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Llywodraeth Cymru  
Welsh Government

Welsh Government  
Consultation – Summary of Responses

# Healthy Weight: Healthy Wales

## Our National Ambitions to Prevent and Reduce Obesity in Wales

July 2019

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

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## Introduction

On 17 January 2019 the Welsh Government published the *Healthy Weight: Healthy Wales* consultation document and sought views on the proposals enclosed. The consultation period began on 17 January 2019 and ended on 12 April 2019. This document provides a summary of the responses received, incorporating the feedback from 349 responses to the online consultation, 151 Youth and community responses, which were primarily received from education settings and the feedback from several community events across Wales.

The responses received have highlighted the need for action to improve the health of our nation and crucially the improved health and wellbeing for our future generations.

## Context

The Public Health (Wales) Act 2017 pledged a key commitment to the production of a strategy aiming to prevent and reduce obesity. The *Healthy Weight: Healthy Wales* consultation document set out four key themes:

1. Leadership and enabling change: to drive improved leadership and accountability to deliver Healthy Weight: Healthy Wales across all sectors.
2. Healthy environments: to create an environment that supports everyone to make healthier food and activity choices.
3. Healthy settings: to create healthy settings so that people can access healthy meals, snacks and drinks and be physically active.
4. Healthy People: to provide the opportunities for people and communities to achieve and maintain a healthy body weight.

These themes were designed to drive and shape behavioural change, taking into account the range of factors which we know shape our daily choices. The consultation process aimed to capture the range of actions necessary to shape a comprehensive strategy for obesity prevention and reduction in Wales. This report summarises the responses to each of the consultation document's questions.

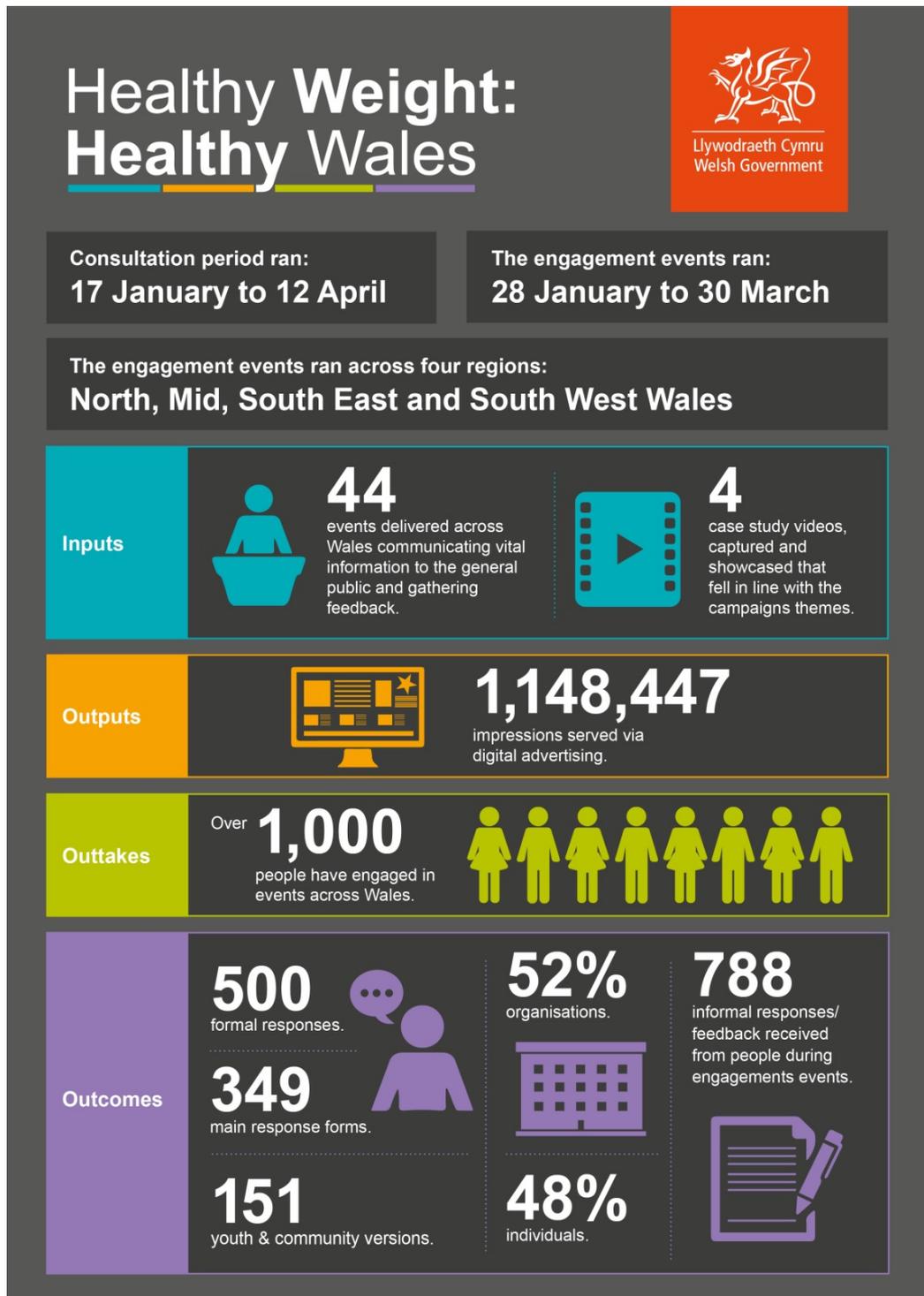
## Consultation Overview

Freshwater UK PLC was used to organise public engagement workshops and events in a variety of settings to capture a diverse response. Welsh Government officials also met a range of organisations and stakeholders, including the Obesity Alliance Board and the Welsh Retail Consortia.

The formal consultation process attracted 349 responses, of which 52% were from individuals and 48% from organisations. 151 youth and community responses were also received.

A full list respondents is included at Annex A (minus individuals and those respondents choosing to keep their response confidential).

Not all respondents answered the questions directly; some chose not to answer a particular question and others sent a summary of their views instead of completing the web-based form. The Welsh Government is grateful to all those who took the time to respond to the consultation.



## Leadership and Enabling Change - Summary of Responses

**Do you agree that a whole system approach could enable change to take place? If not, why? What are the opportunities, risks and barriers to effective leadership?**

There was strong support for a whole system approach, with many respondents highlighting the opportunities which this presents to help tackle a complex set of factors. Responses highlighted that evidence from the Foresight report, which underlines the fact that obesity is a complex issue and requires an approach which encompasses both environmental factors and individual behaviour change. There were many responses which felt that, in the past, treating obesity as a dual cause (diet and physical activity) issue has narrowed the focus of interventions.

*“For some time, approaches to tackling obesity have been based on the premise that individuals have complete control over their health related behaviours, and the issue can therefore be solved by promoting healthy eating and physical activity. This has always been too simplistic and it is right that new and existing policy measures need to be implemented in order to achieve the desired ‘whole system approach’.”*

Responses also identified the need to develop a whole system approach which will need to be well designed, with clear impact measures that can easily be translated and implemented at different levels of intervention, including at grassroots level.

*“A system based approach can help to bring together a range of partners to consider people within the context they live in - their social influences and networks, cultural and societal norms and context, as well as the physical environment and physiological factors.”*

The importance of a long term approach was fully supported, with many identifying that current approaches tend to be fragmented and not focussed on behavioural change. It was also suggested that with complex systems, one solution will not provide solutions for all parts of Wales and taking an assets based approach focussed on community needs will need to be delivered. This was felt to be strongly in line with the principles enshrined in the Wellbeing of Future Generations (Wales) Act, to ensure that an approach adopts a long-term, which has collaboration at its heart.

### Collaborative Working and Leadership

Multi-organisational and cross-sector partnerships were raised consistently as critical elements of success. Respondents felt there was a need to build a common vision, value statements and objectives that partners can work on collectively. This was felt to provide an enabling framework.

*“There is almost an unprecedented opportunity to collaborate now towards effective action on obesity given the strong policy focus on prevention, well-being and the transformation health and social care. Obesity is probably the*

*foremost relevant well-being objective to collaborate on and the timing has never been better.”*

Responses highlighted the need for existing strategic partnership structures such as the Public Service Boards and Regional Partnership Boards to offer system-wide accountability and maximise the ‘added value’ of collaborative working under the Wellbeing of Future Generations (Wales) Act. However, there were felt to be risks that obesity is viewed as a health board only issue, when solutions will require much broader collaboration. Barriers to effective systems’ leadership were highlighted, included concerns regarding multiple competing priorities and the need to harness a number of sometimes competing structures, which may operate with different cultures and priorities.

Engaging and achieving buy-in from a range of stakeholders were felt to be an essential requirement, which would require greater accountability to empower and enable leadership from all levels across the public, private and third sectors. This includes identifying clear statements in term of where the roles and responsibilities lie and where various services and agencies can have effective influence.

### **National Implementation Board**

The proposal for a national implementation board was widely welcomed, with the need for the board to have clear representation and focus across a range of aspects, from nutrition, physical activity and mental health. Linking this to a clear accountable governance structure was raised consistently by respondents; clear communication routes and transparency were also felt to be vital components, whilst the board should maintain a suitable pace. Ensuring that the voices of communities and in particular children and young people are being heard by those leading and enabling change, were highlighted within some responses.

### **Local Delivery**

Responses in general strongly supported the need for system based approaches to be anchored within communities themselves to engage people in the design of local solutions. There were felt to be some real opportunities both to link good practice where it is already taking place, and to drive an approach which recognises that local areas have different needs, assets and opportunities. Respondents felt that the final strategy would need to articulate how collaboration is a core component for future delivery.

*“Let’s not preach to people, but put some heart into this. If people are to take responsibility for their health, they will need to feel they are worth it and they have a place in their community and society.”*

The need for public sector leadership to drive local delivery was widely supported; however, many responses signalled the need for greater clarity in the final strategy regarding how this will help to shape local action and link with local partners and structures. Suggestions were made such as utilisation of lead champions, who may be based across the public sector. An example was cited where Cardiff and Vale University Health Board has already adopted a whole systems approach through

working in partnership to begin the creation of a Healthy Weight Strategic Action Plan for Cardiff and the Vale of Glamorgan.

The development of a menu of effective and evidence-based strategies to help shape local delivery was broadly welcomed, as was the need to strengthen evaluation within existing programmes. Examples of existing programmes were cited, but many felt that programmes tend to be funded on a year-by-year basis prohibiting them from planning ahead to provide a long-term sustainable services.

*“Interventions will need to be delivered at scale and for prolonged periods. It is crucial that the Strategy includes long-term, sustained interventions.”*

Several responses also cited examples from cities which have lowered childhood obesity rates, where dedicated staff appear to have been funded to co-ordinate local action. The involvement of community-based groups and organisations in the design and co-production of delivery was felt to be imperative at an early stage.

## **Resources and Investment**

The need for resources and investment to drive change was raised consistently by respondents. It was felt that the whole system approach would require funding, at a time of unprecedented austerity in public services. Multiple responses felt that whilst prioritising and refocusing existing resources may release some funding, that this would likely be insufficient to deliver the whole-system, transformational change that will be required to make a difference.

*“Public health is entirely asset stripped and poorly invested in. Investment in evidence-based prevention has the potential to reduce expenditure further down the line but will need to be at scale and sustained over time. To manage this issue, it's going to take a generation to see impact and therefore needs patience and funding.”*

Several responses felt that the Welsh Government should commit to using any income from the Soft Drinks Industry Levy to fund activity in this strategy, alongside other public health and ill-health prevention programmes. This could send a clear message and ensure that the ambitions of the strategy are met.

There were a number of responses highlighting the need for the strategy to link strongly with food poverty. In particular, some respondents felt there was a need for delivery to be focussed on areas of higher deprivation because lifestyle behaviour change is difficult, especially for those families and communities with the most entrenched unhealthy lifestyle habits.

## **Developing Targets and Evaluation**

Respondents felt that clear targets would help to focus resource, leadership and action around a common goal and assist with the evaluation of and accountability for progress. This could include long term goals as well as short term performance measures focussed on partnership working. Other benefits of adopting a clear target that were cited included the impetus it could provide to identify a change dynamic

and the impact it could have on illustrating to the general public what “normal” should look like in terms of healthy eating and being active. A lack of available data was felt to be a potential barrier.

The commitment to a tier 1 obesity target for Local Health Boards was broadly welcomed. However, multiple responses highlighted the need for all public services to be held accountable with measurable targets and progress in reaching these targets reported to Welsh Government. Other responses suggested that any targets could instead sit with the Public Service Board or jointly with other statutory organisations.

An overarching evaluation framework was supported, as was the need for this to be dynamic through a ‘learn as you do’ approach to be taken. Some responses highlighted the need for more longitudinal studies and more behavioural insight work to be undertaken to inform evaluation.

## **Child Measurement Programme**

As the CMP is currently carried out at reception class age 4-5 years and as a one-off measurement, it was felt strongly by respondents that the data collected does not give any indication of trends throughout primary school years, and therefore is unable to provide appropriate interventions. There was general support for the continuation of the Child Measurement Programme (CMP) and interest in the further detail on which age a second measurement would be introduced. Many respondents were keen to see a joined up approach between this data and targeted interventions.

There was a feeling amongst some responses that at present the programme can be seen as a surveillance programme which misses an opportunity to intervene at a key life stage. Some responses also highlighted the need to go further in terms of data collection. This included looking at other points where data could be collected, in the early years to exploring how to encourage GPs to routinely measure and weigh patients, which could provide useful population level data, whilst also empowering conversations about healthy lifestyles with patients.

**Are you aware of any good practice locally? How can we build upon and maximise existing practice and resources to support population change across Wales?**

### **LEC2.**

**Understanding what works. We want to review the impact and scale of delivery of community based programmes** to determine which have the greatest merit and work with partners to scale programmes as part of a systems based approach.

The *Healthy Weight Healthy Wales* consultation received an array of examples of best practice from locations throughout Wales. Respondents identified projects, programmes and services for each of the four central themes featured within the consultation document, providing a broad picture of existing approaches to health, well-being and weight management in Wales. These projects have been recorded and

will help to inform the final strategy. Many respondents felt there is a need to strengthen existing evaluation techniques across Wales and to build in a common evaluation framework to increase consistency.

## Healthy Environments - Summary of Responses

### Do you agree that the proposals set out in HE1- HE5 would make our food and drink environment healthier?

73% of respondents were in agreement with the proposals and 10% disagreed, 17% neither agreed nor disagreed.

#### HE1.

Supporting **Welsh business to reformulate and to develop healthier food choices** by providing increased help through Food Innovation Centres. We support the reformulation programme delivered for the UK Government by Public Health England and will monitor progress. We will consider additional measures if necessary, including the use of further taxation powers in Wales, if the scale and pace of change by industry is not sufficient.

Many respondents felt that the reformulation of foods was extremely important and could, if done correctly, play an influential role in tackling the issue of healthy weight. It was felt that all parts of the food chain should be included in reformulation, especially considering the increase in the consumption of food which is quick to prepare or consumed on the go.

*“A joined up approach, across areas of government and wider society, will be required to ensure that manufacturers, retailers and consumers are affected equally and the impact is effective and positive.”*

There were areas emphasised as points for Welsh Government to consider with regards to reformulation, including, looking at food as a whole – its fibre and wholegrain content as well as salt, sugar and fat content, for example. It may also be harder for smaller businesses to adopt new regulations and so additional support would be required by working closely with innovation centres. It was also felt that with some foods that there was a limit to what could be achieved through reformulation and hence there is a need to focus on portion sizes, particularly for treat based products. Ensuring consistency across national boundaries and keeping guidelines as simple as possible were regularly invited by manufacturers.

Some respondents felt there needs to be a shift in policy away from product reformulation and towards the promotion of foods which are naturally healthy. Those respondents argued this would provide a more effective and cost effective way of moving forward instead of making minor amendments to existing products to reduce, for example, sugar or salt content. It was felt that Welsh Government should focus on public education and transparency of food information as an additional way of helping to influence population health.

Some felt it was important to place responsibility on the food industry and to monitor progress. Opinion with regard to increasing taxes on foods which are deemed unhealthy was split. Many felt that there is still a need to ensure choice and ultimately the decision came down to the individual. Some respondents felt there could also be a risk of punishing companies who are making strides to reformulate existing products. Others felt that it would be a way to speed up change within the industry. Some stated that if Welsh Government is to impose any new taxation, it needs to be clear how the additional revenues would be invested.

## HE2.

Limiting the promotion of unhealthy foods. The UK Government has committed to consult on **TV and online advertising** to children of products high in fat, sugar and salt. We wish to support a 9pm watershed, and to go further, such as banning the use of brand generated and licensed character/celebrity endorsement of products across all media. We also want to utilise our powers in Wales by **limiting the use of advertising and promotion of unhealthy food in public places**. This includes, but is not limited to, train and bus stations/bus stops/on buses and at sporting and other events.

There was strong support for taking a proportionate, evidence based approach when it comes to the advertising of foods high in fat, sugar and salt (HFSS). A number of responses suggested Welsh Government should push for strong action with the UK Government to tackle advertising on all platforms. With the increase in the use of social media it was felt that stronger enforcement needs to be legislated to incite change in the population.

However, there were also opposing views, with some respondents stating there is no evidence to suggest that introducing advertising restrictions would have any effect on obesity levels. For example, it was highlighted that recent data raised significant questions on the need for a 9pm watershed with live television being watched less, with so many other different media channels available. It was suggested that an audience based watershed may be more effective. Many felt that advertising bans may reduce revenue and so this needs to be strongly considered for any proposals.

There was strong support for limiting advertising in public places, with examples such as Transport for London, demonstrating how this is helping to create a strong stance. However, there were also some barriers highlighted, such as the potential impact on sport stadia which already have advertising agreements and sponsorships in place. There was also the suggestion that additional restrictions on advertising could act as a disincentive to reformulation as it might limit the ability of companies to market their new products. Many respondents felt a strong need for clarification around what is healthy and unhealthy, particularly if a definition would be fixed to limit advertising in the future.

A strong response was that it was also important to shift towards advertising healthier products and lifestyles to empower population behavioural change, with campaigns such as 'veg power' cited. Using channels including television advertising, online pop

ups and display screens in public space to promote positive messages and offering advertising in an educational way was felt could be an effective way forward.

*“Advertising has the power to focus on positive change to encourage and promote the benefits of both physical and mental health. We should see a shift towards encouraging positive behaviours.”*

### **HE3.**

Creating a level playing field and making healthy food an affordable option. By regulating **price promotion and discounting practices** that lead to higher consumption of unhealthy foods, and encouraging the food industry to apply these approaches, we hope to incentivise healthier food purchasing in Wales. We will consult on how we could do this and wish to work with the UK Government to ensure there are consistent and clear expectations for businesses across boundaries.

Most responses supported change and pointed to evidence that promotions are used disproportionately to encourage the sale of unhealthy food and drink. Support to ban multi-buys was welcomed, but some responses felt that this could go further and target other promotions including location based strategies, such as end of aisle or checkouts or temporary price promotions. There was felt to be an overall need to work with industry and supermarkets to shift the balance of promotions in favour of healthier options. The need to extend price promotions on drink, as well as food was raised as a point.

However, the potential unintended consequences of price promotions, in terms of impacts regarding food poverty were noted. Many felt that budgets were a key barrier to buying healthier food; seeking to reduce the costs of healthier choices could therefore provide an effective way forward. It was often highlighted that more work and resources need to be made available to increase cooking skills and relevant knowledge about nutrition and diet.

*“Healthy eating must be made affordable to support low income families. We need to enable a food environment which not only promotes and advertises healthier food, but considers how to support and provide better information for those on lower incomes, who have to make difficult choices”*

Some respondents disagreed with implementing restrictions on promotions and advertising. In particular, those respondents felt it could be burdensome for smaller businesses, could impact on their profits and limit fair competition. There was also felt to be limited evidence base that this approach would lead to dietary change. It was felt there would need to be a strong evidence base to implement change and the wider impacts would need to be considered very carefully. Some responses felt that restrictions could appear to be negative and instead of limiting what people can buy, it would be better to have positive messages around promoting healthier foods.

#### **HE4**

Giving people accessible information so that they can make an informed choice.

- We want to consult on **mandating calorie labelling for food purchased and eaten outside of the home**, which will help to inform consumer choice and may encourage reformulation.
- We want to consider further opportunities to improve **consumer information on labelling** which may arise following European Exit, including on front of pack nutrition labelling, and encourage Welsh producers to provide the most effective nutrition information on their products.
- We want to consider how we could support businesses and **stimulate an increase in healthier food establishments**.

The majority of respondents strongly supported the proposal that correct labelling will help support consumers in making a healthier choice. A consistent evidence based approach, producing accurate labelling and legislation supported by a regulatory framework to ensure compliance was expressed as the best way to ensure change. Many suggested using the Nutrient Profiling Model as a means of establishing what was healthy or unhealthy.

*“Food eaten outside the home makes a significant contribution to people’s diets, but it can be difficult for people to assess how healthy their food choices are in many cases. It is important to provide customers with this information to enable them to make informed choices.”*

Using colour coded labelling was quoted on numerous occasions as the preferred way for Welsh Government to proceed as it’s well recognised and easily understandable. However, the need to educate to ensure that people are able to understand and interpret any changes was raised. However, there were also real concerns raised that food should “not be reduced to numbers” and there is a risk for people with eating disorders.

Some respondents noted that smaller businesses may be discouraged by the potential costs and that additional support will be required. Some felt that a different Welsh approach to labelling could be confusing to consumers and costly to businesses and consistency of approach across the UK would be desirable. Responses also highlighted the Northern Irish Government tool MenuCal tool which could be adopted. Portion sizing and encouraging healthier cooking techniques with businesses, were areas which were often mentioned as missing in the proposals.

There was also broad support for stimulating healthier food establishments and proposals such as tax breaks were identified as potential positive ways to enable this approach. This approach was felt could have real significance to work with takeaways around school premises to consider how a healthier offer could be considered for children and young people.

#### **HE5.**

Encouraging **healthier drinking habits** by consulting on proposals to ban the sale of **energy drinks** to children under the age of 16, consider restrictions on free refills and introducing a maximum portion size on soft drinks. Alongside this we will encourage people to drink water by making Wales a **Refill Nation**.

Proposals within this section were largely supported by respondents. The majority believed that implementing age restriction on the sale of energy drinks was a good idea, but that any actions should be accompanied by an information campaign to focus upon behaviour change. There were slightly mixed opinions as to what extent restrictions should be applied. Many felt that Welsh Government should consider banning the sale of energy drinks to young people under 18 rather than under 16 as it would be much easier to enforce. Some responses questioned why energy drinks had been singled out from other caffeinated produce.

Many supported change, but felt there should be no limit on the amount of sugar free refills available, while others stated that, as low calorie soft drinks can stimulate appetite and cause weight gain, there should be strict restrictions in place. Some respondents also presented arguments against banning refills with many feeling that it was their right to choose and providing consumers with the correct information would be sufficient. Regardless of opinion on refills, it was widely agreed that educating the population was the key driver to change. Some respondents also felt there should be a reference to the influence of calories from alcohol within the strategy.

*“I strongly believe it is about equipping people with the right information so that they can make informed choices. With the right information upfront (and I think labelling needs to improve and be consistent in what they are showing across the board), I think that most people would be surprised about what they are eating and more people would be empowered to make better choices for their health.”*

There was complete support for Wales becoming a Refill Nation. With one of Wales’s greatest assets being its natural water supply many felt that there were great marketing opportunities and subsequent good consequences for oral health and, if done correctly, plastic consumption.

**Do you agree that the proposals set out in HE6-HE7 would provide an environment with more opportunities to be active?**

78% of respondents were in agreement with the proposals and 6% disagreed, 16% neither agreed nor disagreed.

#### **HE6.**

**Creating healthy weight environments.** By working with local authorities, health boards Public Health Wales and Transport for Wales we can create environments that facilitate active travel, physical activity, access to healthier food, high quality open spaces, green infrastructure and opportunities for play, sport and recreation, are prioritised as part of the **planning process**. This will be supported by the following:

- Promote the use of **health impact assessments** and the development of regulations and guidance on the use of these assessments by public bodies, to enable delivery.
- Public Health Wales to develop and disseminate **resources to support local action** to achieve place making that proactively supports healthy weight. Resources may include evidence reviews, guidance, blueprints and example policies.

The need to maximise **planning** was strongly supported in order to create healthy environments in Wales. The majority of respondents felt there was a need to consider how to support and enable local action. Some responses argued that there was already guidance and legislation in existence for local authorities to inform good decision making. The real challenge is to consider how this could be taken forward more consistently and to understand the challenges and utilise planning obligations, to deliver improved health and wellbeing outcomes for communities.

*“There are already specific policies adopted by many councils within Local Development Plans and associated Supplementary Planning Guidance for Affordable Housing and Planning Obligations. This enables councils to secure new affordable homes, community infrastructure, facilities, services and/or financial contributions to improve health and well-being for existing and future residents. This needs to be more consistently delivered across Wales.”*

There were multiple responses calling for action on planning relating to hot food takeaways and their proximity to schools. Respondents felt there were opportunities to consider over-concentration, clustering and factors such as noise and smell pollution which could be taken forward in future proposals. Opportunities to consider licensing to limit advertising around schools were also an area which many felt could be explored further.

Reactions to the potential usefulness of **Health Impact Assessments** (HIAs) were mixed. While some felt the idea was too generic and would be used solely as a tick box exercise, others noted their importance in creating healthier environments:

*“Prioritising the key settings outlined in the rest of this document could be a sensible starting point. For example, ensuring that HIA are used as part of the planning process for new school buildings or significant structural*

*developments to schools. Currently the building formulas for dining areas in schools do not create an environment where it is easy and conducive to eat well.”*

Another use for HIAs was to help develop a comprehensive holistic data set and to aid with prioritising healthier builds or projects. It was agreed that, if HIAs are to be used they should be made mandatory, the recommendations must be implemented and that Welsh Government should not underestimate the extra skills and resources that are required to take full advantage of their benefits. It was suggested that Wales should be looking wider to consider health in all policies and a broader success criteria should be applied that takes into account all elements of a healthier lifestyle and environment.

The need to create and develop **resources** such as evidence reviews, guidance, blueprints and example policies were welcomed by most respondents, who felt this could help to support local action, increase consistency of delivery through existing powers, bring together international best practice and provide practical advice and information. It was felt that resources would need to be easily accessible with active support for their implementation.

#### **HE7.**

To work with local authorities, local health boards, Transport for Wales and partners to ensure that key infrastructure investments in our towns and cities are connected and support the development of healthier weights, this includes:

- Ensure the **design of infrastructure** including new housing and regeneration sites, South Wales Metro, and new health care sites support active environments.
- Continue **investment in Active Travel** and scale support to increase walking and cycling routes across Wales. This will include considering the potential for our new powers over national speed limits to be used to improve road safety and increase active travel.
- Use our Green Infrastructure, Sustainable Management Scheme and the new Enabling Natural Resources and Well-being Grant (ENRaW) to increase **access and use of the countryside** (parks, forests, beaches, national trails, rights of way and rivers) and make use of the land available for community use to support and promote active lifestyles.
- **Community sport infrastructure** to increase access to high quality provision, such as 3G pitches, including reviewing the delivery of the Sports Facilities Capital Loan Scheme. We will work to ensure access to advice and finance for small physical activity-related businesses and clubs and increase capacity for Sport Wales to provide proactive planning advice to encourage best practice.
- **Play provision** which supports our Children and Families (Wales) Measure 2010. This includes working with local authorities and partners to develop approaches in our most disadvantaged areas through Play Sufficiency Assessment and Play Action Plans.

The majority of respondents agreed that **infrastructure** which supports active environments is an essential area for action. Some suggested that Welsh Government plans should go further and ensure that incorporating physical activity into building design ought to be mandatory in new developments.

*“We suggest that the design and construction of infrastructure should be ensured to provide a healthy environment, and not simply give consideration to walking and cycling as means of access. This should include buildings also; examples include attractive stairwells, and provision of cycle parking.”*

Developments such as Metro systems were felt to provide real opportunities to help create a step change and dramatically change how we view public transport systems. However, the need for greater join up and collaboration to take a local or community needs-based approach was felt to be absolutely necessary. This included joining up investments to consider joint outcomes and respondents argued strongly that communities should be involved in the development of local infrastructure and decision making. In general, respondents suggested that a whole-systems approach to managing change would be needed to make a success of this element of the strategy.

There was strong support among respondents to enhance and scale work on **active travel**. However, many responses suggested that a more coordinated approach is needed to improve active travel within communities to encourage all to get on board with ideas to shape local action, based on needs and demography. There were strong opinions to go further and to build active travel into new developments, considering housing, regeneration, schools and health centres. This includes creating better networks and utilising opportunities through Transport for Wales to ensure there is a joined up transport network.

*“It should also be noted that the Active Travel Wales Act has been in place for a number of years and many places are still not providing opportunities for people to walk and cycle, especially with commuting to work. We need to be bold and innovative in order to reverse current trends: new health care sites are drive to places outside of reasonable walking distance and not even on bus routes: super-school catchment areas can be outside of walk to and even cycle to reach.”*

Investment was established as a key barrier. Many respondents suggested that Welsh Government needs to increase the investment in active travel and sustainable transport. Respondents in general felt that revenue and capital funds would need to be made available to ensure that modal shift behaviour change projects are invested in and viewed as an important aspect of infrastructure. The importance of funding behavioural change was raised as a key issue which should be prioritised alongside any capital investment.

Safety was also recognised as another key barrier to Active Travel. Respondents argued that safe pedestrian routes need to be considered in new developments; cycle routes and special dedicated lanes would offer a sense of safety to users and lighting, handrails and access to toilets are all facilities which would improve usage. The implementation of 20mph zones was brought up frequently by respondents as a key safety issue which needs to be addressed if plans are to be taken forward. Rural areas

were highlighted as a particular challenge, notably in relation to areas where there can be poor lighting or unsafe roads.

Investment in **green infrastructure** was viewed by most respondents as an essential means of improving physical health. Many responses highlighted the need for this to be coupled with behavioural change campaigns, and in particular that there should be a focus on promotion of green spaces amongst more deprived communities. Many agreed that green infrastructure was underfunded and felt to make green spaces more attractive there needs to be investment in facilities to ensure accessibility. The need to consider issues around rights of way was felt to be a prohibitive barrier and there were proposals suggested to encourage the use of land from farmers as walkways or areas for play. The need to encourage walking and cycling groups and to promote routes within communities, schools and workplaces were felt to be an important pre-requisites to engender change.

*“Our natural environment is one of our greatest assets as a country. We need to do more to increase accessibility and to empower people and communities to use our beautiful landscape for good health and to increase physical activity levels across the population.”*

Development of **community sport infrastructure** was strongly supported by the majority of respondents. Opportunities to be physically active within the community were considered essential. Incentives such as free taster sessions and promoting activities like Park Run and Couch to 5K were felt to be beneficial.

*“Work closely with communities as you'll find there is so much going on which is not widely advertised. Recreation groups, informal gatherings and individuals will be using public spaces in ways which you might not already know about. Bringing these together will see results quickly. Also find ways to give people permission to use their environments - use peer groups to encourage people to get involved and not shy away from a full life in their own community.”*

However, coverage of sport facilities was felt to be patchy across Wales. Many felt that community assets and moving towards a community hub model to offer multi-sport opportunities could be a positive way forward. As such, the continued investment into 3G facilities was widely supported. The use of school facilities for wider community benefits was felt to be an important issue, which could broaden access opportunities across Wales.

A strong theme within the responses received in relation to **play provision** was that investment was needed both for facilities and provision. Many felt that play areas needed to be upgraded to be accessible for all, and that a wider range of play activities needed to be offered so that children and young people were more likely to engage. Respondents highlighted that there is currently a statutory play sufficiency duty on all local authorities, but that no funding was available specifically to implement the duty.

Some respondents suggested that it should not be taken for granted that parents know how to play with their children. Parents require information and guidance about play and activity. It was also emphasised that communities, including children and young

people, needed to be consulted in order to see real change. Investment in Youth Clubs was also felt to be important.

*“Investment in Youth Clubs and activities aimed at teenagers and young adults is also important, particularly as it is known that physical activity rates tend to decline during puberty, especially for young women. A wide range of competitive and non-competitive activities should be made available for young people to access.”*

## Healthy Settings - Summary of Responses

### Do you agree with the proposals for the following settings?

77% of respondents were in agreement with the proposals and 6% disagreed, 17% neither agreed nor disagreed.

#### **HS1.**

Building strong foundations in our early years settings. Strengthening the **Healthy and Sustainable Pre-School scheme** could support positive practices in settings through food, physical activity and play. This will be supported through a range of areas to develop healthy early years environments:

- Work with the local authorities, childcare organisations and Care Inspectorate Wales to embed the best practice guidance on **Food and Nutrition for Childcare**.
- Work with the **childcare sector to promote the importance of physical activity and play** and to recognise the contribution it makes to children’s emotional, physical, social, language, intellectual and creative development.
- Embed the importance of **physical activity and well-being in the Foundation Phase** and work with practitioners to identify and share excellence in practice in both childcare settings and in primary schools, working with the Foundation Phase Excellent Network.

Most respondents felt that a focus on preventing obesity in this age group is crucial as the majority of children who are obese at the time they start school are likely to remain obese throughout childhood and into adulthood.

*“Giving our children the best start in life is a national priority. Prevention of obesity in the early years should be the highest priority action of any national obesity strategy. This is where return on investment is highest and where maximum gains can be made in terms of reversing trends in childhood obesity.”*

There was strong support to strengthen the **Healthy and Sustainable Pre-School Scheme (HSPSS)** as it provides a vehicle for influencing the healthy weight environment and lifestyles of children in their early years. The scheme is delivered through a partnership of agencies and respondents felt that it is well placed to make a major contribution to the delivery of the objectives in relation to the early years. Many

respondents agreed that the proposals put forward in the draft strategy are already under way but would benefit from being strengthened. It was suggested that consideration is given to these being delivered through existing Steering Groups, where possible. It was also identified that partnerships between the Foundation Phase Excellence Network and the HSPSS will be essential for consistency of key messages and successful implementation.

Feedback received on the new **food and nutrition guidelines** for early years' settings, published in November 2018, suggests they are a very useful reference tool for settings leaders. Many respondents, however, felt it would be useful if some of the elements of the guidelines became statutory. It was agreed by the majority of respondents that these guidelines encourage healthy diet, drinks and portion control and provide varied menu plans. It was also noted that any plans to work with local authorities, childcare organisations and Care Inspectorate Wales to embed this best practice guidance must be commended.

Many respondents felt that work should be done with the **childcare sector** to promote the importance of physical activity and play, to recognise the contribution it makes to children's emotional, physical, social, language, intellectual and creative development. This would embed the importance of physical activity and well-being to create and sustain future habits. Many respondents identified the need for this to be supported by further funding and robust and consistent training for staff working within early years settings.

Some respondents, however, noted that settings are not solely responsible for promoting these messages and it was felt that **parents** need to be made aware of the nutritional, physical and psychological requirements for a child to live a healthy lifestyle. Societal change could be dependent on parents and guardians having this information and skills to be able to provide healthy food and activity after school (in addition to getting involved themselves).

Some concerns were raised about the need to guard against demonising food and that children should be allowed proportionate treat based snacks. In addition, respondents argued the Government should be careful not to lecture parents with do's and don'ts as they are quite often already overwhelmed by contradictory advice about what is best for their children at this stage.

## **HS2.**

Support schools to create **whole school healthy weight environments**, including the modelling and reinforcement of healthy weight behaviours. This will be facilitated by the following:

- Strengthen **school programmes** to ensure it provides tailored support to schools to create whole school healthy weight environments. This includes Natural Resources Wales, Public Health Wales and Sport Wales to focus on

the **collective** opportunities for education and learning based interventions to maximise the potential of existing programmes of work on physical activity and to accelerate the pace of change.

- **Strengthen pupil's voices** to drive healthy change in schools and work with School Councils and Youth Ambassadors to develop local approaches.
- One of the four purposes of the **new curriculum** is that learners develop as healthy, confident individuals who take part in physical activity and apply knowledge about the impact of diet and exercise on physical and mental health in their daily lives. The Health and Well-being Area of Learning and Experience will draw on physical activity, physical well-being, healthy eating and cooking. This will support learners to maintain healthy, balanced diets and physical activity for life.
- Update the **Healthy Eating in Schools (Wales) Regulations 2013** to reflect current government nutrition recommendations. Work with the Welsh Local Government Association, local authorities and schools to strengthen implementation.
- We will fund the **School Holiday Enrichment Programme** in summer 2019/20 to support children from participating schools to receive nutritious food and education, which includes increasing opportunities for physical activity, whilst working with parents to promote healthy behaviours.
- Embed **daily physical activity at an early stage** within primary schools. This includes expanding programmes such as The Daily Mile and strengthening opportunities through the physical environment in and around schools, such as playground design and access to green spaces.
- Work with local authorities to support **active travel to school**. This includes enhancing safe routes to schools by working with local communities to design appropriate solutions and supporting behaviour change through the Active Journeys programme.

There was strong support among respondents for the plan to create **whole school healthy weight environments**, in order to ensure that children and young people leave school with the knowledge and skills to adopt healthy behaviours. This could also allow the inclusion, for example, of oral health, nutritional value of food, and environmental impact of foods and its packaging.

*“Whole School Approach needs further development – children are already taught about healthy eating but this learning is not adopted and embedded into school life. Food is still used as a reward. Consistency is not achieved across the school week, between teachers, across schools, and across education authorities.”*

However, concern was raised by some respondents about the terminology, where it was felt that the final strategy should shift focus away from a focus upon people's weight to their physical and mental health and wellbeing. There was also some caution among respondents about making children anxious about their weight and diet, to consider eating disorders amongst young people.

*“Disagree with the terminology ‘Whole School Healthy Weight Environment’. Weight and body image is the most common cause of bullying in the area*

*Secondary schools, and this will exclude a number of children and young people and exacerbate the bullying issue.”*

There was general agreement among stakeholders that **School based programme** can be strengthened and it was highly recommended that healthy eating is given equal importance and priority to physical activity. In relation to the Welsh Network of Healthy Schools Scheme, some respondents enquired whether this could be made a mandatory requirement in schools, rather than an opt-in scheme. Concerns were raised that some ‘healthy schools’ are found not to be providing healthy food choices, healthy eating environments or opportunities for activity in a consistent way. It was also suggested that practices within schools currently lack the level of scrutiny expected to maintain the appropriate level of award. Recommendations from respondents included embedding this within Estyn inspections or via a separate scrutiny system that extends beyond self-reporting or self-assessment.

Respondents agreed that **strengthening the pupil’s voice** is key to driving change and, with schools already adopting pupil voice groups aligned with the new Areas of Learning and Experience. It would be vital to engage with pupils and have them involved from the point of development onwards, in relation to changing the environment or developing new school based initiatives, in order to influence behaviour changes. Some respondents proposed that the Welsh Government could link with local and national youth boards to consult with pupils on changes to the Healthy Eating in Schools Regulations. Some also proposed to utilise existing support structures such as School Nutrition Action Groups (SNAGs) in every school.

Many respondents agreed that the content of the Health and Well-being Area of Learning and Experience in the **new curriculum** will provide a good opportunity to support learners to maintain healthy, balanced diets and physical activity for life. Many thought that this should incorporate cooking skills and should support the learner considering how their body works. There were concerns expressed by some respondents that teachers will require additional support, time and training to deliver these elements of the new curriculum and questions as to whether schools have the necessary facilities and resources at present.

In relation to the **Healthy Eating in Schools (Wales) Regulations 2013**, responses to the consultation proposals varied. While some stakeholders did not feel that significant work was necessary, it was suggested that more monitoring was required into the extent to which schools are able to comply with them or ensuring that implementation is strengthened. However, others felt that the regulations required updating, in line with the latest evidence, in particular the Scientific Advisory Committee on Nutrition (SACN) recommendations for carbohydrate. It was also suggested by some respondents that the dietetic-led training for school-based staff, could be rolled out consistently and could include catering staff, school nurses and out of hours clubs, such as breakfast and after school clubs.

There was positive support for the nutrition education component of the **School Holiday Enrichment Programme (SHEP)** in local authorities. There were calls from stakeholders for increased capacity, in line with the number of school settings joining the scheme. It was suggested that short term funding for schemes is problematic and makes it difficult for teams to plan activity and cover sessions. Respondents felt

there was a need to consider other coverage alongside this, such as play schemes, to consider how a more joined up and consistent approach could be taken on a pan Wales basis.

Some respondents expressed concerns, also, about the current level of physical activity. It was recommended that ESTYN and the Care Inspectorate Wales should make the provision of adequate 'breaks for play' mandatory and inspect them as part of their statutory inspections; this would enable pupils to achieve satisfactory levels of **daily physical activity** at an early stage. Respondents suggested that if the Chief Medical Officer guidelines on physical activity are to become an inherent component within daily life, this needs to be reconsidered within the school curriculum, in line with additional funding and support. To increase physical activity, it was also felt to be important to encourage school-based programmes, such as the Daily Mile to be flexible in delivery. This could help to ensure that schools could adapt programmes based on pupil input and to ensure longer-term sustainability of approaches. Whilst it is felt to be evident that school settings have a crucial part to play, respondents felt that there needs to be significant support from **parents and care givers** to maintain any targets or goals, and to support the same messaging to children outside of schools. Respondents expressed some concern about the onus being put on schools, which in the view of many are already overburdened. Many respondents advised that there should be more responsibility placed on parents.

*“Schools have significant pressure placed upon them and cannot be seen as the sole solution to the obesity crisis. Parents need to be aware of the Regulations and whole school approach to healthy eating”*

### **HS3.**

Recognising that our young people are at risk of becoming overweight or obese as they move to tertiary education. Implementation of the **Healthy Colleges and Universities Framework** could improve opportunities for healthy food provision, facilities and participation in physical activity. This could be achieved by :

- Working with Colleges Wales, Universities Wales and Student Unions to support **implementation and opportunities**.
- Reviewing and strengthening current programmes to **increase physical activity and promote healthy eating opportunities across campuses**, including active travel to campus for students and to develop campaigns and support around healthy eating and preparing basic and nutritious meals for students.

Respondents generally welcomed that the Welsh Government plans to work with Colleges Wales, Universities Wales and Student Unions around an existing **framework**. Many respondents felt that the primary focus in these settings is on academia and that healthy eating and physical activity, other than chosen sports, is not often considered. Suggestions were received from a number of stakeholders about opportunities to increase physical activity and promote healthy eating opportunities across campuses:

Respondents recognised that university students are often stressed and put under pressure, which can lead to unhealthy habits such as not sleeping, relying on energy drinks, consuming too much alcohol and regularly eating fast food. Therefore, it was felt to be important that young people are able to live and study in environments that support them to achieve or maintain a healthy lifestyle. Hence, an approach to explore a behavioural change approach was broadly welcomed.

*“Many students will be living away from home for the first time when going to university. Thus, we would support any action to help them develop cooking skills, understanding of eating well on a budget and drinking alcohol responsibly.”*

Examples were received from stakeholders as to how college/university settings might **support healthy eating and physical activity**. This included, pricing policies, providing fruit at a subsidised cost, prominent placement of healthier options, removing confectionary from till areas, increasing the availability of free tap water and removing vending machines or limiting contents to healthy options. There was strong support for the inclusion of active travel across campuses and to consider how a broader range of physical activity programmes could be incorporated to encourage students who may not want to necessarily take up a sport.

#### **HS4.**

Supporting businesses to develop good practices on healthy eating and physical activity. This could include:

- Promote the use of our **Economic Contract** to encourage employers to support the health and wellbeing of their workforces.
- Encourage employers to **participate in national schemes to promote healthy weight**, including developing motivational campaigns and supporting employees to access evidenced based weight management programmes.

The majority of respondents agreed that workplaces offer great potential for promoting healthy weight in the workforce and stand to benefit from increased productivity and reduced sickness absence by doing so.

*“Good health is good for business.”*

Though the **Healthy Working Wales programme** has the potential to support this agenda, many respondents thought that it would need to be scaled up and given a higher profile if it is to make a difference at a whole population level. It was also suggested that consideration should be given to whether workplaces could be required to register with this programme and whether this could become part of the **Economic Contract**.

In terms of reducing sedentary behaviour, respondents offered a range of proposals such as standing desks, walking/standing meetings, protected lunch breaks, active

travel and the use of pool cars at work. Some respondents noted the need for better facilities to be provided to enable a healthier work environment and argued that such enhancements would be fundamental to supporting employees wishing to adopt such approaches.

*“Employers can collaborate (e.g. a group from a town centre or retail park) with local authority Active Travel planning teams to develop active travel routes connecting the workplaces with e.g. public transport and local walking/cycling routes for active travel and break time activity opportunities.”*

Respondents agreed the Welsh Government should encourage employers to **participate in national schemes to promote healthy weight**, including developing motivational campaigns. However, this would need to take account of the wide range of working patterns and access to IT across workplaces using varied communication channels to achieve maximum coverage and impact.

#### **HS5.**

Local Health Boards and Trusts should act as an exemplar and support their workforces to be **healthy and active workforces**. This might include increasing active travel, promoting routine daily physical activity and providing weight management services for NHS staff. We also want health and care environments to be healthy through proposals to:

- **Align and mandate food and nutrition standards** for food and drink provision for staff and visitors.
- Develop a national **Hospital Retail Standard**, which will increase healthier options in retail outlets on NHS estates.

Respondents agreed that health boards and trusts must lead as exemplars of a **healthy and active** workforce. Many respondents suggested that sufficient facilities should be provided to support staff wishing to participate in physical activity or incorporate it into their daily routine, including active travel. Many believe that providing an enabling environment would be an essential requirement in order to contribute to any cultural changes for staff.

*“We completely agree that Local Health Boards and the NHS should act as exemplars in promoting and supporting a healthy and active lifestyle to both their workforce and the public. The NHS is the biggest employer in Wales, and is not acting as an exemplar. Some hospitals have private cafes which stock high-energy, low nutrition foods, and vending machines full of soft drinks.”*

The consensus among stakeholders was that developing a national **Hospital Retail Standard** could be a way to increase healthier options in retail outlets on NHS estates. However, respondents recommended that the Welsh Government should consider this carefully and reflect on the experiences of the Healthcare Retail Standard in Scotland. If the Welsh Government were to introduce a Hospital Retail Standard, participating retail outlets should receive significant support to help them comply with the criteria.

*“The content of the new nutrition and retail standards will be key, along with how compliance with the standards is ensured. We look forward to further consultation on these issues and hope that the full strategy will include a timeline for this work.”*

Respondents argued that people need to be supported, at all levels, when considering these standards; they suggested that strong leadership can lead the way in the provision of healthy food for its staff, patients and visitors. Respondents wholly agreed that healthier food options should be implemented in hospital restaurants for staff and public; foods should be labelled with informative information so people can make better informed choices about their purchases.

*“We are pleased that some local health boards have proactively taken voluntary approaches to providing healthier food options. For example, Cardiff and Vale UHB has moved some of its retail contracts and franchises towards healthier choices for food and drink – particularly at University Hospital Wales. We would encourage this work to continue, particularly among those retailers that promote by price and location on food and drink that can be purchased at their outlets.”*

#### **HS6.**

Supporting **public sector settings** to promote healthy food and drink options for staff, visitors and customers by developing guidelines and exploring opportunities to use contractual arrangements to drive change. We also want to work with the Welsh National Procurement Service (NPS) and other regional purchasing consortia to embed **stricter nutrition and food criteria in contract specifications** for food and food products.

Respondents agreed that promotion of healthy food and drink needs to extend to all **public sector employers and settings** to create environments and consistent messages to support behaviour change. Respondents supported the notion that stricter nutrition and food criteria in contract specifications will be an important lever to drive this change.

*“Supporting public sector settings to promote healthy food and drink options for staff, visitors and customers by developing guidelines and exploring opportunities to use contractual arrangements to drive change. We also want to work with the Welsh National Procurement Service (NPS) and other regional purchasing consortia to embed stricter nutrition and food criteria in contract specifications for food and food products.”*

Respondents felt that **leisure centres**, in particular, have an important role in supporting people to be active and should also support people in relation to other healthy lifestyle choices including healthy eating. Respondents therefore felt that it should not be acceptable for leisure centres to offer foods and drinks that are high in sugar, fat or salt in their cafes or vending machines. This should include a ban on the sale in leisure centres of sugary drinks that are promoted as “sports” or “energy” drinks and that drinking water should be readily available without charge.

*“Public sector leisure centres should also be an exemplar of good practice as recommended for NHS settings. It seems unethical for public sector leisure centres to profit from unhealthy food choices.”*

## Healthy People - Summary of Responses

**Do you agree that proposals HP1 – HP2 will support behavioural change and increase conversations about healthy weight through front line services?**

71% of respondents were in agreement with the proposals and 11% disagreed, 18% neither agreed nor disagreed.

### **HP1.**

**Understanding what will encourage or prevent people from adopting a healthier diet or being physically active.** We will work with Public Health Wales to design and deliver effective and high impact **behaviour change programmes based on** the evidence of what is effective for specific groups.

Respondents consistently emphasised the need to better understand the behavioural drivers behind lifestyles, noting the multifaceted nature of health and well-being. It was felt to be important to identify and understand the factors preventing people from being physically active or adopting a healthier diet, and for this to occupy a central role within behavioural change programmes. Therefore, it was felt that behaviour change programmes must be evidence-based and designed to address the root causes of obesity. Many respondents highlighted the need for these programmes to focus on the psychological barriers to health improvement including depression, anxiety and adverse childhood experiences.

*“Behaviour change programmes need to be at the core of the HWHW Strategy. It is essential that these are based on the best available evidence of effectiveness regarding behavioural change, are high profile with a clearly recognisable branding and that they are delivered at scale and sustained over time.”*

A collaborative approach to the design and implementation of behaviour change programmes received wide support from stakeholders, with multiple respondents emphasising the need to engage with all relevant stakeholders and organisations to ensure effectiveness. Moreover, collaboration with communities was repeatedly perceived as vital to identify geographical variations in need, capacity and resources. National coordination, coupled with community and third sector engagement, were deemed essential prerequisites for effective behaviour change programmes.

*“Behaviour change requires collaboration with communities and partner organisations from health, social care, education and the third sector locally and nationally to better understand the strengths, assets and challenges within communities that impact upon food and physical activity behaviours.”*

## HP2.

Ensuring that relevant front line health and care staff have undertaken core **Making Every Contact Count (MECC)** training on healthy weight and will have the skills and confidence to hold conversations with individuals about their weight and signpost to appropriate support services. This includes strengthening opportunities to develop and reinforce the knowledge and skills of staff working across a range of roles in the community, to include:

- Staff in childcare and foundation phase education
- Staff in primary, secondary and social care
- Community development and third sector staff
- National Education bodies, e.g. Health Education and Improvement Wales (HEIW) and Social Care Wales to ensure nutrition and physical activity (and where appropriate healthy weight) education is included as a core element in the training of health and social care professions.

The majority of respondents evidenced support for the training of health and social care professionals to engage in health and weight-related conversations through a Make Every Contact Count (MECC) approach. It was believed that such training could foster the knowledge and confidence required to engage in effective, personalised dialogue with patients regarding their eating habits and levels of physical activity.

*“Healthy weight advice should be offered at all health contacts, with an emphasis on friendly, useful advice which is relevant and is tailored to the individual’s understanding of healthy eating and their circumstances”.*

Through effective MECC training, respondents noted that healthcare professionals could become well-equipped to provide tailored advice, support and access to appropriate services, thereby addressing some of the underlying drivers of unhealthy lifestyle choices. Some respondents argued that MECC training must be diverse and embed behavioural change insights and skills into everyday practices to ensure that healthcare professionals can adapt and tailor their advice effectively to all audiences.

*“More often than not, individuals are aware of their weight issue and are often unhappy about it but are struggling to make changes. It is therefore vital that any conversation about weight is held in a manner that conveys empathy, support and understanding of the complexity of the issue”.*

Whilst generally supportive of the proposals, several respondents identified potential hindrances to the effectiveness of an MECC approach. Those most frequently mentioned included resource requirements, the availability of time for meaningful and informative conversations, issues surrounding follow-up support alongside geographical variation in service provision.

The provision of authoritative, accurate and unbiased information to facilitate healthy lifestyle choices was widely welcomed, with several respondents noting that without such information individuals and families lack the resources necessary to make informed decisions regarding food and physical activity. However, multiple respondents emphasised that information alone is insufficient to generate sustained

behavioural change. It was felt for there to be a need to consider signposting to support services and links with social prescribing based approaches.

### **Do you agree that proposals HP3 – HP4 will enable children and families to support a healthy weight?**

68% of respondents were in agreement with the proposals and 10% disagreed, 22% neither agreed nor disagreed.

#### **HP3.**

The **10 Steps to a Healthy Weight** programme will provide practical support and information for parents via a range of evidenced based interventions and positive parenting campaigns. To include:

- Evaluation and implementation of a range of evidenced based programmes, particularly to **support mothers who are overweight or obese within pregnancy.**
- Ensuring **professionals have appropriate skills and consistent resources** to hold positive conversations about healthy weight. This includes utilising holistic programme of advice and support that will enhance children's health and developmental potential to parents and children in the early years, including through Flying Start (and outreach).
- Implementation an **all Wales breastfeeding action plan**, to create positive conditions and the right support for women to choose to breastfeed and increase the numbers of women who breastfeed for at least six months.
- Support for families on lower incomes, including working with the UK Government to consider consultation findings from the **Healthy Start Scheme**, which aims to help pregnant women and children under five in low-income families to eat healthily and also includes an option to obtain free vitamins. Moving forward we wish to consider how funding for welfare foods could be best delivered across Wales.

There was general support among stakeholders for the **10 Steps to a Healthy Weight programme**; however, many respondents highlighted that practical support and universal guidelines are necessary to help ensure the programme continues to demonstrate a positive impact on families. It was noted by the majority of respondents that the programme could go further in offering support to families. Many respondents cited a need to strengthen the support offered by healthcare professionals to those who require more guidance, and to ensure a consistent message is delivered. It was felt that where additional support is identified, that resources and funding should be readily available for individuals and families. It was noted by several respondents that the 10 Steps to a Healthy Weight programme offers individuals the opportunity to make 'small changes' which feel more realistic and achievable. However a whole system approach is needed to help make sustained changes with long term impacts.

*"10 Steps to a Healthy Weight is an excellent, easy to understand approach, as is the 'Every Child Wales' programme, and there are good resources to*

*support it. However, in isolation these will not work as they do not take the whole system into account.”*

Support for **maternity interventions** was strongly supported. In particular this was felt to be a good time for mothers to consider lifestyle change to ensure the best start to life for their children. The importance of support and education on **breastfeeding** from birth was emphasised by many respondents. There was considered to be a need for clear and practical guidance for pregnancy and breastfeeding. There was a strong message coming through the consultation responses that while support for mothers choosing to breastfeed is important, there is a danger of alienating mothers that either choose not to, or cannot breastfeed. Therefore, it was suggested that emphasis should instead be on ‘feeding support’ rather than solely breastfeeding, with a focus on responsive feeding to ensure mothers are responding to their baby’s cues and not over-feeding.

*“Societal pressure to breast feed in these circumstances can cause stress and additional mental health concerns for mothers’. It might be helpful to look at making formula’s even healthier, as some mothers cannot breastfeed, and same-sex male parents, foster parents and adoptive parents may also want support to make sure they can give their baby the best nutrition”*

Repeated throughout the responses was the argument that relationships with food begin in childhood, so early education around nourishment and nutrition is crucial for our future generations. It was suggested by many respondents that **programmes targeting children and families** should have a focus on developing healthy eating and being active. Respondents placed strong emphasis on the family relationship; ensuring cooking skills and education around food begin in the home environment. It was suggested by many that there should be resources and training available for families who are unable to cook. It was recognised that families in areas of deprivation would need additional support including access to cooking equipment and support.

*“A family oriented approach has to be the key. A parent is responsible for the diet at home. Obesity might be reduced or improved with the schools and educational support but this needs to be embedded into family life.”*

Respondents noted, however, that promoting good food and simple cooking ideas must be positive and used simply to educate, not as a way to patronise. Encouraging families to cook together, understanding where food comes from, meal and budget planning, were cited as tools that could be incorporated into the **Healthy Start** Scheme so that general issues and concerns about affording good food can be discussed.

#### **HP4.**

Support for families, utilising the Child Measurement Programme to identify schools with the greatest obesity rates that could benefit from a **Children and Families programme**. This work will link with schools and Families First provision, to ensure a coherent local approach to early intervention and prevention to help drive change and promote healthy weight behaviours.

Many respondents agreed that existing interventions must be acknowledged, to avoid confusion and duplication of efforts. Whilst it was universally agreed that the responsibility for food education remains with the parent/ guardian, respondents argued the link with schools is particularly important to build on. It was felt that as part of the Families First programme, these links can be strengthened throughout early year's interventions. There were many recommendations for the inclusion of cooking skills in the proposed Children and Families Programme.

Many respondents noted the need for encouragement and to empower families to make changes rather than a strategy that could be perceived as telling families how to behave or how to look after their children. It was clear from responses received that caution must be taken when considering the impact of multiple Adverse Childhood Experiences (ACEs) and areas of deprivation.

“Care would be required to avoid actual or perceived stigma that may result from singling out particular social groups.”

**Do you agree that proposal HP5 will develop a clinical pathway to ensure those who are overweight or obese can access the right kind of support?**

61% of respondents were in agreement with the proposals and 12% disagreed, 27% neither agreed nor disagreed.

**HP5.**

**Review and implement a clinical obesity pathway** ensuring it meets current standards, provides clear definitions, sets clear transition points across each level and that there is explicit governance and accountability for delivery. This includes reviewing current delivery and implementation barriers, setting minimum standards at each level and agreeing a minimum national dataset to help monitor impact by working with Local Health Boards.

Overwhelmingly respondents were clear that action was urgently required to develop a clinical pathway, which enables fair and equitable access to services across Wales. Many respondents referred to the existing pathway and were concerned that this has not been fully implemented across Wales.

“Whilst we are happy to see a review of the obesity pathway, the problem is not with the pathway itself but the implementation and the need for high level support to drive delivery. The current pathway has been existence for nine years and it still has not been fully implemented.”

The lack of children and family based services were felt to be a significant barrier.

“It is imperative that the final strategy includes concrete actions to deliver weight management support for adults and children across Wales, including a clear timetable for urgent implementation. A successful strategy to reduce childhood obesity must include robust measures to prevent obesity but also

to support and treat children who already require services. The need to deliver these services are urgent.”

The majority of respondents noted that any obesity pathway will only be effective if this is adequately resourced. There was general consensus amongst respondents that consistency is required, which would build in effective monitoring and governance. Respondents argued the clear need for leadership and accountability to be evidenced throughout the pathway. It was felt that the impacts of maintaining the status quo will continue to disadvantage those in need of support but also place ongoing strain in the NHS and its ability to deliver services. There was felt that more work could be done to assess the health economic impacts of the pathway to help demonstrate an ‘invest to save’ approach.

The reflections around having appropriately trained staff, in all tiers of the pathway were repeated by many respondents. Respondents argued that investment, in the form of resources and staff training, as well as funding the model itself, would be required in areas that do not already have services in place. Almost all of those who agreed that a pathway was required argued that more resources would be necessary to make positive changes, including psychologists and dietitians, physiotherapists and a whole system approach.

“Specialist multi-disciplinary teams including dietetic, psychological, physical activity and medical support should be available to ensure that people can move seamlessly within and between pathway levels. It is also vital that there is explicit governance and accountability to ensure the delivery of such services within and across Health Boards is more equitable.”

Many respondents also noted that there is a need to look at prevention as part of the pathway, by ensuring early years’ providers and parents are empowered and enabled to consider the health of their children at an early age. Several responses, from both individuals and organisations suggested that caution is required when managing obesity and clinical pathways to consider the links with mental health concerns.

“The link between physical and mental health requires a truly holistic approach to be taken and a clear pathway established for individuals. Obesity is a complex societal issue and is about much more than just weight.”

The location of both early intervention and specialist support services were felt to be an important factor. The joint working between health and social care was noted by stakeholders as an important mechanism for increasing cooperation between primary and secondary care. It was considered that referrals to any successful weight management pathway must be allowed via a range of sources. In particular the ability to refer patients to services for GPs was highlighted to provide practical help.

In relation to service delivery, some respondents raised concerns raised about those in need of support in rural areas of Wales, and a need to ensure access to services. Amongst the responses, there was also a call for a behavior change in workplaces, including time allocated in the day to be able to access facilities. The need for family and children’s services may need to look at ways of support that can help make changes and not a way to stigmatise those who need additional support.

Respondents argued the need for flexibility in how these are applied on a case by case basis.

“No stigma but to be sold as part of a supportive community”

In terms of bariatric services, there were some respondents who cited the need to have an appropriate service in place, whilst noting its specific position in the pathway.

“There is good evidence that type 2 diabetes can be reversed following [bariatric surgery], and people will have less mobility / joint problems. While it is a one off expense for the NHS, there is evidence demonstrated around the health and cost saving potential in the long term.”

## **Equality and Diversity - Summary of Responses**

**This question relates to the impact the proposals might have on certain groups. Do you think the proposals in this consultation document might have an effect on the following?**

Responses identified a range of considerations and potential impacts regarding Protected Characteristics. This included highlighting existing accessibility issues regarding information and advice, services, facilities and transport. For example, several respondents argued that any future approach must consider the need for adequate bilingual staff and service provision within Welsh-speaking areas.

Furthermore, the majority of responses emphasised the need to evaluate existing infrastructure, facilities and transport when designing behavioural change programmes, with particular reference to those living in rural areas, people with disabilities and the elderly.

Many responses also noted the existence of culturally engrained norms and behaviours that require understanding and consideration when designing proposals to address weight management problems. Others described existing geographical and socio-demographic inequalities in levels of obesity, emphasising the need for behavioural change programmes to develop through a comprehensive exploration and understanding of these differences.

## **Next Steps**

The Welsh Government will launch a final strategy in October 2019, which will reflect upon the findings from the consultation report and the extensive engagement which has been taken with stakeholders from across Wales. The strategy will set a 10 year direction, which set a clear road map for implementation and delivery. This will be supported through two yearly delivery plans, which will aim to build in a range of milestones to enable accountability and support delivery. This engagement and

consultation is intended to be the first step to develop stakeholder views and a communications and evaluation plan will be put in place for the final strategy.

## **ANNEX A**

### **List of Organisational Respondents Received for the Consultation**

In addition to those respondents listed below, there were a number of individuals and organisations who responded however wished to remain anonymous.

Creuynni Complementary Healthcare	Wales Co-operative Party
Powys Teaching Board	Hywel Dda University Health Board
Education Service, Powys County Council	Dairy UK
British Dental Association Wales	WW Health Solutions
Royal College of Physicians of Edinburgh	Swansea Bay University Health Board
Conwy Kombucha Ltd	Ceredigion Healthy Schools and Pre-schools Team
Youth Sport Trust	National Federation of Fish Friers
Welsh Rugby Union	Caerphilly Health and Social Care Alliance
Alcohol Change UK	Mudiad Meithrin
Abertawe Bro Morgannwg University Health Board	British Association of Shooting and Conservation
National Federation of Retail Newsagents	RS Weight Loss
Health Exercise, Nutrition for the Really Young	All-Party Parliamentary Group on Obesity
British Liver Trust	Designed to Smile, NHS Wales
Children's Commissioner for Wales	Action on Sugar/Action on Salt
National Parks Wales	Living Streets
Sport Wales	Medtronic Ltd
The School & Nursery Milk Alliance	Soil Association Food for Life
Aneurin Bevan Community Health Council	Welsh Rights of Way Managers Working Group (sub group of County Surveyors Society)
Beat	Conwy County Borough Council
Clybiau Plant Cymru Kids' Clubs Balanceability	Greggs
Carmarthenshire County Council	Natural Hydration Council
	The British Psychological Society

Ceredigion County Council Slimming World	Weight Management Service , Hywel Dda University Health Board
PACEY Cymru	All Wales Diabetes Patient Reference Group
RCP Cymru Wales	Food Sense Wales
Royal College of Nursing Wales	The Royal College of Midwives'
Wales Dietetic Leadership & Advisory Group & Public Health Dieticians in Wales	Welsh Therapies Advisory Committee
Food and Drink Federation	Monster Energy Limited
Welsh Sport Association	Cyngor Gwynedd
ASCL Cymru	The College of Podiatry
Cwm Taf Morgannwg University Health Board	The Chartered Society of Physiotherapy
National Federation of Women's Institutes-Wales	North Wales Community Health Council
Early Years Wales	Energy Drinks Europe
Cardiff Public Services Board	Cardiff Third Sector Council (C3SC)
Cardiff and Vale Nutrition and Dietetics Service	Children's Food Campaign & Sustain
Cancer Research UK	Aneurin Bevan University Health Board
Vale of Glamorgan Public Services Board	Diverse Cymru
Lucozade Ribena Suntory	Betsi Cadwaladr University Health Board (BCUHB)
Wales Children & Young People's Physiotherapy Leader's Advisory Group	Powys County Council Catering, Leisure & Sports Development
BlowUP Media	Lead Association for Catering in Education (LACA)
Early Years, Merthyr Tydfil County Borough Council	Ukactive
	Women & Childrens Services Powys Teaching Health Board
	Potato Processors' Association Ltd

Cardiff and Vale of Glamorgan Regional Partnership Board	Royal College of Psychiatrists Wales
The National Education Union Cymru	Welsh Heads of Health Visiting & School Nursing Forum
The British Psychological Society	Estyn
Tenovus Cancer Care	Child Health Research Group, Swansea University
Mondelez International	Psychologists for Social Change, South Wales
Sainsbury's	Connect
British Medical Association	Extersion Media (UK)
Welsh Retail Consortium	British Dietetic Association – Wales Board
Ramblers Cymru	ACS
Hybu Cig Cymru – Meat Promotion Wales	Royal Town Planning Institute Cymru
Conwy County Borough Council	The British Sandwich & Food to Go Association
Play Wales	Isle of Anglesey County Council
Food Industry Centre	Swansea Bay UHB School Nursing Service
Cardiff Healthy Schools team, Cardiff Council	JCDecaux
Directors of Therapies and Health Science	South Glamorgan Community Health Council
The Royal College of Surgeons of Edinburgh	Obesity Alliance Cymru
Innocent Drinks	Primesight Ltd
Denbighshire County Council	Royal College of Paediatrics and Child Health
Welsh Food Alliance	Children Young People and Education Committee
Natural Resources Wales	Nuffield Council on Bioethics
ASDA	Advertising Standards Authority
Outsmart	

Clear Channel UK Limited

McDonald's

WHSmith

Nestle

Nuffield Council on Bioethics

Diabetes UK Cymru

The British Soft Drinks Association

Tranquility Counselling Services

Royal College of Surgeons

Haribo UK

Cymru Versus Arthritis

Undeb Cenedlaethol Athrawon Cymru  
(UCAC)

Which?

British Heart Foundation Cymru  
WLGA