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

32. Our members are aware of international examples of success, including the potential applicability to the Welsh context.

33. In 2018, Public Health Wales published a report following its review of international policies, approaches, and actions to address obesity. Moreover, Professor Kevin Morgan, Cardiff University has written a conference 'blog' on food in the Swedish post-industrial city of Malmö.[1] Between 2010 and 2020, 70% of food in public-settings became certified as organic, and greenhouse gas emissions reduced by 30%. A key lesson is that Malmö used its purchasing power through its public procurement policy to stimulate its organic food industry. A similar approach could be considered by Wales's Public Services Boards.

34. In Leeds, there has been reduced rates of childhood obesity following strong leadership and a supportive (senior) political environment. In Leeds, 625 fewer children started Reception Class living with obesity between 2009-10 and 2016-17. The city's approach included the 'HENRY' (Health, Exercise, Nutrition for the Really Young) programme. In Amsterdam, Netherlands there were 2,500 fewer children and young people (aged 0-18 years) living with overweight and obesity between 2012 and 2015, and despite an additional 5,000 children in Amsterdam in this period. The capital's approach covered 10 pillars of activity across preventative, curative, and facilitative actions.

35. Moreover, three places in Wales – Merthyr, Cardiff and Anglesey - are piloting the 'PIPYN' (Pwysau Iach Plant yng Nghymru) programme, which supports children and their families to achieve a healthy weight through a series of topics Our members consider this to be the approach which should be available pan-Wales, as part of a package of community-level interventions, with the necessary resources to deliver.

Further Comments

The need for a national conversation

36. Wales faces a significant number of population health challenges which stall life expectancy and widens inequalities. This includes high levels of obesity, unhealthy alcohol consumption, smoking and poor levels of physical activity. As highlighted in a recent Welsh Government report, the NHS in Wales, and wider public sector and communities, will face several challenges over the next 10 to 25 years. Due to the current pressures on the health and care system, now is the time to galvanise the Welsh public to engage in a national conversation on how the health and care system can innovate and transform to meet the needs of future generations as set out in our recent briefing, The NHS at 75: How do we meet the needs of future generations?

37. The public must feel personally invested in their wellbeing and our health and care service to help ensure its long-term sustainability, which will only be possible through public involvement and co-production of services. This will allow people to feel

[1] Morgan, K (date unknown). The Double Dividend of Sustainable School Food. A blog for an international sustainability conference (unpublished).

supported, empowered and informed to take more responsibility for their health and wellbeing, manage their conditions and use services responsibly.

The need for health and wellbeing to be considered when assessing planning applications

38. As highlighted previously, our surroundings impact our health and our environment can make healthy choices difficult and encourage health harming behaviours. Although school meals have become healthier in recent years, many children are leaving school premises to buy unhealthy items in takeaways. It is vital that the Welsh Government empower local authorities to prioritise health and wellbeing when assessing planning applications for new takeaways because it is a significant issue across Wales and the UK.

39. Food takeaways are a growing part of the Welsh food environment, with the number of fast-food outlets having increased 48% from 2010 to 2018 – 670 new establishments. Access to takeaways by secondary school children, especially during school hours, is a problem across Wales. A number of Public Service Boards across Wales have identified takeaways as a factor contributing to childhood obesity in their wellbeing assessments and an evaluation of research on the health impacts of hot-food takeaways near schools identified that "*overall the evidence would suggest that increased exposure to outlets selling unhealthy food increases a person's likelihood of gaining weight*". More could and should be done through the local authority planning frameworks.