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Cymru Wales

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## Healthy Weight: Healthy Wales consultation

### BMA Cymru Wales response

#### INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the Healthy Weight: Healthy Wales consultation.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

#### RESPONSE

BMA Cymru Wales very much welcomes the opportunity to respond to this consultation. When the Public Health (Wales) Bill was re-introduced in the Assembly in 2016, we called for it to be strengthened in a number of regards, including through the inclusion of measures aimed at tackling obesity. We were therefore happy to subsequently express our support for the amendments which were proposed and accepted at stage 3 of the Bill's proceedings, creating the requirement for a national strategy aimed at preventing and reducing obesity.

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This consultation helps to take forward the development of this national obesity strategy, and we are therefore pleased to provide a response.

### Leadership and Enabling Change

- *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?*

We agree that a holistic, collaborative approach is necessary to tackle the growing obesity problem in Wales. In our evidence to the Health, Social Care and Sport Committee's inquiry on the Public Health (Wales) Bill in 2016, we stated the following with regard to obesity:

*"Reversing this trend inevitably requires a multi-agency approach by a number of different public bodies working towards common objectives. We would commend the Welsh Government for committing to tackling obesity in its programme for government for 2016-2021, Taking Wales Forward." (BMA, 2016)*

Alongside a national implementation board, which would provide oversight, taking this forward requires strong leadership and a relentless focus on population health issues within health boards and across other public bodies. Public Service Boards and Regional Partnership Boards no doubt have a strong role to play in this, although we are concerned about the level of representation from the health sector on those organisations, particularly from those with public health and primary care backgrounds who will provide the necessary expertise and experience of front-line delivery.

We strongly agree with the proposals for ongoing evaluation of progress according to the strategy and the aspirations to measure, review and share local interventions. Thorough policy evaluation must focus on impact rather than activity and as such we would welcome the development of suitable indicators alongside defined timescales for this ongoing evaluation.

### Healthy Environments

- *Do you agree that the proposals set out in HE1- HE5 would make our food and drink environment healthier? If you agree, how do you think these could be implemented and what support will be required? If not, why?*

*HE1:* We would be supportive of efforts to support Welsh business to reformulate and develop healthier food choices, following the UK Government reformulation programme. In line with our 2015 report on healthy diets for children (BMA, 2015, p. 8), we would suggest the introduction of targets on the reduction of calories, fats, saturated fats and added sugars across many product categories (including confectionary, dairy products), with a defined introduction date as a driver for implementation. Regulatory measures such as the use of further Welsh taxation powers, would be an appropriate measure were these targets not met in a timely manner.

*HE2:* The BMA has consistently called for the regulation and restriction of the advertising of unhealthy food; particularly that which is aimed at young people. The 2015 BMA Board of Science report (2015, p. 10) recommended the better regulation of food marketing and advertising targeted at young people. We are particularly concerned about the proliferation of marketing online and via social media and would like to see an outright ban in the long-term, preceded by a tightening of current broadcast and non-broadcast regulations by UK government.

Additionally, we would welcome the restriction of advertising and promotion of unhealthy food in public places, particularly in transport hubs (BMA, 2018, p. 2), although we would be concerned about the scope of the Welsh Government's powers in this area and a revision to technical guidance notices may be required. Additionally, increased investment in campaigns to improve the nutrition literacy of the general public (including the benefits of self-cooked versus pre-manufactured food) would be an appropriate counterpoint to these restrictions.

*HE3:* We know that price promotions and discount offers are "*disproportionately used to promote unhealthy food and drink products*" (BMA, 2015, p. 5), thereby creating an obesogenic environment. Good practice by some retailers does exist although this is on a voluntary basis and far from the norm. As a result, we would strongly support a UK wide review of sales promotions to ensure healthier options are favoured, alongside consistent regulation of retail practices such as promotional display of unhealthy food and the requirement for retail staff to offer these products at checkouts.

*HE4:* When choosing food and drink outside of the home, we believe that it is vital that the public can make informed choices as to the nutritional value of products. Introducing mandatory calorie labelling would go some way to improving public awareness of the health value of food and drink they consume out of the home. In our 2015 report, we recommended that all consumer information on food and drink packaging should be standardised, to have "*front of pack labelling, based on a system of traffic lights/colour coding, combined with information on reference intakes and high/medium/low text.*", as this would be easily understandable and accessible (BMA, 2015, p. 58). Indeed, traffic light style labelling has been shown to be popular with the public (Faculty of Public Health, 2010).

We would welcome support for businesses to improve the availability and accessibility of healthier food establishments and would welcome more detail on how this laudable aim would be realised.

*HE5:* The soft drinks industry levy, which the BMA has long lobbied for (BMA, 13 January 2016) and welcomed the introduction of, has achieved some notable change. We know that in the UK younger people consume proportionately more energy per day from beverages compared to adults (21% versus 18%), as demonstrated by a 2008/09 study (Ng, et al., 2012). Energy drinks are particularly high in caffeine and sugar and are particularly popular amongst young people. Some supermarkets already demonstrate good practice in restricting sales to those under-16 and this is to be welcomed. However, there are mixed views regarding an outright ban. Recently, the House of

Commons' Science and Technology Committee noted great concerns regarding the sale of energy drinks to young people but found that there was insufficient conclusive scientific evidence to justify a blanket ban, instead calling for further independent research regarding the harm of these drinks (House of Commons Science and Technology Committee, 2018). We would recommend that Welsh Government await the outcome of this or concurrently undertake further research before considering uniformly banning the sale of these products.

We would support efforts to limit the availability of free refills of sugary drinks and ice cream, which are often provided by many chain restaurants (often co-located with entertainment establishments frequented by families). At the same time, we commend the increasing popularity of schemes in many towns and cities which promotes the availability of free water refills – these initiatives could be formally supported by Welsh Government and Public Health Wales.

- *Do you agree that the proposals set out in HE6-HE7 would provide an environment with more opportunities to be active? If you agree, how do you think these could be implemented and what support will be required? If not, why?*

*HE6:* Over a significant period of time, BMA Cymru Wales has advocated for the benefits of health impact assessments (HIAs) to be made prior to the actions and decisions of Welsh public bodies. We were pleased to see the inclusion of HIAs within the Public Health (Wales) Act 2017. We feel that the roll out of HIAs as part of the planning process for developments will provide a significant contribution to improving the health and well-being of communities and help to realise the aspiration of creating healthy weight environments. This added health consideration within planning process is necessary for a myriad of reasons, in particular given the proliferation of establishments offering unhealthy foods in many areas of Wales, particularly in those that are most deprived. Recent release of ONS data showed that the most deprived areas of Wales have an extremely high concentration of fast-food restaurants – for instance in Blaenau Gwent, 73% of restaurants are categorised as fast food establishments, and Neath Port Talbot saw its number of fast-food restaurants double in eight years (BBC, 2018).

In relation to planning policies, Wales should also look to replicate good practice elsewhere. This could include creating a separate use class for takeaways as already exists in England so that planning policy can distinguish between such establishments and others, such as restaurants and pubs. This could then allow the adoption of policy at either national or local level similar to the Hot Food Takeaway Supplementary Planning Document adopted by Gateshead Council (Gateshead Council, 2015). The document limits permission for new hot food takeaways in areas where children and young people congregate, where there are already high levels of obesity, where there is an over proliferation of hot food takeaways and where it is perceived that clustering of hot food takeaways will have a negative impact on the vitality of a local area.

We do have a concern regarding the resources which would be made available to support local public health activity. The process behind gathering evidence and research to inform HIAs must be properly resourced to influence developments positively, otherwise these considerations could be seen as an afterthought and thus not reflective of local needs. For example, whilst not directly equivalent, we know that cuts to public health services in England have been greater in local authorities with higher rates of adult obesity and thus services do not reflect the local health needs (BMA, 2018, p. 4).

*HE7*: We know that active forms of travel are the most sustainable forms of transport and are associated with a number of recognised health benefits including improved mental health and prevention of chronic diseases such as diabetes, dementia and coronary heart disease (BMA, 2012). We fully supported the intentions of the Active Travel (Wales) Bill in 2012, although we would question the extent to which the ambitions of the legislation have been realised thus far. As we stated in our response to the consultation on general principles of the Active Travel Bill in 2013, we feared that main barriers to implementing the legislation's key aims would be the identification of dedicated financial resources and clear commitments by local authorities and Welsh Government (BMA, 2013). It is disappointing that the Assembly's Economy, Infrastructure and Skills (EIS) Committee found that these barriers had hampered implementation of the act to its fullest extent in their post-legislative scrutiny inquiry in June 2018 (EIS Committee, 2018), As such we would support the inclusion of these proposals within the strategy as a further driver for change.

### Healthy settings

- *Do you agree with the proposals for the following settings (please identify which setting(s) you wish to comment upon)?*
  - *Early Years (HS1)*
  - *Schools (HS2)*
  - *Higher/ Further Education (HS3)*
  - *Workplace (HS4)*
  - *NHS (HS5)*
  - *Public Sector (HS6)*

Prior to commenting on specific proposals within this theme, our members have suggested exercising caution regarding the terminology used: the term '*lifestyle choice*' should not be used as the overwhelming evidence points to the role of the obesogenic environment in the obesity crisis. This term could be perceived as pejorative and a distraction from the causes of the problem; placing blame on individuals without accounting for circumstances and differential opportunity. We agree that the measures proposed within this theme would help begin to address this issue.

We have previously provided evidence to the Welsh Government's consultation on food and nutrition in childcare settings (BMA, 2018). As such we would fully support the proposals for Early Years (*HS1*) including the commitment to embed the best practice guidance in all settings and have previously called for such documentation to be embedded on a statutory basis.

In order to achieve the roll out of food and nutrition guidance to Early Years and Schools settings, an appropriate information and education campaign for both providers and also children will be vitally important to ensure buy-in.

Likewise, we would support nutritional standards for hospital inpatients being made statutory (*HS5*), in the same way as the standards for schools currently are according to the Healthy Eating in Schools (Wales) regulations 2013 (*HS2*), which we are pleased to see will be updated. We are aware of the difficult financial situation faced by local authorities across Wales which particularly affects education budgets – this could make some of the proposals challenging to implement. However, many of the proposals, such as promoting active travel to schools and The Daily Mile, are relatively cost neutral in the long-term and we would welcome early implementation of these initiatives.

The aspiration for Health Boards to be an exemplar employer with regard to tackling obesity is something we would support very strongly, being in line with the BMA Fatigue and Facilities Charter. The charter, which has been adopted in principle by NHS Wales organisations, calls for the provision of healthy eating and vegetarian options for doctors working in hospitals, to be available 365 days a year. We would welcome greater clarity as to what this aspiration means in practice, and how hospital catering establishments and vending machines will promote a healthy diet. We would anticipate further consultation on this and BMA Cymru Wales would be happy to work closely with Welsh Government on achieving this goal.

We agree that public sector settings, such as leisure centres, libraries and community centres, should play a leading role in advocating healthier lifestyles and encouraging behaviour change (*HE6*). We would suggest that these settings, alongside the NHS estate, could adopt similar standards, policies and procedures regarding the availability of healthier food and drink options.

### Healthy People

- *Do you agree that proposals HP1 – HP2 will support behavioural change and increase conversations about healthy weight through front line services? If you agree, how do you think these could be implemented and what support will be required? If not, why?*

We support initiatives to better understand and increase awareness of behaviour change. However, ensuring that Making Every Contact Count (MECC) training is received by all front-line health and care staff could be practically difficult given the immense pressures on all aspects of the health sector at present and organisations in primary and secondary care may find it difficult to release all staff to attend this training. A more targeted approach at staff who would have the greatest potential influence on achieving behaviour change may be more appropriate.

We know from our GP members that options for onward referral to secondary and tertiary support services for overweight and obese individuals are currently limited, and thus despite increasing awareness of interventions, the training offered may be ineffective. We are aware of reports from our members in several parts of Wales that the national exercise referral scheme (NERS) has proven extremely difficult to access; requiring a great deal of

paperwork to be completed by a GP before a patient can access an approved intervention programme. We would support initiatives where patients can self-refer into these schemes or seek consultation with other health professionals prior to access.

- *Do you agree that proposals HP3 – HP4 will enable children and families to support a healthy weight? If you agree, how do you think these could be implemented and what support will be required? If not, why?*

Given the scale of the challenge facing children and young people we would support the plans to introduce targeted programmes for children and families. We would welcome further detail on how this will be rolled out in practice and on the expectations on health professionals with regard to delivery.

- *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? If you agree, how do you think these could be implemented and what support will be required? If not, why?*

Whilst welcome, we feel that this aspiration could be strengthened, given that the national Obesity Pathway has been in place since 2010.

Obesity management services across Wales vary significantly, particularly services determined as 'Level 3' within the existing pathway which are entirely absent in many parts of Wales. Level 3 weight management services represent a threshold between community based, predominately preventative action and surgical intervention as offered by Level 4 operative services. Patients are prevented from accessing level 4 bariatric interventions if level 3 services are not in place according to NICE guidelines.

Given this variable and inconsistent provision, we would support an extensive review of the pathway and weight management services across Wales. We would anticipate seeing clear and deliverable timeline for this work and would seek urgent implementation of any recommendations to improve services for patients across Wales.

## WORKS CITED

BBC, 2018. *Takeaway Wales: Britain's fast-food capital?*. [Online] Available at: <https://www.bbc.co.uk/news/uk-wales-45943124> [Accessed 05 April 2019].

BMA, 13 January 2016. *A tax on sugary drinks: House of Lords Parliamentary Brief*, London: British Medical Association.

BMA, 2012. *Healthy Transport = Healthy Lives*, London: British Medical Association.

BMA, 2013. *Consultation on Active Travel (Wales) Bill*, Cardiff: BMA Cymru Wales.

BMA, 2015. *Food for thought: promoting healthy diets among children and young people*, London: British Medical Association.

BMA, 2016. *Public Health (Wales) Bill - General Principles: Response from BMA Cymru Wales*, Cardiff: British Medical Association.

BMA, 2018. *Food and Nutrition in Childcare Settings: Response from BMA Cymru Wales*, Cardiff: British Medical Association.

BMA, 2018. *Improving the nation's diet: action for a healthier future*, London: British Medical Association.

EIS Committee, 2018. *Post Legislative Scrutiny of the Active Travel (Wales) Act 2013*, Cardiff: National Assembly for Wales.

Faculty of Public Health, 2010. *Healthy nudges – when the public wants change and politicians don't know it*, London: Faculty of Public Health.

Gateshead Council, 2015. *Hot food takeaway Supplementary Planning Document*. [Online]

Available at: <https://www.gateshead.gov.uk/article/3089/Hot-food-takeaway-Supplementary-Planning-Document>

[Accessed 12 April 2019].

House of Commons Science and Technology Committee, 2018. *Energy drinks and children: Thirteenth report of session 2017-19*, London: House of Commons.

Ng, S., Ni Mhurchu, C. & Jebb, S., 2012. Patterns and trends of beverage consumption among children and adults in Great Britain 1986-2009. *The British Journal of Nutrition*, 3(108), pp. 536-51.