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Committee Clerk

Children and Young People Committee
National Assembly for Wales
Cardiff Bay, CF99 1NA

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3 May 2013

Dear Chair,

**From The Registrar
O'r Cofrestrydd**

Patrick Cadigan MD FRCP
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Re: Inquiry into Childhood Obesity

The Royal College of Physicians (Wales) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in Wales and across the world with education, training and support throughout their careers. As an independent body representing more than 28,000 fellows and members worldwide, including 1,000 in Wales, we advise and work with government, the public, patients and other professions to improve health and healthcare.

Mae Coleg Brenhinol y Meddygon (Cymru) yn arwain y ffordd o ran darparu gofal o ansawdd uchel i gleifion drwy osod safonau ar gyfer arferion meddygol a hybu rhagoriaeth glinigol. Rydym yn darparu addysg, hyfforddiant a chefnogaeth i feddygon yng Nghymru a ledled y byd drwy gydol eu gyrfa. Fel corff annibynnol sy'n cynrychioli mwy na 28,000 o gymrodorion ac aelodau ym mhedwar ban byd, gan gynnwys 1,000 yng Nghymru, rydym yn cynghori ac yn gweithio gyda'r llywodraeth, y cyhoedd, cleifion, a gweithwyr proffesiynol eraill i wella iechyd a gofal iechyd.

For more information on this response, please contact:

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Overview

The Royal College of Physicians recognises that childhood obesity is a major problem in Wales. The medical consequences of obesity are becoming increasingly significant and we therefore strongly urge the Committee to recommend that the Welsh Government take a new, inclusive approach to tackling obesity by mapping out all existing initiatives, policy and legislation which affect the health of the public.

We also call for better targeting of resources, including money, towards the prevention of obesity and other unhealthy lifestyle behaviours (including addressing the social and environmental factors that constrain healthy life choices).

We also recommend that the All Wales Obesity Pathway is implemented in full, and that immediate and comprehensive action is taken to combat severe and complex obesity across Wales.

Key recommendations

- We urge the Committee to recommend that the Welsh Government take a fresh approach to health policy and legislation.
- We urge the Committee to recommend that all government programmes, policy and legislation which affect health should be mapped out and considered together, before moving forward with genuinely joined-up policy and legislation.
- We also recommend that all government programmes are evaluated in detail for the effect they have had on reducing and preventing ill-health.
- We urge the Committee to recommend that the Welsh Government should require local health boards to implement all levels of the Wales Obesity Pathway as soon as possible.
- We urge the Committee to recommend that the Welsh Government should target more of the health budget towards prevention and early intervention.
- We urge the Committee to recommend that the Welsh Government implement recommendations from recent Royal College of Physician reports on obesity as a matter of urgency.



Our full response

Our response is informed by our fellows and members in Wales. We have also worked with the RCP Advisory Group on Weight and Health, the RCP Nutrition Committee, and the Welsh Association for Gastroenterology and Endoscopy on this response.

The cost of childhood obesity in Wales

The RCP believes that our doctors have a key role to play in supporting individuals and communities to take action for better health. Unfortunately, however, we're finding that our doctors are looking after a growing number of patients who are living with complex, chronic conditions, many of which are linked to unhealthy lifestyles and behaviours. In Wales, rates of childhood obesity are the highest in the UK. 35% of children are overweight and 19% of them are obese.ⁱ Only half of children take part in regular exercise for at least an hour, five times a week.ⁱⁱ These numbers have not changed significantly in five years; indeed, the number of obese children actually increased between 2008 and 2011.ⁱⁱⁱ

The consequences of this are being seen every day by doctors in our hospitals. Obesity is a leading cause of preventable death and costs the Welsh NHS £73 million every year.^{iv} Furthermore, the cost of physical inactivity to our NHS is estimated at about £650 million a year.^v Our members and fellows tell us that in their patients, fatty liver disease related to obesity is now probably the most common reason for abnormal liver function tests in children, and that a proportion of these children will then go on to develop liver fibrosis / cirrhosis if they do not lose weight. Moreover, children who are obese are more likely to suffer from depression, bullying and lack of self-worth.^{vi}

Obesity increases the risk of developing heart disease and can contribute to chronic conditions such as diabetes, some cancers, obesity, high blood pressure and depression. Severely obese people are estimated to die around a decade earlier than those with a healthy weight, mirroring the loss of life expectancy suffered by smokers.^{vii} Wales has the highest rates of long-term limiting illness in the UK (which, in turn, accounts for a large proportion of unnecessary emergency admissions to hospital). Only 16% of adults in Wales say that their health is excellent.^{viii} Furthermore, 23% of adults smoke^{ix} and 43% of adults regularly drink above the recommended limit.^x

Alongside smoking, alcohol and diet, physical activity is the fourth lifestyle factor which has the potential to change lives for the better, and yet only around 2% of journeys in the UK are made by bike, compared with 27% in the Netherlands. This is why we have strongly supported the introduction of the Welsh Government's Active Travel Bill, and we have called for funding linked to targets and a programme of softer incentives to ensure its success.

Finally, Wales also has high levels of poverty and unemployment: 680, 000 or 23% of people live in low-income households; this contributes to widespread health inequalities across the country.^{xi} We know that people in the lowest socio-economic groups have seven years less life expectancy and live with seventeen more years of ill-health than those in the highest.^{xii} In short, we must take action on obesity **now**.

Current programmes aimed at tackling obesity

Current Welsh Government programmes are aimed at improving diet and encouraging exercise. We know that eating and exercise patterns are formed early in people's lives and so the RCP strongly supports these efforts, especially targeted interventions such as the family-based MEND community referral programme, which works with families and children across Wales to change behaviours.



We also recognise that we have to consider the environment in which children grow up, and whether they have access to green space, safe neighbourhoods and the other factors that encourage healthy lifestyle choices. Above all, we want to see children helped to lose weight long before they are referred to specialist physicians and we feel that there is more that could be done to help this. Below, we have listed some recommendations.

Our recommendations for change

- *We urge the Committee to recommend that the Welsh Government take a fresh approach to health policy and legislation.*

Childhood obesity is primarily a public health issue, and ideally, the problem should be solved through behaviour change, better nutrition and more exercise. We can no longer afford to look at lifestyle behaviours in isolation from each other: we must begin to take a long-term approach to improving the health of the people of Wales, with coherent and comprehensive strategies for evaluation which encompass not only outcomes, but also those risk factors that contribute to these outcomes.

The RCP believes that with any collective behaviour change, success is most likely if progress is made on three broad fronts: environment, empowerment and encouragement. We believe that new laws can help to empower people to make healthier choices, but we also know that to be truly effective, legislation must be accompanied by other measures.

For example, we need to make the healthier choice the easier choice, by removing barriers such as high cost or difficult access. The easier we can make cycling for people, the more people will cycle; the cheaper we can make healthy food, the more people will buy it. For more information on 'the three E's' and obesity, please see appendix 1.

- *We urge the Committee to recommend that all government programmes, policy and legislation which affect health should be mapped out and considered together, before moving forward with genuinely joined-up policy and legislation. We also recommend that all of these programmes are evaluated in detail for the effect they have had on reducing and preventing ill-health.*

It is only with genuinely holistic and joined-up policy making that we will be able to take real action on obesity. Over the years, the Welsh Government has invested millions of pounds in a multitude of different strategies and programmes: for example, the free swimming programme (2003), 'Climbing Higher (2003), 'Food and Fitness' (2006), the 5X60 programme (2007), 'Appetite for Life' (2007), 'Creating an Active Wales' (2009), MEND (2009), 'Our Healthy Future' (2010) and Change4Life (2010), to name but a few. Yet the number of overweight and obese children continues to rise.

We believe that the Welsh Government should consider ongoing programmes such as MEND and Change4Life alongside initiatives such as their new Active Travel Bill, their proposed public health legislation, and their healthy eating in schools regulations – the responsibilities for delivering all three of which fall under three separate government departments, and consequently, are implemented independently of each other. The Welsh Government must begin to address obesity in a joined-up way.

For instance, the Welsh Government physical activity ministerial advisory group focuses almost exclusively on sporting activity in schools. It has not looked at other forms of exercise, including active travel to and from school, for example. Exploring other options is important, as we know that sport can exclude some children, especially those who may have a weight problem. Until recently, active travel sat in the transport portfolio. It now rests with culture and sport. To have a real effect, we want the Government to recognise



the potential health benefits of incorporating a whole range of physical activity into people's lives by working across departments to encourage people to live more healthily.

The Committee should take this opportunity to recommend that Welsh Government ministers set a clear agenda to engage with the public about their health. If programmes are seen through the narrow focus of transport policy, or sports and leisure policy, or schools policy, they won't work. New policy and legislation can only be truly effective if it is understood to be about encouraging and empowering people to make better choices and, crucially, providing the right environment in which to make those choices. For the RCP response to the recent public health green paper consultation, please see appendix 2.

- *We urge the Committee to recommend that the Welsh Government should target more of the health budget towards prevention and early intervention.*

In Wales, only 4% of the health budget is currently spent on prevention of ill-health.^{xiii} We would like to see more investment in health change programmes in and outside schools; legislation to curb the advertising and availability of unhealthy foods, especially through vending machines; and better provision of healthy foods by public bodies such as schools and the NHS.

- *We urge the Committee to recommend that the Welsh Government should require local health boards to implement all levels of the Wales Obesity Pathway as soon as possible.*

The [All Wales Obesity Pathway](#) was published in 2010 and has yet to be fully implemented across Wales. It is a tool for health boards, local authorities and other stakeholders, and sets out four tiers of intervention: level 1 (community based prevention), level 2 (primary care weight management services), level 3 (specialist multi-disciplinary team weight management services) and level 4 (specialist medical and surgical services). There is only currently one level 3 clinic in Wales: we need at least one in every health board.

Further reading: RCP reports on obesity

Storing up problems: the medical case for a slimmer nation

The 2004 RCP report, [Storing up problems](#), found that 'the urgency of the problem [of obesity] among children and young people is barely acknowledged. It is most important that the prevention and management of overweight and obesity, prioritising children and young people, be given greater prominence in future priority-setting and planning for the NHS and social care.' Further extracts from this report can be found at appendix 1. However, among its key recommendations were:

- A cross-governmental task force should be established at Cabinet level to develop national strategies for tackling the threat from overweight and obesity, and to oversee the implementation of these strategies.
- Government should mount a sustained public education campaign to improve people's understanding of the benefits of healthy eating and active living, and to motivate people to eat a healthier diet and adopt a more active lifestyle.
- New standards in nutritional content, food labelling, and food marketing and promotion should be agreed jointly by the food industry and the Food Standards Agency. Incentives to encourage the production, promotion and sale of healthier foods should be introduced.



- Population-wide initiatives should be implemented at local level to tackle obesity. Public services should take the lead by promoting healthy eating and increased physical activity in public places and institutions, such as schools and hospitals.
- The prevention and management of overweight and obesity should be included in all NHS plans, policies and clinical care strategies. Appropriate training programmes for doctors, nurses and other health professionals should be established.
- There should be further funded research to improve understanding of the societal and cultural factors behind the epidemic of overweight and obesity, and the development and implementation of effective prevention and treatments.

Action on obesity: Tackling severe and complex obesity

The 2013 RCP report, [Action on Obesity](#), found that obesity in the UK has increased so rapidly and is now so prevalent that it can be described as an 'epidemic'. This report argued that the response of the NHS to obesity is 'patchy' at best. While we strongly recommend early intervention at community, family or school level, we recognise that for some people, they will need more specialist medical help to lose weight.

In this report, the RCP published a number of recommendations aimed at helping those patients with severe and complex obesity. Among those suggestions, we believe that:

- Every hospital should appoint an obesity lead: a doctor appointed to provide information and act as the link between the local health board, patients and the community.
- New multidisciplinary teams (made up of physicians, surgeons, nurses and other health professionals) should be set up in every health board to deal with severe and complex obesity.
- There should be improved weight management resources for healthcare workers who have an obesity problem.
- A patient charter for those with obesity problems should be developed.
- Education in obesity for healthcare professionals, especially undergraduate doctors and postgraduate specialist trainees should be improved.
- A bariatric medicine specialty should be developed for both physicians and nurses.

The RCP has established an advisory group on weight and health to take forward the recommendations in this report.

Yours faithfully,

Dr Patrick Cadigan
Registrar / Cofrestrydd



Appendix 1: Taken from the 2004 RCP report, [Storing up problems](#) (pp. 28-30)

To prevent obesity, the nation has to consume less energy and be more physically active. Most people, especially those prone to overweight, are well aware of these basic principles but, for various reasons, find it difficult to follow them. The challenge, in tipping the balance towards a trimmer and slimmer nation, is to help people overcome the many barriers to a healthier lifestyle.

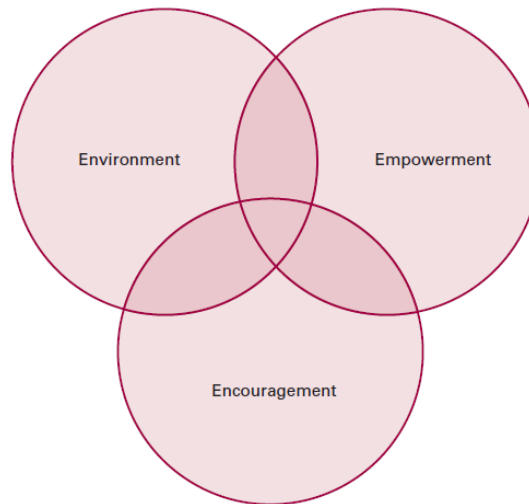


Fig 4.1 The three E's: environment, empowerment and encouragement.

Tipping the balance – ‘the three E’s’

Environment – creating an environment (physical, social and economic) which predisposes to healthy eating and active living. The purpose is to make the healthier choices the easier choices by removing barriers such as high cost or difficult access. This includes tackling inequities caused by exclusion, disadvantage or poverty. For example:

- Free fruit in schools
- Healthy school policies, eg healthy catering, fruit tuck shops, plentiful drinking water, breakfast clubs, after-school activities (including dance), and an absence of vending machines dispensing sugary drinks and fatty, sugary or salty snacks
- Conveniently placed food outlets offering healthier choices at affordable prices, including food ‘co-ops’ in which community groups purchase foods direct from growers or wholesale suppliers and sell at cost to people on low incomes
- Agricultural policies and food subsidies that help to provide healthier choices at affordable prices
- Safe walking and cycling routes to school and work
- Town planning that discourages car use
- Safe, accessible parks
- Buildings designed to encourage stair use and discourage lift/escalator use
- Bike racks and shower facilities in workplaces
- Cheaper and easier access to leisure and sports facilities
- Culturally sensitive exercise facilities (eg women-only swimming sessions)
- Media-created ethos that a healthy active lifestyle is ‘cool’.



Empowerment – giving people, particularly children and young people, knowledge and understanding of the benefits of healthy eating, active living and avoiding overweight, and the life skills to adopt healthy behaviours; boosting confidence and self-esteem, individually and collectively. This includes educating key opinion formers such as health professionals, schoolteachers and the media. For example:

- Personal, social and health education (PSHE) work in schools
- Teaching the principles of healthy eating and cooking skills
- Physical education (PE), sports and other supervised physical activities in schools
- Teaching citizenship and advocacy skills
- Working with communities to understand their needs for a healthier diet and more exercise, and to demand better access to fresh fruit and vegetables, a leisure centre etc.
- Health visitors working with new mothers and young families to support and encourage breastfeeding, healthy eating and healthy active play
- Nutrition and physical activity and behaviour change modules built into the core basic training of health professionals
- Clear messages about healthy eating and physical activity for all age groups.

Encouragement – motivating and prompting people to make the necessary changes to their lifestyles here and now; and triggering action. For example:

- Active play for pre-school children
- Sports and games in schools
- Media campaigns
- Trigger messages (eg low fat/sugar logos on packaged foods; low calorie options on menus; walk prompts on lifts and escalators)
- Healthy walks groups
- Sports clubs
- Fun-runs and other mass activities
- Life insurance health checks
- Motivational counselling in primary care
- Incentives/rewards for 'active transport' (eg walking, cycling, etc.) to school or work.

All three basic elements are essential and interdependent.



Appendix 2: RCP response to the consultation about whether a Public Health Bill is needed in Wales

Overview

In principle, the RCP in Wales supports the introduction of a new Public Health Bill for Wales. However, the approach proposed is very general and we would welcome more detail from the Welsh Government on the specific legal measures and regulations which could be used.

Our response

Our response is informed by our members and fellows in Wales.

The RCP believes that the Welsh Government must take this opportunity to reduce health inequalities by addressing why so many people in Wales have poor health outcomes. We know that these outcomes can be linked to poverty, lifestyle, culture and deprivation. Many of these reasons are historical and deep-rooted in some communities in Wales, and will require a raft of measures.

This is why the RCP believes that legislation is only one part of the toolkit for improving public health. All levers must be used to improve and protect health. We believe that our members and fellows have a key leadership and advocacy role to play in tackling the social determinants of health. Clinical doctors and public health specialist teams should work together more closely in shaping services and developing programmes to promote and protect people's health, prevent ill health and tackle health inequalities. However, doctors and healthcare teams must be supported by a strong public health legislative framework.

The Welsh Government should be prepared to use a number of public health interventions available (including regulation) and must coordinate action across different government departments and partners. We are supportive of legislation that takes an 'all society' approach to a broader conception of health problems and we welcome the suggestion that appropriate bodies be required to consider how to reduce and prevent health inequalities and involve communities in their decision making. However, we urge Welsh Government to consider the specifics in more detail as soon as possible. A genuine and effective debate about improving health outcomes in Wales cannot take place without more detail.

For example, we would like to know more about how the Welsh Government intends to enforce a statutory duty to reduce and prevent inequalities. There is a clear need to consider how this will be done in practical terms. Consideration of specific legal measures and regulations will be urgently required in order to address the drivers of the rapidly emerging financial and health burden posed by non-communicable diseases such as obesity.

We recommend that integration and collaboration on public health must be embedded across the NHS, local authorities and the Welsh Government. We strongly agree that a greater emphasis on joint working across bodies will be vital to the success of this legislation. This is why we support a duty on Ministers to consider the health impact of all policies coming out of the Welsh Government. However, these health impact assessments must not become a box-ticking exercise. The Welsh Government must consider how best to ensure that reducing inequality and improving health outcomes underpins everything they do.

Public health takes a collective rather than an individualist approach to health. Its focus should lie on preventing, not just managing poor health. Many of the underlying reasons for health inequality in Wales cannot be solved by solely local initiatives and local authorities but will need a more strategic national



approach by the Welsh Government. The Bill should provide an enabling framework which will enable the Welsh Government and other bodies to address emerging public health issues as they arise.

A new public health law would provide us with a collective response to public health harms and would pave the way for future behaviour change. Legislation has a role in changing socio-cultural norms: by putting in place penalties for unacceptable behaviour, we make a statement about that behaviour. Two excellent examples of this approach are seat-belt legislation and smoke-free legislation. These laws have created expectations and set accepted standards. Law can be an essential tool for creating the conditions that enable people to live healthier lives.

The Bill should allow for aspirational action across a variety of areas, including health literacy and nutrition, tobacco, education, exercise and active travel. It should be overarching and allow for secondary legislation and policy around specific programmes on education, diet and substance abuse. It can be argued that the Welsh Government already has the powers to implement action in some of these areas (for example, in school sports, or healthy eating campaigns) but we believe that a more strategic approach would provide a 'coat hanger' for future emerging health issues.

To provide some specific examples, we would be keen to see the Bill ensure that future policy decisions on tobacco control are taken with specific regard to their health impact (for example, any amendments on allowing smoking on film and television sets). We would also like the Bill to ensure that existing public health legislation is protected from policy decisions and legislative amendments that undermine its intentions.

Tobacco is a key area in which we know that legislation helps to facilitate wider behaviour change. There is extensive evidence from Wales demonstrating that the smoking prevalence rate is higher in the most deprived parts of the country. Measures aimed at reducing smoking prevalence and uptake therefore contribute directly to improving the health and wellbeing of the population in the most deprived areas of Wales. For example, we would support a ban on smoking in cars carrying children and a ban on smoking in playgrounds. Legislation in these areas would help local authorities to take consistent enforcement action across Wales.

Furthermore, we know that more than half of adults and around a third of children in Wales are overweight or obese.^{xiv} The recent RCP report, [Action on Obesity](#), found that the response of the NHS to obesity is patchy at best. We have therefore recommended that multi-disciplinary weight management clinics be made available to cover severe and complex obesity, and in Wales, this could be done, using new public health legislation, by requiring local health boards in Wales to provide these services.

There must be a solid evidence base for all reforms to support public health knowledge, policy and practice. The Welsh Government must put in place a system to measure outcomes (for example, diet, physical activity and actual BMI) and process, with a particular emphasis on barriers to success. An economic evaluation would also be valuable. In addition, there must be sufficient investment in effective and sustainable public health services. This will save the Welsh NHS money in the long term.

Finally we believe that the development of the public health profession must be better supported in Wales. While health inequalities are not unique to Wales, many of the underlying reasons will have a distinctly Welsh angle, and understanding the wider context of social determinants will be crucial to improving outcomes. We must do more to attract high quality health care professionals to work in all aspects of health and health care in Wales.



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- ⁱ Welsh Government. *Welsh Health Survey, 2011: Summary results*. September 2012.
- ⁱⁱ Welsh Government. *Welsh Health Survey, 2011: Summary results*. September 2012.
- ⁱⁱⁱ From 16% to 19%. Taken from: Welsh Government. *Welsh Health Survey, 2011*. September 2012.
- ^{iv} Welsh Government. Assessing the costs to the NHS associated with alcohol and obesity in Wales. March 2011.
- ^v Welsh Government. Creating an active Wales. December 2009.
- ^{vi} National Assembly for Wales. *Childhood obesity*. Research Service: quick guide. January 2012.
- ^{vii} Organisation for Economic Cooperation and Development. Obesity and the economics of prevention. September 2010.
- ^{viii} Welsh Government. *Welsh Health Survey, 2011: Summary results*. September 2012.
- ^{ix} Welsh Government. *Tobacco and health in Wales, 2012*. Public Health Wales NHS Trust: June 2012
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- ^{xi} Joseph Rowntree Foundation. *Monitoring poverty and social exclusion in Wales 2011*. July 2011.
- ^{xii} Department of Health. *Tackling Health Inequalities: 2006-08 Policy and Data Update for the 2010 National Target*. 2009
- ^{xiii} Hale et al. *Making the economic case for prevention – a view from Wales*. BMC Public Health 2012. 12:460
- ^{xiv} Welsh Government. *Welsh Health Survey, 2011: Summary results*. September 2012.