

## Healthy weight: healthy Wales, April 2019

Tenovus Cancer Care is Wales' leading cancer charity. Our aims are simple. We want to help prevent, treat and find a cure for cancer.

We do this by offering support, advice and treatment to cancer patients and their loved ones. We also promote healthy lifestyles and fund cancer research to find new ways to prevent it, diagnose it, and treat it.

In Wales, as in England, the proportion of people who are overweight or obese is increasing.<sup>1</sup> Obesity is among the leading preventable causes of cancer<sup>2,3</sup> with people keeping a healthy weight estimated to be able to prevent around 22,800 cases of cancer every year in the UK.<sup>4</sup>

We welcome the opportunity to respond to this important consultation.

**Q2: 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?**

**LEC1. Developing a long term, whole system approach to address obesity based upon the core principles of:**

**What matters:**

1. Delivery of the 'Healthy Weight: Healthy Wales' plan to be led by a national implementation board which will be accountable to Ministers.
2. Create a strengthened role for public health leaders in Local Health Boards so that they can work with Public Service Boards to develop regionally based approaches to implementing the plan.
3. Prioritise and focus resources to make sure that current investments are delivering and where resources are available they are used in a sustainable way. Support must be focussed on enabling the system to act.
4. Higher priority for early intervention as well as the prevention of overweight and obesity. This will include clearer leadership, accountability, strategy and management structures. We will ensure that obesity is a tier 1 target for Local Health Boards. This aligns with '*A Healthier Wales: Our Plan for Health and Social Care*' to shift resources to focus upon prevention.
5. Engagement with stakeholders, including a multi-level stakeholder engagement and communication programme which will ensure that we can engage all sectors of Welsh society in achieving our goal and maintain that engagement and commitment over time.
6. Long-term, sustained interventions which will build on international learning. Public Health Wales and the Public Health Directors Leadership Group, with clinical and allied health leaders will agree a 'menu' of effective strategies based on the review of evidence, which will drive local delivery. Local action will be determined and prioritised according to local need, assets and opportunities and will recognise that each area of Wales starts in a different place.
7. Ongoing evaluation and a focus on continuous improvement, which will enable us to learn from our work, adapt and change. This will include a review of the data from the Child Measurement Programme, including to develop a second measurement to consider how we can measure change effectively.

#### 4 agree

##### Tenovus Cancer Care believes:

We cautiously welcome the proposed role for a National Implementation Board in leading the plan. However questions must be raised regarding the effectiveness of National Implementation Boards in general. For example, the National Implementation Board for Smoking is widely perceived among stakeholders as ineffective. Therefore Tenovus Cancer Care urges appropriate consideration be paid to ensuring clear Terms of Reference, including Third Sector membership, and SMART objectives are set for any NIB to maximise the value of the plan's delivery. The Board should be adequately resourced to ensure delivery of the plan is maximised. Equally, public health leaders play an important role in the delivery of the plan and greater detail regarding their proposed 'strengthened role' would be welcome.

Through the proposed *multi-level stakeholder engagement and communication programme* Tenovus Cancer Care would welcome a far greater engagement with the Third Sector than has been the case to date. A comprehensive mapping exercise should take place to identify relevant stakeholders and ensure their full engagement in achieving the plans goals. Part of this should involve the take up of innovative prevention interventions, such as the *Nutritional Skills for Life* programme – for example by incentivising primary care practitioners to refer eligible patient to the programme, as part of the Levels 1-2 of the Obesity Pathway.<sup>5</sup> This is currently under resourced and poorly implemented. Crucial to this would be the development of scalable capacity to roll out this, or similar programmes to address a chronic shortage of referable capacity nationally.

While Tenovus Cancer Care warmly welcomes the commitment to *long-term, sustained interventions*, opportunities currently exist through robust engagement with the provisions of the Wellbeing of Future Generations Act and Active Travel Act to develop locally-deliverable place-based interventions. In particular, through the *Art of the Possible* work stream<sup>6</sup> of the Office of the Future Generations Commissioner a menu of effective interventions in the short, medium and longer term have been identified across a number of policy areas that share synergies with the *Healthy Weight Healthy Wales* plan. Ensuring that these are used effectively might be a more appropriate intervention than creating a new work stream to complement this specific plan. Crucially, mechanisms to ensuring robust implementation of any strategies must be identified and implemented for any meaningful, long term and sustained interventions to take place. This cannot simply be an aspirational exercise.

The commitment to review data from the Child Measurement Programme and to develop a 'second measurement' is welcome. This is in line with the NHS Confederation's Obesity Alliance Cymru's *National Strategy on Preventing and Reducing Obesity* and has synergies with recommendations by the National Assembly for Wales Health, Social Care and Sport Committee *Physical Activity of Children and Young People report*.<sup>7</sup> Specifically we would welcome opportunities to compare against similar benchmarks internationally, and draw from associated best-practice models.

##### **Q3: 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?**

As detailed above the *Nutritional Skills for Life*<sup>8</sup> programme has the potential to deliver meaningful interventions in the Obesity Pathway, particularly at levels 1 and 2. It is effective and evidence based and provides clear, targeted and personalised advice to individuals identified as having the potential to benefit from interventions on the Obesity Pathway, providing them a framework to achieve meaningful behaviour modification that leads them to a less obesogenic lifestyle.

However, despite the existence of the excellent programme the capacity to deliver courses is severely restricted by a lack of accredited practitioners. Benefits are further restricted by the condition that the course

be delivered in areas of deprivation, preventing scalable benefits and critical masses of people being reached to achieve cultural-level behaviour shifts within organisations – for example through delivery in workplaces.

Tenovus Cancer Care have taken this course and delivered a number of *Foodwise* courses in areas of higher socioeconomic deprivation, aimed at shifting participants onto a lower-harm pathway. At a national level, the Foodwise programme has delivered significant results, with 79% of Foodwise participants losing weight as a result of attending Foodwise and 90% increasing their activity levels.<sup>9</sup>

*GetFit Wales* aims to increase physical activity levels for those individuals on the project, reduce obesity, and make residents aware of the local services in their area in order to make positive changes to their social outlook and become more involved in community activities.<sup>10</sup> Linking up to a FitBit, it rewards participants with points for every 1,000 steps they do above the recommended 10,000 steps. Points can be earned on the website for a maximum of 12 weeks and can be spent on local health provision and food which encourages a healthy lifestyle.

#### **Q4: Do you agree that the proposals set out in HE1- HE5 would make our food and drink environment healthier?**

##### **HE1. Supporting Welsh business to reformulate and to develop healthier food choices by providing increased help through Food Innovation Centres**

###### **What matters:**

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.

###### **3 neither agree nor disagree.**

###### **Tenovus Cancer Care believes:**

Tenovus Cancer Care warmly welcomes the willingness to consider fiscal interventions to improve healthier food choices. We believe the government has a far greater role in this sphere for positively shaping peoples choices, so that healthier food choices become the default.

However we believe Welsh Government should go a lot further, specifically in relation to Sugar Sweetened Beverages. In particular we would like to see a commitment to use the entirety of the sugar levy funds to specifically manage childhood obesity by hypothecating any revenue raised through the levy for programmes that tackle childhood obesity.<sup>11</sup> As a Pigouvian tax, we accept that the effect of any 'double dividend' is limited<sup>12</sup> and therefore its success would mean this source of revenue decreases over time. However it could nevertheless prove to be a valuable kick-start to programmes to combat obesogenic environments. Tenovus Cancer Care is clear that any additional income should be to supplement, not replace existing budgets.

##### **HE2. Limiting the promotion of unhealthy foods.**

###### **What matters:**

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.

### **5 completely agree**

#### **Tenovus Cancer Care believes:**

Tenovus Cancer Care entirely endorses this position. We reflect the position of the Obesity Alliance Cymru and call for:

Review rules covering sponsorship of sports and family attractions in Wales and marketing communications in schools, hospitals, leisure centres and other publicly owned or managed spaces in Wales. In addition, Welsh Government should urge the UK Government to close existing loopholes to restrict children's exposure to HFSS food marketing across all media, including broadcast and social media.

### **HE3. Creating a level playing field and making healthy food an affordable option.**

#### **What matters:**

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.

### **5 Completely agree**

#### **Tenovus Cancer Care believes:**

Tenovus Cancer Care entirely endorses this position. We reflect the position of the Obesity Alliance Cymru and call for:

Explore options and take action to make healthier choices in the retail and out-of-home environments easier, including exploring a potential curb on promotional positioning (e.g. at checkouts) and pricing (e.g. buy one get one free) of HFSS and increase promotion of healthier affordable choices.

In addition Tenovus Cancer Care would encourage action to curb the prevalence of HFSS food options near schools, including specific restriction of hot food takeaways. This could include a cordon sanitaire around a school, operating during school hours plus one hour and/or new planning permission guidance that prohibits the opening of new premises in such areas. Due consideration should also be made of mobile vendors such as ice cream vans and 'burger-van' style mobile catering units operating in-and-around schools. We would also support implementation of a government-sponsored voluntary code for all retailers near schools to restrict HFSS items around the school day.

### **HE4. Giving people accessible information so that they can make an informed choice.**

#### **What matters:**

- 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.

### **3 agree**

#### **Tenovus Cancer Care believes:**

In December 2018 the UK Government consulted on mandating calorie labelling in the out-of-home sector, which included front-of-pack labelling.<sup>12</sup> For ease of reference many salient points have been repeated throughout this document, where appropriate.

As a result of this causal link Tenovus Cancer Care would therefore consider with enthusiasm any measures

designed to combat obesity and obesogenic diets and, to this end, would broadly support the intent and execution of calorie labelling across the entirety of the out-of-home sector. We believe that improving consumer ability to make well-informed decisions is vital in this endeavour and that empowering consumers to make lower-calorie dietary choices, where available, is a positive development. However there is evidence to suggest that portion sizes, and specifically exposure to larger default portion sizes, play a larger role in fostering an obesogenic environment than labelling to indicate an appropriate portion size.<sup>13 14 15</sup>

Subsequently in addition to total calories it is worth considering also considering displaying information related to the percentage of a recommended portion size in a bid to better help consumers make better informed decisions.

It is important that customers should be able to compare the dietary cost as easily as they can the financial cost of a variety of options. However we can see how there might be barriers to this for smaller companies, see below. We believe the role of the UK Government is crucial in ensuring sufficient guidance is provided in order to make this process straight-forward.

With the inflation in portion sizes, with many food items now routinely exceeding one portion, it becomes necessary to help educate the general population regarding what an acceptable portion looks like. This is not assisted by the practice of price anchoring – the practice of making larger portions look far better value by the increase in price being comparatively minor compared to the increase in portion size – and other psychological practices designed to encourage ‘upsizing’ of meals. Therefore labelling food items with suggested number of portions at least signals to those deciding to overconsume the degree and extent to which they are doing so.

Historically nutritional information has been displayed per portion and/or per 100g – with a food item being multiples thereof both. This requires calculations to be made as to how many calories, for example, a 375g food item contains, when the nutritional information is displayed per 100g or per serving. By ensuring the total number of calories per food item is always displayed it ensures that those with lower dietary literacy, or numeracy skills, are not required to perform unnecessary mental calculations in order to be able to make objective decisions regarding their dietary health.

## **HE5. Encouraging healthier drinking habits**

### **What matters:**

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.

### **4 agree**

#### **Tenovus Cancer Care believes:**

Although Tenovus Cancer Care welcomes the willingness to consider fiscal interventions to improve healthier food choices, we believe Welsh Government should go a lot further, specifically in relation to Sugar Sweetened Beverages.

In particular we would like to see a commitment to use the entirety of the sugar levy funds to specifically manage childhood obesity by hypothecating any revenue raised through the levy for programmes that tackle childhood obesity. Furthermore there should be restrictions on unlimited refills of SSBs.

Energy drinks, specifically high sugar varieties, have been linked to metabolic changes that are linked to increased prevalence of obesity.<sup>16</sup> As the consultation document rightly points out “[energy] drinks can contain high levels of caffeine in addition to sugar and are associated with sleep loss, addiction, dependence, and withdrawal”.<sup>17</sup> Furthermore, given their obesogenic and addictive qualities, Tenovus Cancer Care believes there is a case for Energy Drinks to be classified similarly to alcohol or tobacco and their sale and consumption

restricted to minors, not just to those under 16.

**Q5: Do you agree that the proposals set out in HE6-HE7 would provide an environment with more opportunities to be active?**

**HE6. Creating healthy weight environments.**

**What matters:**

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.

**4 agree**

**Tenovus Cancer Care believes:**

Tenovus Cancer Care welcomes the commitment to work collaboratively across the public sector to create environments that are not obesogenic. However it is worth noting that existing legislation, namely the Wellbeing of Future Generations Act 2015 and Active Travel Act 2013 already provide the framework for this. Unfortunately the Acts' requirements on public bodies to consider the provisions of the Acts do not serve as sufficiently robust mechanisms for countering obesogenic environments. All too often Acts' requirements appear to be easily circumvented by public bodies by conflicting priorities, with preference and priority given to culturally-embedded status quo ante behaviour. As a result Tenovus Cancer Care would welcome proposals from the Welsh Government to ensure existing relevant legislation is more robustly enforced.

Health impact assessments are invaluable tools in the delivery of policies that are consistent with public health principles. As such, and in line with the Wellbeing of Future Generations Act 2015 and Public Health Act 2017, Tenovus Cancer Care believes that Welsh Government should go further than promoting use of HIAs and that their use should be compulsory in all planning applications.

Tenovus Cancer Care would encourage action to curb the prevalence of HFSS food options near schools, including specific restriction of hot food takeaways. This could include a cordon sanitaire around a school, operating during school hours plus one hour and/or new planning permission guidance that prohibits the opening of new premises in such areas. Due consideration should also be made of mobile vendors such as ice cream vans and 'burger-van' style mobile catering units operating in-and-around schools.

**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:**

**What matters:**

- 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)<sup>36</sup> 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.

#### **4 agree**

##### **Tenovus Cancer Care believes:**

Tenovus Cancer Care supports these aims which we believe would help the development of healthier weights. However, as discussed above regarding HE6, there is a significant delivery gap between the reach and ambition of existing legislation and guidance in Wales and its implementation at present.

We recognise and are concerned by dynamics whereby the aspirations of the Active Travel Act and of the Wellbeing of Future Generations Act are clearly circumvented by preference and priority given to culturally-embedded status quo ante behaviour. This needs to be robustly challenged in order to achieve transformational and long lasting change. The M4 Relief Road is an example of this which would entrench sedentary lifestyles for generations to come; locking swathes of the population into a necessity to own a motor vehicle in order to conveniently navigate around the region. This would have consequential risks for obesity as well as other comorbidities such as lung cancer from traffic pollution.

One option to consider in achieving the necessary paradigm shift away from a motor-vehicle-centric society to one that is more sympathetic to active travel would be by updating planning guidance to ensure that zebra crossings are present at the junctions for all residential roads in Wales. By making it the default assumption that pavements are the continuous network that vehicles traverse, rather than said continuous network being that of roads themselves, we could help engender a culture of turning over the streets to the service of pedestrians, rather than vehicles. This could be supplemented by updated guidance from the UK Government in relation to the Highway Code.

**Q6: Do you agree with the proposals for the following settings (please identify which setting(s) you wish to comment upon)?**

#### **HS1. Early Years**

##### **What matters:**

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.

## **5 completely agree**

### **Tenovus Cancer Care believes:**

Tenovus Cancer Care agrees with these proposals and endorses the position of the OAC to: Ensure schools implement the Healthy Eating in Schools regulations and have the facilities, resources and funding to help every child learn to cook healthy meals.

## **HS2. Schools**

### **What matters:**

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.

## **5 completely agree**

### **Tenovus Cancer Care believes:**

Tenovus Cancer Care warmly welcomes the proposals contained within HS2. In particular, the accent on strengthening pupils' voices to drive healthy change in schools is positive and has the potential to make sustainable changes in which pupils are invested. We believe that this has to go further than offering a broad range of healthy foods alongside unhealthy alternatives. This could lead to a dietary equivalent of Gresham's law – whereby demand for the unhealthy alternatives which would still perform favourably compared to their healthy equivalents. In particular red meat is a leading carcinogen<sup>18</sup> and we would welcome further guidance on how its consumption can be limited in a school place setting.

We repeat calls made previously<sup>19</sup> for Welsh Government to consider the universal provision of Free School Meals in the interest of ensuring access to a nutritionally balanced, cooked meal in combatting obesity. We believe this, coupled with unhealthy options available *at a fee*, could represent a socially progressive method of promoting healthy foods, while also protecting consumer choice. As a socially-responsible corporate parent this would shield children from obesogenic environments. This should include providing rest bite from at-home obesogenic environments where parents may not, instinctively or otherwise, promote healthy eating habits that



are in the long term interests of the child and, ultimately, society as a whole.

As detailed in HE3 Tenovus Cancer Care would also encourage action to curb the prevalence of HFSS food options near schools, including specific restriction of hot food takeaways. This could include a cordon sanitaire around a school, operating during school hours plus one hour and/or new planning permission guidance that prohibits the opening of new premises in such areas. Due consideration should also be made of mobile vendors such as ice cream vans and 'burger-van' style mobile catering units operating in-and-around schools.

The commitment to fund the School Holiday Enrichment Programme in summer 2019/20 is very welcome indeed and we would welcome further details including the extent to which this would be country-wide and any subsequent plans for continuation in future school holidays.

### **HS3. Higher/ Further Education**

#### **What matters:**

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.

#### **3 neither agree nor disagree**

##### **Tenovus Cancer Care believes:**

The proposed implementation of the Healthy Colleges and Universities Framework is welcome. However it should be noted that the Framework is already in existence and therefore there is already significant scope for it to have already been implemented, given sufficient will.

We also believe there is room to review the content of vending machines in Higher and Further Education establishments. This would restrict the ready availability of unhealthy options such as HFSS and SSB to students.

### **HS4. Workplace**

#### **What matters:**

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.

#### **4 agree**

##### **Tenovus Cancer Care believes:**

Tenovus Cancer Care supports the use of a Corporate Health Standard in order to drive employers to support the health and wellbeing of their workforces. Improved flexible and remote working practices introduce the possibility of staff pursuing a work life balance more focused around an active and healthy agenda and should be explored more vigorously. Part of this could include providing advice regarding greater cultural readiness by management to support active travel and public transport options, for example by setting an expectation of allowing longer acceptable commute times between meetings.

Other provisions could have a significant impact on reducing the time-pressured culture that encourages such a large proportion of the workforce into motor vehicles. These might include counting time spent commuting via active travel options toward an employee's working day, provision of adequate showering and cycle rack facilities and restrictions on parking facilities for staff within a certain radius of the office. Cardiff Metropolitan University provide a good example of some of these measures in practice.

However there is a need for supportive mechanisms to help deliver compliance with the Corporate Health Standard which currently moving toward online delivery. While we recognise the cost benefits to an online-only approach to delivery there is anecdotal evidence of this having a limited value-addition which could further enhanced through physical support, particularly in the SME sector.

## **HS5. NHS**

### **What matters:**

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.

### **3 neither agree nor disagree**

#### **Tenovus Cancer Care believes:**

We fully support the ambition that NHS premises should be leading examples of healthy, active lifestyles. We believe that healthy eating alternatives need to be attractive and viable and consistent with principles outlines above in HS2 related to mechanisms for achieving healthier default options in place-based settings. This should include restrictions on the availability of HFSS and SSB through vending machines, canteens and on-premises shops and cafés. We also call on the NHS to ensure they adopt the Corporate Health Standard and incorporate best practice measures highlighted above in HS4.

A deep dive of best practice throughout Wales should be undertaken, incorporating recommendations from the Future Generations Commissioner's Art of the Possible audit to identify simple, concrete measures that can be enacted immediately including behavioural nudges to ensure healthy options become default options.

## **HS6. Public Sector**

### **What matters:**

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.

### **4 agree**

#### **Tenovus Cancer Care believes:**

Tenovus Cancer Care agrees with this proposal and calls for ambitious, measurable targets to be put in place. However as above we are particularly concerned regarding the availability of HFSS and SSB options available via vending machines, canteens and on-premises shops and cafés in the public sector and urge Welsh Government to explore restrictions on these outlets.

**Q7: Do you agree that proposals HP1 – HP2 will support behavioural change and increase conversations about healthy weight through front line services?**

**HP1. Understanding what will encourage or prevent people from adopting a healthier diet or being physically active.**

**What matters:**

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.

**3 neither agree nor disagree**

**Tenovus Cancer Care believes:**

We are disappointed not to see a specific commitment to the existing and successful Nutrition Skills for Life programme and feel more could be done to make better use of this valuable resource.

**HP2. Ensuring that relevant front line health and care staff have undertaken core Making Every Contact Count (MECC) training on healthy weight**

**What matters:**

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.

**4 agree**

**Tenovus Cancer Care believes:**

Tenovus Cancer Care agree with this proposal and echo the calls from Obesity Alliance Cymru: Encourage a holistic approach to healthcare by delivering core skills training to all health and social care professionals to support those who are obese or overweight.

Work with stakeholders including Health Education and Improvement Wales (HEIW) to develop and promote evidence-based training for all health and social care professionals supporting people to live well for life. This should include a range of training opportunities, such as early identification of overweight and obese individuals, motivational interviewing, Making Every Contact Count, supporting people with mental health conditions to maintain a healthy weight and signposting to other local services.

**Q8: Do you agree that proposals HP3 – HP4 will enable children and families to support a healthy weight?**

**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**

**What matters:**

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.

#### 4 agree

##### Tenovus Cancer Care believes:

Tenovus Cancer Care agrees with these proposals however we are disappointed not to see a specific commitment to the successful Nutrition Skills for Life programme.<sup>20</sup>

#### 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

**What matters:** 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.

#### 4 agree

##### Tenovus Cancer Care believes:

We believe that the focus on cohorts with greatest obesity rates enables significant value addition to be achieved. Furthermore, as indicated in LEC1:

The commitment to review data from the Child Measurement Programme and to develop a 'second measurement' is welcome. This is in line with the NHS Confederation's Obesity Alliance Cymru's *National Strategy on Preventing and Reducing Obesity* and has synergies with recommendations by the National Assembly for Wales Health, Social Care and Sport Committee *Physical Activity of Children and Young People report*.<sup>21</sup>

However, as discussed below follow-up interventions, particularly those related to the Obesity Pathway, will only be effective if the Pathway is adequately resourced and universally rolled out.

#### Q9: 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?

#### HP5. Review and implement a clinical obesity pathway

**What matters:** 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.

#### 2 disagree

##### Tenovus Cancer Care believes:

Tenovus Cancer Care disagrees with this proposal and is concerned at the commitment merely to review the All Wales Obesity Pathway, which has been in place for almost 10 years. As discussed in LEC1, in spite of this

the Wales-wide rollout is still incomplete - largely due to inadequate resources. It is most concerning that very few services are in place to support overweight and obese children.

Access to treatment for overweight and obese should be part of the suite of measures for Wales to reduce obesity rates. However, the consultation document does not give this area enough attention and, as a result, there is a significant risk that the pathway, or a renewed version of it, may not be in place for a number of years. This must be urgently addressed by the final Healthy Weight: Healthy Wales Strategy.

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