Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Pwyllgor Strategaeth a Chynllunio
Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 June 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Healthy weight implementation plan and 2026-27 delivery priorities
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Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Welsh Government has identified healthy weight, particularly among children and young people (CYP), as a priority area for prevention and population health in 2026–27. The Healthy Weight Oversight Group serves as the key governance forum within Hywel Dda University Health Board (HDdUHB) for overseeing and aligning services and partnership activities aimed at promoting a healthy weight.

Healthy weight is increasingly recognised as a population health protection issue, driven by avoidable and unfair differences in exposure to unhealthy environments, including the commercial determinants of health such as food availability, pricing and marketing.

This report aligns the Plan with a Marmot-informed approach, ensuring that from the outset the healthy choice is the easy choice, with explicit focus on reducing inequalities.
The foundations of a whole-systems regional approach to healthy weight are in place through the Whole Systems Approach (WSA), delivered under the Healthy Weight: Healthy Wales (HWHW) strategy. This approach focuses on coordinated, system-wide action to address the wider environmental and societal determinants of healthy weight.

While this will deliver meaningful benefits over time, current capacity remains insufficient to meet population need. This is reflected in the scale of the challenge, with two in three adults and almost one in three children and young people in our region living with overweight or obesity.

The Healthy Weight Implementation Plan 2026/27 to 2028/29 (the Plan), attached at Appendix 1, reflects national and Health Board strategic priorities and sets out evidence-based actions deliverable within existing resources. It will underpin future business cases to

scale effective interventions, progressively working towards our goal to increase the proportion of adults, children and young people at a healthy weight at a population level.

This report seeks approval of the Plan by Strategy and Planning Committee (SPC), for subsequent Board ratification.

Cefndir / Background

The national and health board context

Healthy Weight, Healthy Wales is the long-term national strategy to prevent and reduce obesity. Healthy weight is a Welsh Government NHS delivery expectation for 2026–27, with an emphasis on CYP. Evidence supports this preventive focus as obesity in early life continues into adulthood: around 55% of children living with obesity continue to live with obesity during adolescence, and approximately 80% of adolescents living with obesity go on to live with obesity as adults.

Healthy weight is one of HDdUHB's most pressing population health challenges. Two in three adults, and almost one in three children and young people across our region, are living with overweight or obesity, with the highest rates concentrated in our most disadvantaged communities, notably including Llanelli, Carmarthenshire.

The Plan is aligned with the Well-being of Future Generations (Wales) Act and positions healthy weight as both a long-term prevention priority and a children's rights issue, recognising the need to reduce inequitable exposure to unhealthy environments across the life course.

The evidence shows that obesity is not evenly distributed, however follows a clear social gradient, reinforcing this as a Marmot inequality issue requiring system-level action, not solely individual behaviour change.

Weight-related avoidable healthcare demand

The prevalence of diabetes in HDdUHB is already above the Welsh average and continues to rise, with around 8.4% of adults (approximately 28,000–29,000 people) living with Type 2 Diabetes, projected to increase to nearly 39,500 by 2030 if current trends continue. This creates significant and avoidable pressure on urgent and emergency care, with around one in six of our hospital beds occupied by people with Type 2 Diabetes, many of whom have multiple long-term conditions linked to unhealthy weight.

While the Health Board's Diabetes Planning and Delivery Group is overseeing improvements in early identification and management through delivery of the Welsh Government Diabetes Quality Statement, further progress is increasingly constrained by rising weight-related prevalence, workforce pressures and widening social inequality. Sustained improvement therefore depends on strengthening primary prevention and addressing the underlying determinants of healthy weight, which is a core purpose of the Plan.

These determinants include commercial, environmental and socio-economic drivers, where communities in more deprived areas experience higher exposure to unhealthy food environments, lower access to healthy options, and fewer opportunities for physical activity.

HDdUHB response

The Healthy Weight Oversight Group, established in October 2024 as part of Public Health governance arrangements reporting to A Healthy Mid and West Wales (AHMWW) Group, has developed a three year Plan that provides the organising framework for aligning healthy

environments, healthier settings, and strengthened weight management pathways with wider Public Service Board (PSB) partnership action through the work of the Whole Systems Approach (WSA) team.

The Plan is structured around the four priority areas of the Healthy Weight, Healthy Wales strategy and in summary, the key actions are:

Healthy environments

- Work with local food partnerships to increase access to healthy food in deprived communities, reduce food insecurity and improve local food resilience.
- Collaborate with the Welsh Institute of Physical Activity, Health and Sport, alongside Activate West Wales and the Mid Wales Sports Partnership, to increase physical activity among Health Board staff and across the region.

Healthy settings

- Improve the availability, pricing, placement and promotion of healthier food and drink across retail, catering and vending on Health Board sites.
- Increase promotion and provision of healthy food in early years and schools settings.
- Increase and widen participation in parkrun and other physical activity opportunities among staff, patients and communities.

Leadership and enabling change

- Ensure whole-system governance and oversight and build leadership and operational capability across the Health Board and partner agencies.
- Through the WSA facilitate public sector action on healthier, more sustainable and local food procurement as a shared priority across the HDdUHB and Swansea Bay University Health Board (SBUHB), health economy and Public Sector Boards.
- Leadership for delivery sits with the Executive Director of Public Health Team, working through the Healthy Weight Oversight Group and Public Services Boards, ensuring an action-focused whole system approach aligned to regional partnership priorities, particularly public sector food procurement.

Healthy people

- Scale the first 1,000 days infant nutrition pilot across the Health Board.
- Expand access to universal and targeted lifestyle and weight management services, including establishing a Level 3 service for CYP.
- Strengthen and modernise the weight management pathway by improving digital and Level 2 access and integrating sustainable provision of Glucagon-Like Peptide-1 (GLP-1) medications.

The Plan has been developed to prioritise evidence-based actions deliverable within current resources and within the Health Board's scope of control. It will be used to develop business cases to build our capability and capacity to deliver our population health and healthcare goals.

Assessing impact

Our goal is to increase the proportion of adults and children who are a healthy weight. Currently, 63% of adults aged 16+ in HDdUHB are overweight or obese, including 27% who are obese (National Survey for Wales 2022–23). Among children, 28.5% of four- to five-year-olds are overweight or obese at school entry, with 13.9% classified as obese (Child Measurement Programme 2024–25).

While many drivers sit outside the Health Board's direct control, the Plan is designed to deliver year-on-year improvement through measurable changes in outcomes, service performance and system change, aligned to the four priority areas. Successful implementation is expected to support:

- Reduced inequalities in access to healthy food and physical activity;
- Increased participation in lifestyle and behaviour change programmes;
- More health-promoting early years and school environments;
- Improved access and outcomes within weight management services (including reduced waits for Level 2 and Level 3 and an equitable GLP-1 prescribing model embedded within multidisciplinary support).

A key deliverable is development of a set of proxy measures for avoidable healthcare utilisation attributable to overweight and obesity, for example emergency admissions for weight-related chronic conditions, prescribing volumes for associated conditions, elective procedures impacted by excess weight, and maternity outcomes linked to high maternal Body Mass Index (BMI). This will require agreed coding approaches and improved access to linked primary care data; initial work will focus on establishing consistent code sets and baseline trends for incorporation into the population health dashboard.

This Plan supports delivery of national expectations while positioning HDdUHB within the trajectory towards a Marmot-informed system and a nationally coordinated approach to reducing health inequalities.

Key issues
The scale of the challenge reflects system-wide inequities in exposure, requiring coordinated action across partners to influence the wider determinants of health.

The key challenge is our limited capacity and resource to influence population outcomes, given the scale and long-term increase in overweight and obesity, alongside the complex social, economic and environmental drivers of this issue.

Three additional key issues and opportunities are highlighted for awareness:
- Improving public sector food procurement (healthy, sustainable, local) as a regional WSA priority;
- Actions to meet Welsh Government expectations on child and youth obesity in 2026/27; and forward planning for the introduction of GLP-1 medications within the weight management pathway.

These are set out in further detail below.

Health board and partnership influence on healthy food access
Through the work of the regional WSA Team, and recognising the role of commercial determinants of health, action to improve public sector food procurement, action to improve public sector food procurement has been identified by all five Public Services Boards across HDdUHB and SBUHB as the top partnership priority. The Health Board has a considerable contribution to make as a productive partner and member of the PSBs.

Internal reviews show clear potential to improve the affordability, availability and promotion of healthier food across NHS sites through procurement, pricing, retail reform and alignment with forthcoming national High Fat, Salt and Sugar (HFSS) food regulations. A Healthy Food Provision Task & Finish Group is developing a phased improvement programme for executive approval and subsequent implementation over 12–18 months.

Action for CYP
A key element of the healthy weight implementation plan, three priority areas for children and young people underpin our 2026–27 delivery focus:

- Improving nutrition and infant feeding in the first 1,000 days, including increasing breastfeeding rates
- Achieving measurable improvements in healthy weight in preschool and school settings, with particular emphasis on disadvantaged communities
- Delivering a new CYP Weight Management Service

The first 1,000 days, from pregnancy to age two, are critical for lifelong health, shaping nutrition, development and emotional wellbeing. While breastfeeding rates in HDdUHB are higher than the Wales average, they decline by almost 50% between birth and six months, following the national trend.

To strengthen consistent, proactive and responsive infant-feeding support, the Health Board is maintaining UNICEF Baby Friendly Initiative (BFI) standards across health visiting services and working with maternity and neonatal services to support their implementation, demonstrating sustained excellence in breastfeeding support, infant feeding guidance and parent-infant relationship development. During 2026/27, the focus will be on scaling the pilot Infant Feeding Service across the region and embedding it into routine care.

Alongside this, early years and school-based programmes are central to building healthy behaviours. In 2026/27, further work will strengthen preschool and school capability across nutrition, oral health, physical activity and emotional wellbeing, as part of a whole system approach to health promoting early years and school settings. Targeted initiatives will be undertaken in Llanelli, a region that has some of the highest rates of childhood overweight and obesity within disadvantaged communities in Wales.

Weight management pathway development
Beyond partnership action on the determinants of healthy weight, the Health Board has a central role to play in the provision of the All-Wales Weight Management Pathway. In 2026/27 the Health Board will implement a Child and Youth Weight Management Service, aiming to improve outcomes for the 2,000 children with the most complex needs requiring structured support.

Furthermore, recent Welsh Government circulars on GLP-1 treatments, such as Tirzepatide (Monjaro®), introduce new governance requirements and financial risks. Public demand for these new therapeutics has driven rapid growth in demand for weight management services, while unstructured prescribing risks significant overspend, widening inequalities, and poor outcomes due to potential complications without appropriate wraparound and weight regain without behavioural support. The Health Board therefore requires a coherent, targeted prescribing approach embedded within the pathway.

A Task and Finish Group within the Healthy Weight Oversight Group has been established to interpret national guidance, evaluate operational and financial impacts, and propose an organisational strategy to address current service pressures while developing a forward plan for medium- to long-term scaling of access. This Group will engage with and be informed by national discussion on these issues.

Participation as a subcontractor in the successful national Obesity Pathway Innovation Programme (OPIP) bid, instigated in large part by HDdUHB and led by Public Health Wales, will provide around £840k to the Health Board over three years from 2026/27 to test new service models, combining improved digital support, GLP-1 medications and multidisciplinary care to support weight loss maintenance for priority patients. This approach will help pump-prime a sustainable and scalable Health Board model to manage demand for GLP-1

medications as an integrated element of our weight management pathway in an evidence-based, safe and systematic manner, though financial and sustainability risks will require careful oversight.

Asesiad / Assessment

Overall, the Plan represents a shift towards a prevention-led, population health protection approach, focused on reducing inequalities through system action on environments, settings and access.

1. Children and young people

- Implementation of a Child and Youth Weight Management Service in 2026/27 will help meet immediate Welsh Government delivery expectations and start to provide measurable improvements in outcomes for an estimated 2,000 children who require structured support in our region.
- Better nutrition and infant feeding during the first 1,000 days and promoting healthy weight among preschoolers and school-aged children, particularly in Llanelli, will lead to improved population health and help close gaps in inequality over time.

2. Healthy NHS food environments

- Across the food system, healthier options are routinely less affordable, visible and convenient than higher fat, salt and sugar alternatives.
- The Health Board has considerable leadership opportunity for healthier food procurement, pricing, placement, and promotion. These efforts will support the wider work of the WSA team, working with the five PSBs and health economy focus of the Regional Joint Committee with SBUHB. Regulation from Welsh Government Food (Promotion and Presentation) (Wales) Regulations (2025), which came into force on 26 March 2026, requires new restrictions on the promotion of High Fat, Salt and Sugar food (HFSS) for some retailers on hospital sites.

3. GLP-1 medications

GLP-1s are clinically effective, but face significant implementation challenges, notably:

- Affordability: Full population roll-out is impossible without major national funding.
- Equity: Widespread private sector access to GLP-1 medications risks widening socio-economic inequalities in weight-related outcomes.
- Sustainability: Weight regain is rapid without structured support and medicines must be embedded within multidisciplinary care to minimise harms and maximise benefits by ensuring longer term lifestyle change. This will require increased capacity within the weight management pathway to ensure high quality care for the growing number of patients prescribed these medications.
- Demand management: Divergence in medication availability between England and Wales is causing public confusion.

Current challenges within HDdUHB include:

- Ambiguity in Welsh Health Circular wording about which professionals may be considered “suitable prescribers” and what governance and service supports should apply.
- Limited specialist capacity for prescribing.
- Significant and rising public interest, fuelled by media coverage, leading to increased Level 3 service waits and complaints.
- The risk that unplanned demand for treatment may grow faster than the organisation can safely or affordably support.

- The need to align prescribing decisions with the All-Wales Weight Management Pathway and NICE guidance.
- Workforce wellbeing risks and service fragility already recorded on the Health Board risk register.

A national Innovate UK Obesity Pathway Innovation Programme (OPIP) bid submitted through Public Health Wales, with Hywel Dda and Cym Taf University Health Boards as pathfinders, has been approved. The grant intends to test viable models for sustainable implementation of GLP-1 provision as part of the weight management pathway. Key elements of the grant proposal, to be further refined for health board application, are:

- Community and third sector support to enable ongoing support for healthier lifestyles in communities care closer to home.
- Targeted primary care and pharmacy development and integration in the weight management pathway.
- Digital service front door development to better manage demand and increase access to all levels of weight management services.

Although the grant does not fund medicines and increasing GLP-1 prescribing remains a financial risk, this approach offers a structured means to better plan and manage currently uncontrolled prescribing demand. The subcontractor model offers flexibility, and scrutiny will be maintained regarding cost controls, eligibility criteria, prescribing governance and sustainability through the Healthy Weight Oversight Group and other Health Board governance forums as appropriate.

4. System pressures

Across the pathway:

- Level 1 and 2 provision is inconsistent and insufficient to meet population need.
- Level 3 service demand significantly exceeds capacity, with current waits of up to three years to access the service.
- Digital options require significant further development to increase the accessibility and capacity of the pathway to meet population and service demand.

Organisational risks:

- While targeted actions aim to reduce inequalities, there remains a significant risk that unequal exposure to unhealthy environments and differential access to services, including private provision of GLP-1 therapies, could widen avoidable and unfair health outcomes if not actively managed.
- Reputational risk with Welsh Government and the public if measurable improvements are not achieved.
- Inequitable access and widening inequalities in outcomes.
- Workforce wellbeing risks for staff currently managing significantly increase demand for weight management services.
- Escalating financial pressures related to uncontrolled growth in obesity driven chronic disease.

Argymhelliad / Recommendation

The Committee is asked to:

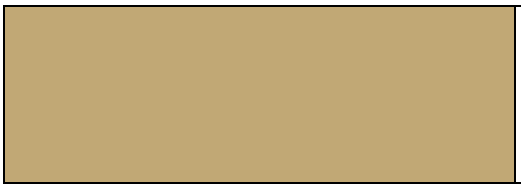
- **APPROVE** the Healthy Weight Implementation Plan 2026/27 to 2028/29 for subsequent Board ratification.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.13.Consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Healthy Weight Oversight Group A Healthy Mid and West Wales Formal Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Delivery of the 2026–27 healthy weight priorities will require additional investment to address service gaps, particularly the development of a Child and Youth Weight Management Service and will necessitate strengthened cost control measures for GLP-1 prescribing to mitigate significant financial risk. The capacity of the WSA regional team is also a risk, given the short-term funding up until March 2027.
Ansawdd / Gofal Claf: Quality / Patient Care:	Implementation will improve access to consistent, evidence based healthy weight, infant feeding and emotional wellbeing support, but unmanaged GLP1 demand and current CYP pathway gaps pose risks to care quality and equity.
Gweithlu: Workforce:	Delivery will require strengthened shared leadership and additional clinical, behavioural change and specialist prescribing capacity, with current pressures and rising public demand presenting clear risks to staff workload and wellbeing.
Risg: Risk:	Key risks include uncontrolled GLP-1 prescribing demand, widening inequalities, service fragility across Levels 1–3 of the health board weight management pathway, reputational risks with Welsh Government, and potential failure to meet national delivery expectations
Cyfreithiol: Legal:	Changes in national prescribing guidance, HFSS regulation and pathway governance introduce legal and compliance requirements that the Health Board must meet to avoid challenge or non-compliance.
Enw Da: Reputational:	Failure to manage GLP-1 demand, address service gaps, or meet national priorities could generate political, public and media scrutiny, while effective delivery offers clear reputational benefit.
Gyfrinachedd: Privacy:	Digital pathway entry, triage and data sharing within multiagency systems require robust information governance safeguards to protect patient confidentiality and ensure compliant use of health data.
Cydraddoldeb: Equality:	Targeted early years action and a structured, equitable approach to GLP1 prescribing support a reduction in inequalities; however, unmanaged demand, private sector access and current service gaps risk exacerbating disparities.



Healthy Weight Implementation Plan 2026-2029

Hywel Dda University Health Board

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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1. Executive Summary

Healthy weight is one of Hywel Dda University Health Board's (HDdUHB) most pressing population health challenges. Two in three adults, and almost one in three children and young people across our region, are living with overweight or obesity, with the highest rates concentrated in our most disadvantaged communities. These patterns are driving rising levels of avoidable chronic disease, particularly Type 2 diabetes, placing significant pressure on health and care services and contributing to widening health inequalities. The arrival of new Glucagon-Like Peptide-1 (GLP-1) medicines for weight management is transforming expectations and demand, further highlighting the need for a stronger, integrated prevention and treatment system.

Healthy weight is not solely an issue of individual behaviour; it is fundamentally shaped by the conditions in which people are born, grow, live, work and age. In HDdUHB, avoidable and unfair differences in exposure to unhealthy food environments, limited opportunities for physical activity, and wider socio-economic disadvantage are driving unequal outcomes. This plan therefore positions healthy weight as a population health protection issue, requiring action on the commercial, environmental and social determinants of health to reduce inequitable exposure and create the conditions for healthier lives.

This three-year Healthy Weight Implementation Plan (2026–2029) sets out how the Health Board will meet this challenge. It brings together our statutory responsibilities, national direction from *Healthy Weight: Healthy Wales*, Ministerial Priorities in the NHS Wales Planning Framework, and our own strategic commitment to the 20four7 Prevention Framework and the Social Model for Health and Wellbeing (SMfHW). The plan is informed by a detailed mapping of the All-Wales Weight Management Pathway (AWWMP) and the Health Board's 2024 population needs assessment.

Our ambition

Our goal is to increase the proportion of adults and children who are a healthy weight and to reduce avoidable, unfair differences in exposure to the drivers of unhealthy weight. In line with Marmot principles, we will act by shaping environments, systems and services rather than relying solely on individual behaviour change, such that:

- The healthy choice is the easy choice.
- Prevention and early intervention are embedded across all settings.

- Children, families, communities and staff are supported to achieve and maintain a healthy weight; and
- People who need specialist support can access it quickly, equitably and sustainably.

Our priorities

The plan focuses on four interconnected priority areas:

1. **Healthy Environments**: Improving access to affordable, nutritious food and creating places that support everyday physical activity.
2. **Healthy Settings**: Transforming our hospitals, workplaces, early years and schools to consistently promote healthy eating and active living.
3. **Healthy People**: Scaling behaviour change and weight management support, strengthening digital and face-to-face options, and ensuring fair access to effective services, including GLP-1 therapies.
4. **Leadership and Enabling Change**: Embedding a whole system approach across our regional partnerships, strengthening governance, aligning with regional Public Services Boards (PSBs), and driving system-wide action on the commercial, environmental and social determinants of healthy weight, with a clear focus on reducing inequitable exposure.

What will be different?

Over the next three years we will:

- Support local food partnerships to expand access to healthy, affordable food for our communities.
- Improve Health Board sites and ways of working to promote healthy food choices and a more active workplace culture.
- Strengthen early years and school-based healthy weight programmes, with a targeted approach in Carmarthenshire and Llanelli where childhood obesity is highest.
- Improve access to structured lifestyle and weight management support, reduce long waiting times, and introduce a safe, equitable and financially sustainable model for GLP-1 medicines.
- Establish a children and young people's weight management service that meets Welsh Government (WG) standards.
- Expand digital support and hybrid weight management service delivery models to increase reach.

- Implement a regional whole system approach, working with PSBs across Carmarthenshire, Ceredigion, and Pembrokeshire.

Gauging our success

Our goal is to increase the proportion of adults and children who are a healthy weight. Currently, 63% of adults aged 16+ in HDdUHB are overweight or obese, including 27% who are obese (National Survey for Wales 2022–23). Among children, 28.5% of four- to five-year-olds are already overweight or obese at school entry, with 13.9% classified as obese (Child Measurement Programme 2024-25). While many of the drivers of this epidemic are outside our direct control, we aim to achieve a year-on-year improvement on these outcomes. Our impact will be assessed across population outcomes, service performance and system change across the four priority areas of the Plan, as presented in the Our Priorities section of the Plan. Successful implementation will result in:

- Reduced inequalities in access to healthy food and physical activity.
- Increased participation in lifestyle and behaviour change programmes.
- More health promoting early years and school settings.
- Increased capacity and measurable outcomes through our weight management services.
- Shorter waiting times for Level 2 and Level 3 services.
- A safe, equitable prescribing model for GLP-1 treatments as part of our weight management pathway.

Delivery will be overseen by the Healthy Weight Oversight Group and aligned to the A Healthier Mid and West Wales (AHMWW) Strategy and regional PSB structures. Task and finish groups will drive specific workstreams, with clear accountability across public health and a multi-disciplinary workforce including dietetics and other allied health professionals, medical and nursing workforces, primary care, digital, procurement, estates and key external partners.

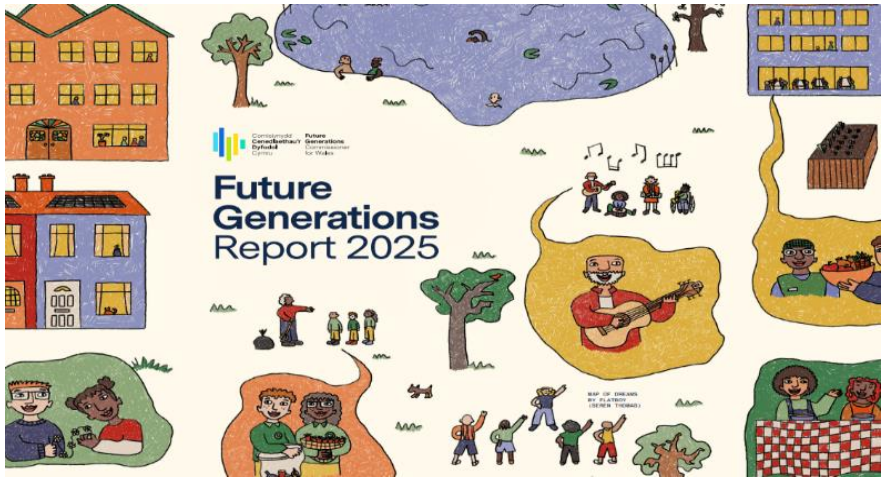
2. Strategic Background

The reduction of obesity and the promotion of healthy weight is a key priority outlined by the Future Generations Report 2025, underpinned by the Well-being of Future Generations (Wales) Act 2015 and the Healthy Weight: Healthy Wales Strategy (2019).
This plan also recognises healthy weight as a children's rights issue, reflecting the right of every child to grow up in environments that support their health and wellbeing. Preventing obesity in childhood requires action on the environments children are exposed to, including food marketing, availability, affordability and access to safe spaces for play and physical activity.

In line with the Future Generations Act, this Plan takes a long-term, preventative and equity-focused approach, ensuring that actions improve outcomes not only for current populations, but for future generations across our communities.

Source: [Healthy weight strategy (Healthy Weight Healthy Wales) | GOV.WALES]

The Future Generations Report 2025 outlines 40 recommendations which apply to WG, public bodies and PSBs. Those relating, or impacting on healthy weight, have been incorporated into our key priorities (Appendix 2).



Source: FG Report 2025

As part of NHS Wales Planning Framework, 2026-2029[3] healthy weight in children is a key strategic priority for population health and prevention with a Ministerial delivery expectation for 2026-2027 to increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme.

Figure 1: HWHW, Welsh Government, 2019

The most recent *Healthy Weight: Healthy Wales Delivery Plan 2025 to 2027*[4] sets out 23 actions across the spectrum of healthy weight in Wales, reflecting the four key strands of healthy weight, as outlined in WG's HWHW Strategy to help prevent and reduce obesity in Wales (Figure 1).

2.2 Local Planning Priorities

Our regional Whole Systems Approach (WSA) delivers the leadership and enabling change theme of the WGs HWHW strategy, uniting Public Health Wales (PHW), Health Boards, PSBs and wider partners to address the structural and environmental determinants of healthy weight. WSA is a different and dynamic way of thinking and working. It brings diverse partners together to develop a deeper and shared understanding of the challenge and builds collaboration aimed at identifying and testing solutions to bring about sustainable, long-term system change. It requires sustained effort to influence the system to create fair opportunities for all.

Commencing in April 2024, our shared WSA team has enabled both Hywel Dda and Swansea Bay University Health Boards, and the five PSBs they are members of, to identify access to food, especially affordability and availability, as the pre-eminent regional priority for collective action. Following workshops in 2025 and early 2026, all five PSBs in the Hywel Dda and Swansea Bay areas went on to identify public sector food procurement as the top priority for immediate action, demonstrating regional commitment to building a healthier, fairer, and more secure food future through collaboration and long-term planning. The shared commitment is reflected in Priority Action Area 3, Healthy Settings, of this Plan.

Healthy weight is a key priority and features prominently in HDdUHB's Annual Plan, and is reflected in the 20four7 prevention model, a three-year transformation programme to further embed prevention as a core system function across all services. The model has three interlinked priorities for prevention, which align with the Health Board's commitment to the SMfHW and the NHS Wales Planning Framework with a focus on more prevention, earlier help, and better outcomes for everyone (Figure 2).

This work must also address the commercial determinants of health, including the availability, pricing, marketing and placement of food and drink, which disproportionately influence consumption patterns, particularly in more disadvantaged communities. Through our partnerships with PSBs and Local Authorities, preparing for the implementation of Health Impact Assessment Regulations, we will use our collective influence to shape healthier local food systems and mitigate harmful exposures.

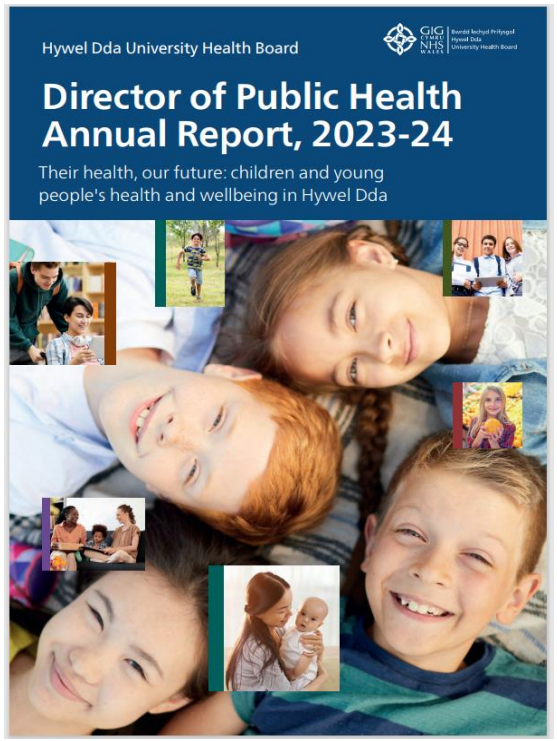
The Healthy Weight Implementation Plan supports the prevention framework through all three elements. Many of the seven diseases are in part caused or exacerbated by obesity. Nutrition and physical inactivity are two core drivers of obesity and will be targeted in this plan.

Figure 2: 20four7 Prevention Model

External Facing		Social Model for Health	Internal Facing
	20	A commitment to reduce health inequalities by focussing on the 20% of the population experiencing the highest deprivation and unmet health needs	
	4	A focus on the four key behavioural risk factors driving preventable disease: Smoking, Nutrition, Alcohol, and Physical Inactivity (SNAP)	
	7	Seven priority health domains where early intervention can reduce system pressure and improve outcomes: • Cardiovascular disease • Cancer • Diabetes and metabolic risk • Respiratory conditions • Mental health and substance misuse • Child and maternal health • Frailty, falls, and physical decline	

The Executive Director of Public Health Annual Report 2023-24[5] focussed on the health and wellbeing of children and young people, from the first 1000 days to late adolescence and early adulthood, across HDdUHB. The Report recognised the need for action on childhood obesity due to the concerning levels across HDdUHB and the negative impacts that it has on our populations. Recommendations include a focus on promoting healthy nutrition and prioritising healthy weight initiatives in primary schools.

The 2025 report focusses on the 20four7 model which as outlined above, many of the seven priority health domains are in part caused or exacerbated by obesity, two of the four modifiable risk factors are core drivers of obesity and levels of obesity are highest in the most deprived communities across HDdUHB.



Source: DPH AR 2023/24

3. The scale of the challenge

Across the Hywel Dda region, two in three adults and almost one in three children and young people are living with overweight or obesity, with the highest levels found in our most disadvantaged communities. Although many residents meet recommended activity levels, physical activity among children and young people remains worryingly low. Childhood obesity is of particular concern in Carmarthenshire, where levels are the highest in the Health Board area, especially in Llanelli. A full summary of healthy weight data for HDdUHB is provided in Appendix 1.

These patterns are driving some of the highest rates of weight-related chronic disease in Wales, particularly Type 2 diabetes. Diabetes prevalence in HDdUHB is already above the Welsh average and continues to rise, with around 8.4% of adults, approximately 28,000 to 29,000 people, currently living with diabetes. Projections indicate this could rise to nearly 39,500 people by 2030 if the current trend continues. These patterns are not random. They reflect systematic, avoidable and unfair differences in exposure to unhealthy environments, including higher density of fast-food outlets, lower access to green space, and economic barriers to healthy food; factors which disproportionately affect our most deprived communities. This places significant and avoidable pressure on urgent and emergency care, with around one in six HDdUHB hospital beds occupied by someone with diabetes, often alongside multiple other long-term conditions linked to unhealthy weight. Diabetes is associated with longer lengths of stay, higher rates of emergency admissions, increased risk of complications and greater demand on both primary and secondary care services.

While the Diabetes Planning and Delivery Group has overseen significant improvements in the early identification and management of Type 2 diabetes through delivery of the Welsh Government Diabetes Quality Statement, further progress is increasingly constrained by rising prevalence of obesity, workforce pressures and social inequality. Sustained improvement depends on strengthening primary prevention and addressing the underlying determinants of health, which is the central purpose of this plan.

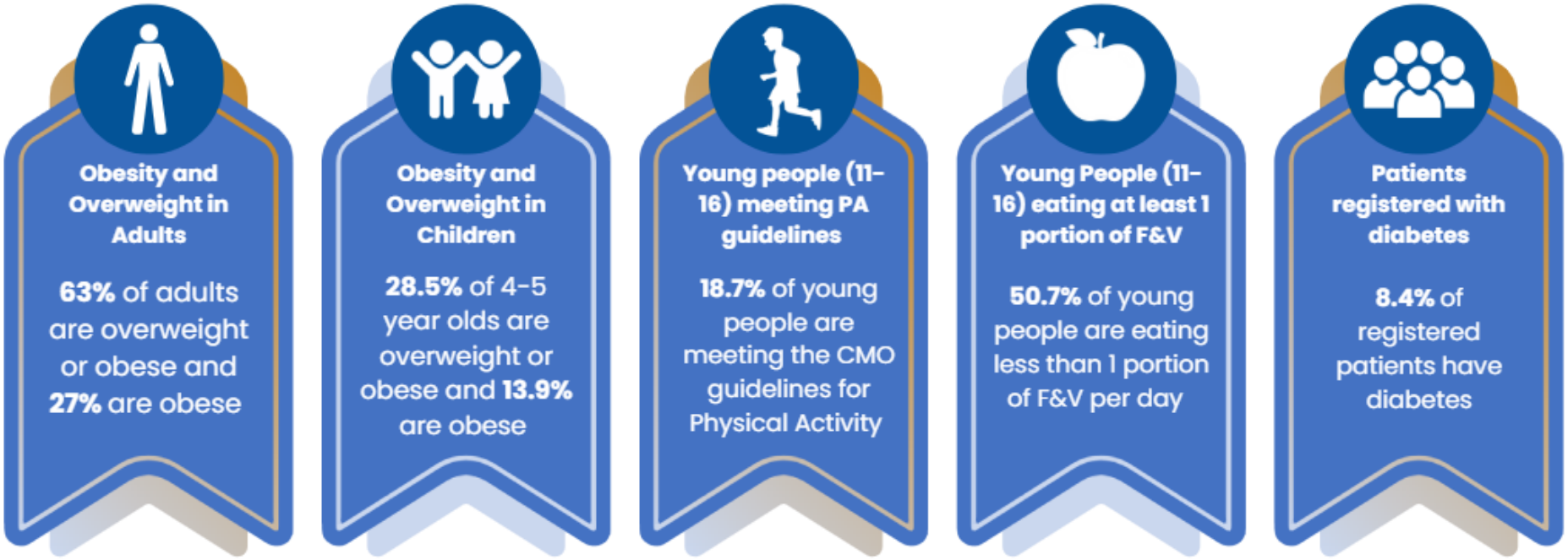
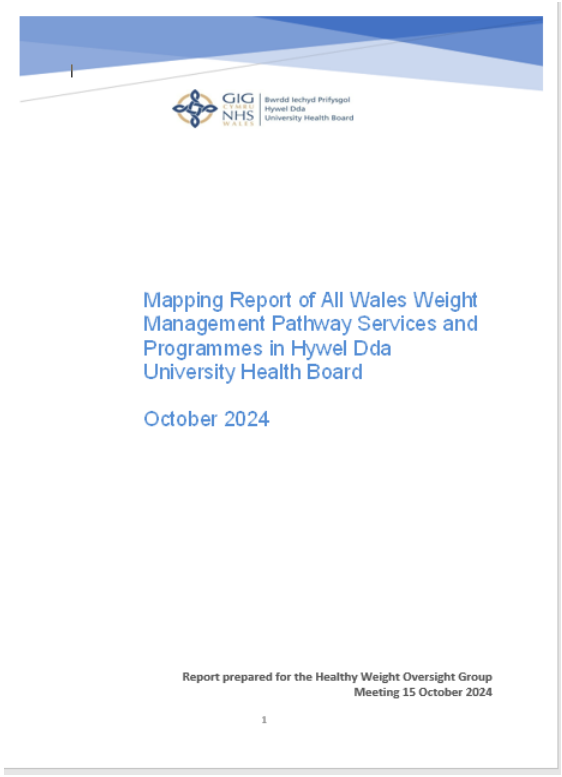


Figure 3: Summary of data across HDdUHB

Sources: CMP 2024-25; National Survey for Wales 2022-23; Quality Assurance and Improvement Framework (QAIF) (WG), 2021/22; Secondary School Children's Health and Wellbeing Survey 2023

3.1 Our weight management pathway

A mapping report for HDdUHB completed in late 2024, found that many parts of the AWWMP have only limited services available[6]. An overview of the AWWMP for adults and children and young people is available on the WG website[7,8]. The report also found that although many lifestyle services, sources of support, signposting and routine advice are provided through local health services, especially in primary care, these are usually delivered as part of managing long-term conditions like diabetes, rather than as dedicated weight management support. They are not routinely recorded within the formal weight management pathway, but they still make an important contribution to the wider system.



Mapping Report of All Wales Weight Management Pathway Services and Programmes in Hywel Dda University Health Board

October 2024

Report prepared for the Healthy Weight Oversight Group
Meeting 15 October 2024

1

A summary of the key findings:

- Inconsistent offer of Level 1 services across HDdUHB with some areas receiving more support than others with services not joined or interlinked
- No consistent pathway to signpost people to self-help resources in Level 1 and 0 (0 refers to prevention services that do not meet the criteria for Level 1 of the AWWMP)
- Limited Level 2 provision
- Level 3 demand is significantly exceeding capacity
- There is a clear gap in the provision for children and young people at Levels 2 and 3
- Limited capacity for accredited nutrition training from the HDdUHB for prevention services, which ensures an evidence-based, consistent approach to nutrition messages
- Short term funding across obesity prevention services and initiatives
- Absence of primary care programmes to tackle overweight and obesity
- Partnership working needs to be strengthened

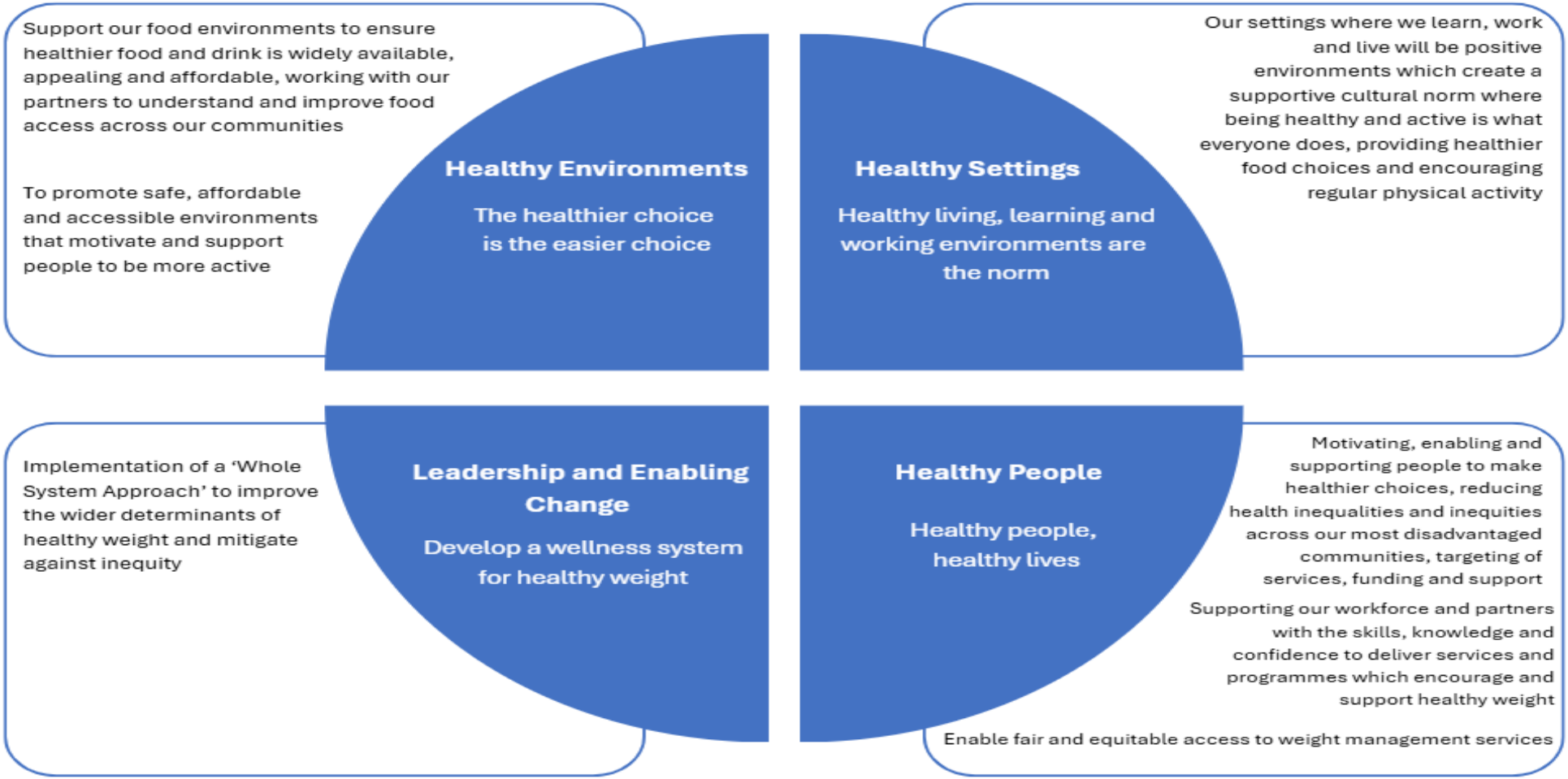
The arrival of GLP-1 medications, known under brand names such as Ozempic® and Wegovy®, has created a major shift in how and why people access and experience the weight management pathway. Demand for pharmacological treatment has increased sharply, with referrals to Level 3 weight management services rising and waiting lists growing rapidly, as people now come forward primarily seeking medication rather than behavioural support alone. While these medicines can offer significant benefits, they also introduce new pressures and risks: unstructured or inconsistent prescribing will lead to overspend, widening inequalities, and poor outcomes if not combined with proper lifestyle support. GLP-1 therapies also intensify the need for stronger digital triage, better data, and integrated pathway redesign, because the current AWWMP predates these treatments and is not built to manage such high demand. Overall, GLP-1 medicines present an important new opportunity for clinically effective weight management, but only if embedded within a structured, well-governed and much larger scale weight management system that supports long-term behaviour change and protects service sustainability.

4. Implementing our 3-year plan

A Healthy Weight Oversight Group established in October 2024, provides the strategic direction and oversight of the key programmes of work that support HDdUHB's healthy weight agenda. It brings together Primary and Secondary Care directorates across the Health Board and other work streams including the weight management service, Diabetes Prevention Programme, WSA to healthy weight and related programmes of work.

The group ensures the provision of high quality, evidence-based programmes of work which promote equity and inclusion whilst contributing to the reduction of obesity and promoting a healthy weight across the life course within our communities.

4.1 Our Priorities



4.2 Our Priority Actions

To support with the evaluation and oversight of obesity and overweight, a dashboard is in development which will hold available data for obesity and overweight across the Health Board. It is acknowledged that there are currently limitations with the availability of data, however we will work internally and with partners to improve this (Appendix 3).

4.2.1 Healthy Environments

'The healthy choice is the easier choice'.

Outcome One: Support our food environments to ensure healthier food and drink is widely available, appealing and affordable, working with our partners to understand and improve food access across our communities.

Outcome Two: To promote safe, affordable and accessible environments that motivate and support people to be more active.

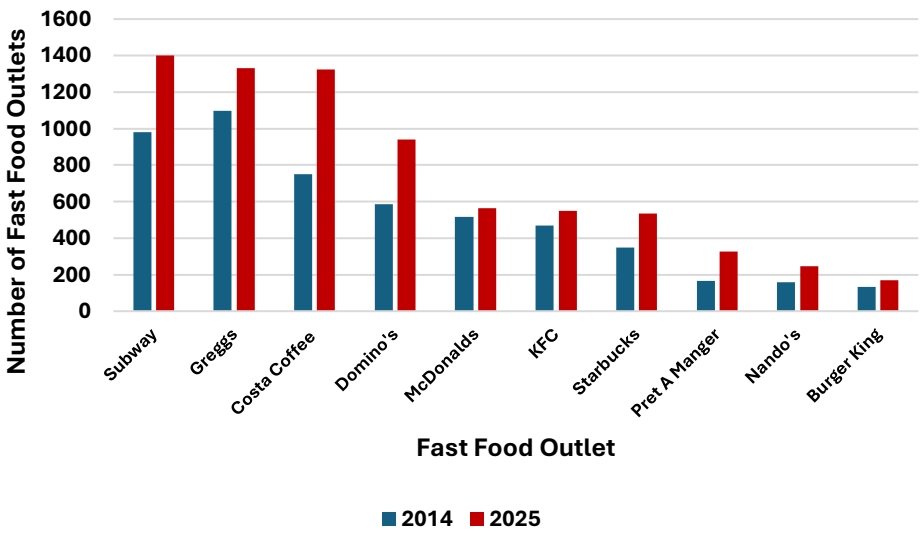
Why is this a priority?

Over the past five decades society has radically changed with major shifts in work patterns, transport, food production and sales. What we eat has changed. Foods that are often high in sugar, fat and salt are appealing to us in taste and, for people with less time, are also convenient. Alongside this we move less – travelling by car more often and in the type of work we do. It's not that we have less willpower than previous generations but many influences on our behaviour are outside of our direct control.

People living in the most deprived parts of our communities face even greater barriers to accessing affordable, nutritious food and to being active. There are fewer green spaces and safe places to play and generally a higher number of takeaways.

An analysis by the University of Cambridge and Bite Back charity[9] (Figure 5) found a significant increase in the number of fast-food outlets within 400 meters of a school. Seven out of the ten of the chains studied had at least a 25% increase. They also found that 14.2% of schools had a major fast-food outlet within 400 meters.

Figure 5: Number of Fast Food Outlets within 400 metres of a school 2014 and 2025 in Great Britain



Source: ***Fuel us, don't fool us: Big food & our communities: Where are food chains expanding?*** **(Out-of-Home), Bite Back charity, 2024**

All fast-food outlets measured saw increases in stores within 400 metres of a school between 2014 and 2025. The biggest increases were Pret A Manger at 96%, Costa Coffee at 77% and Domino's at 61%. The highest number of stores in 2025 were Subway with 1399, Greggs with 1331 and Costa Coffee with 1325.

Families and individuals on a low income or government benefits spend a greater proportion of money on food, and healthier food, particularly fresh fruit and vegetables, is more expensive. In recent years, those in our poorest communities have seen the most significant increases in weight, contributing to a widening health gap between the richest and poorest parts of society.

How can we make a difference?

There are three established food partnerships across HDdUHB, each serving a county council and are driving innovation and best practice in all aspects of healthy and sustainable food. They do this through forming local cross-sector food partnerships for public agencies, community organisations, academics and businesses to collaborate for lasting change. They all work across a framework of six key focus areas, which include "Healthy Food for All: Tackling food poverty, diet related ill-health and access to affordable healthy food"[10]. As members of each steering group, we have influence on the direction of the food partnership and can advocate for public health priorities, including those which will positively impact on obesity and overweight.

The Welsh Institute of Physical Activity, Health and Sport (WIPHAS) is based in Swansea University and brings together a range of expertise in the physical activity and sport world. A collaboration between WIPHAS and the Health Board has been agreed to develop a set of options for increasing physical activity across HDdUHB.

What next?

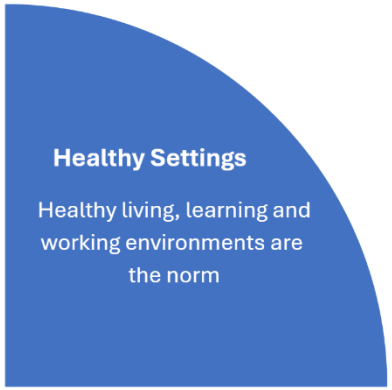
Over the next two years, the Health Board will work closely with local food partnerships to support them to improve inclusive access to nutritious food, addressing the root causes of food poverty, and strengthening the promotion of healthy eating across our communities.

In relation to physical activity, we will deepen our collaboration with WIPHAS and agree a set of evidence-based, system-wide actions to increase physical activity levels across the Health Board region. These actions will be developed with partners, aligned to national priorities, and supported through clear implementation and monitoring arrangements.

This priority represents a population health protection approach, focusing on reducing harmful environmental exposures and reshaping the conditions that influence behaviour. This includes addressing the density of fast-food outlets, the affordability of healthy food, and the physical and social environments that either enable or constrain healthy living.

We will also work closely with the newly formed sports partnerships and are in conversation with them to understand how best we can support and work together to increase physical activity levels across the region.

Priority: **'The healthy choice is the easier choice'**				
Outcomes	**Actions**	**Responsibility**	**What does success look like**	**Metrics**
Our food environments will offer healthier food and drink choices that are widely available, appealing and affordable, working with our partners to understand and improve food access across our communities.	1.1 Provide support for the food partnerships to enable the inclusive access to healthy food across our communities	Public health and dietetics staff will work with the food partnerships	• Communities across the Health Board have better access to affordable, healthy food • Various local schemes are widely adopted and support people to access healthy food • Barriers to accessing healthy food in deprived communities are addressed and overcome • The food partnerships are productive and enable effective collaboration between organisations working to improve access to healthy food • Data shows reduced food insecurity in targeted areas • Barriers to being physically active across HDdUHB are removed and our environment actively encourages physical activity	• % of people reporting having access to healthy food in deprived areas • % of people reporting eating five fruit and vegetables per week
To promote safe, affordable and accessible environments that motivate and support people to be more active.	2.1 Collaborate with WIPHAS to establish realistic and evidence-based initiatives to increase levels of physical activity across the Health Board	Public health staff will collaborate with WIPHAS and other partners		• % of people reporting meeting national physical activity guidelines



4.2.2 Healthy Settings

'Healthy living, learning and working environments are the norm'

Outcome: Our settings that we live, learn and work in actively promote a supportive culture where being healthy and active is what everyone does. Providing healthier food choices and encouraging physical activity are part of everyday life.

Why is this a priority?

The access to food plays a key role in shaping the health outcomes for patients, staff and visitors. Our lifestyle behaviours are heavily influenced by the environment in which we live, work and play. HDdUHB is one of the largest employers and providers of service in West and Mid Wales. The Health Board employs approximately 14,300 staff, which makes up approximately 10% of the total workforce in the three Local Authorities, and the Health Board delivers services for approximately 375,000 people. In order to positively contribute to the health and wellbeing of the 14,300 staff that the Health Board employs, and the patients who visit Health Board sites every year, we will create an environment across our sites where individuals are supported to adopt new behaviours, and specifically in this instance, choose a healthier food or drink option and be physically active.

With the integration of food procurement improvements with price incentives, marketing adjustments and public engagement, HDdUHB and the NHS more broadly can transition towards a healthier food environment whilst also managing the cost, acceptability and operational constraints of the changes.

Schools and pre-school settings are key in prevention and early intervention for challenges with maintaining or becoming a healthy weight, because children and young people spend a substantial amount of time in these settings, which in turn have a big influence on their behaviours in these years, but also into their adult life. Schools, early years settings and workplaces are critical settings for reducing inequalities and enabling lifelong healthy behaviours. Consistent with Marmot principles, we will prioritise action in areas of greatest need and ensure that all settings contribute to making the healthy choice the easy choice from early childhood onwards.

How can we make a difference?

Supporting people to change their dietary habits and physical activity levels is a gradual process. Changes in dietary habits will necessitate long-term thinking and a change in how we procure, prepare and sell our food. It will require broader action across sectors to normalise a healthy food environment, and we will work with colleagues in the WSA to Healthy Weight team to support a broader transition. However, providing a hospital/Health Board site environment which encourages and makes the healthy choice much easier, will have a real impact due to the number of people who use our sites.

There is both national work and work on-going by other Health Boards which can support best practice; however it is important to take a personalised approach that is specific to HDdUHB. National and regional partnership work with Swansea Bay University Health Board (SBUHB) work will support progress in our Health Board and engage in network and oversight meetings.

The Starting and Developing Well team consists of healthy school co-ordinators, who work closely with primary and secondary schools to, amongst other priorities, support them in improving their settings to be more health promoting. The co-ordinators have good, trusting relationships with the schools and are in a good position to support these important settings in increasing the number of children who are of a healthy weight.

Leadership for this work sits with the Director of Public Health team and the public health function, working in partnership with Local Authorities, Public Services Boards, and wider system partners. This reflects the need for coordinated system leadership across organisational boundaries to influence the wider determinants of health. Delivery will be action-focused, using PSB structures to align priorities, mobilise collective levers, and ensure that agreed actions translate into measurable system change rather than policy intent alone.

What next?

Developing our procurement practice alongside national and local policy will be key in driving this priority forward. A preventative approach to keep people well through healthier food provision and encouraging the staff and patients to make healthier choices, is in line with our public duty to act and ensure the Well-being of Future Generations (Wales) Act 2015[11].

The food environment is also a key priority within the HWHW strategy, and we will work with colleagues to ensure a joined-up approach which stems from our sites.

The Starting and Developing Well team is currently running and are in the planning phase of several initiatives which look to directly or indirectly support children in being a healthy weight. To tackle some of the highest rates of childhood overweight and obesity in Wales and reduce inequalities across our region, the team will be prioritising action in Carmarthenshire, particularly in Llanelli, by strengthening healthy eating, feeding practices, and opportunities for active play in the early years.

Priority: **Healthy living, learning and working environments are the norm**				
Outcome	**Actions**	**Responsibility**	**What does success look like**	**Metrics**
Our settings that we live, learn and work in actively promote a supportive culture where being healthy and active is what everyone does. Providing healthier food choices and encouraging physical	3.1 Engage in thorough stakeholder engagement across the Health Board on our food environment and convene a task and finish group to decide on phased actions to improve our food environment	Facilities and procurement hold much of the responsibility for the delivery of these actions, supported by Public Health and dietetics staff	• On site food provision provides affordable and accessible healthy options for staff • Vending machines offer 24-hour access to healthy meals • Our staff are supported and feel empowered to make healthy behavioural choices	• % of healthy food options available in vending machines • % of healthy food options in staff prepared meals • Level of compliance with national/locally set guidelines

activity are part of everyday life.	3.2 Pilot the food environment initiative as an evidence-based model, incorporating clear evaluation metrics 3.3 Engage national policymakers around the food environment to ensure regional alignment with national policy objectives 4.1 Develop a parkrun people network across HDdUHB, to encourage and promote parkrun events and run health themed events 4.1 Increase the uptake of the Healthy & Sustainable Pre-School Scheme in early years settings 4.2 Increase the number of primary and secondary schools which create health promoting school environments	Public health and the communications team will share the responsibility and work with local and national parkrun teams The Starting and Developing Well team will lead this work	• The Board and Executive Team fully support and facilitate changes to our work environment • The Health Board can lead the way, and show leadership in the space for other public sector organisations to follow • Staff across the Health Board are aware of and engage in parkrun events through active participation or volunteering • All schools and pre-school settings actively promote, encourage and support children and young people to have healthy lifestyle behaviours	• Staff reported satisfaction with healthy meal and confectionary options • % increase in parkrun participation • Number of health aspects completed by pre-school settings • % of schools engaged in an 'active offer' • % of overweight and/or obesity in the childhood measurement programme

4.2.3 Healthy People

'Healthy people, healthy lives'

Outcome one: Motivating, enabling and supporting people to make healthier choices, reducing health inequalities and inequities across our most disadvantaged communities, targeting of services and funding and support.

Outcome two: Supporting our workforce and partners with the skills, knowledge and confidence to deliver services and programmes which encourage and support healthy weight.

Outcome three: Enable fair and equitable access to weight management services.

Why is this a priority?

The first 1,000 days of life from conception to age two set a child's long-term growth pattern, so supporting families early helps prevent unhealthy weight. Breastfeeding protects against rapid weight gain and reduces the risk of childhood obesity and improving rates of breastfeeding is a Public Health priority. Early years settings play a key role by helping families build healthy routines from the start, and when issues do arise, children and families should be linked smoothly into weight management services for timely, appropriate support.

There is a clear and concerning gap in our services for children and young people who need support to manage their weight. Evidence suggests that up to 40% of the 10,000 children and young people living with obesity in HDdUHB also have other health conditions[12,13,14]. Many of these children and young people will benefit from specialist weight management support, improving their health and reducing future healthcare costs.

For the adult population, preventative services, alongside the AWWMP, are essential to support communities living in environments that make unhealthy weight more likely. Of the four key behavioural risk factors outlined in the 20four7 Framework, two structured services are in place providing smoking cessation and alcohol misuse support. There is no unified and scalable service model to support healthy eating and physical activity across the population. Both lifestyle behaviours are important in the prevention of obesity, whilst also holding

several other benefits for health and wellbeing. As a result, we are committed to scaling a structured offer for nutrition and physical activity.

When the AWWMP mapping report was completed, 1,850 adults were already waiting for Level 2 and Level 3 services, far beyond available capacity. Since then, demand has grown substantially as interest in pharmacological treatments has increased.

Digital weight-management services offer an opportunity to deliver multidisciplinary support more efficiently. Some provide prescribing and monitoring of weight-management medicines, while others offer coaching and behavioural support. For people who are not digitally excluded, these online services can reduce waiting times, speed up access and provide flexible support that does not rely on travel. They can be offered following referral and clinical assessment but can also act as a self-referral option for early support.

A stronger digital offer would help reduce pressure on in-person services, freeing capacity and improving waiting times, while still enabling tailored, accessible care. For those with limited digital access or skills or confidence, additional help, or a face-to-face alternative, will continue to be provided to ensure equitable access.

How can we make a difference?

Strengthening nutrition and infant-feeding support through the first 1,000 days and early years, and increasing breastfeeding rates, are some of the most effective ways we can improve healthy growth. Expanding a pilot infant feeding service and embedding it into routine care is a key priority, giving families consistent, practical help from pregnancy onwards. Implementing a specialist weight management service for children and young people with the most complex weight-related needs will improve patient outcomes and reduce future healthcare demand.

Broader strengthening of our weight management pathway will allow us to provide earlier, more consistent, and more effective support for people at risk of overweight and obesity. By improving access at every stage, from community-based prevention and self-referral options through to structured Level 2 and specialist Level 3 services, we can intervene sooner, reduce escalation of need, and help people make sustainable changes before their health deteriorates. A more coordinated pathway will also ensure that behavioural, psychological and medical components work together rather than in isolation, giving people the right support at the right time. This

joined-up approach will not only improve individual outcomes but also reduce pressure on secondary care by preventing the progression of weight-related conditions such as Type 2 diabetes, cardiovascular disease, and musculoskeletal problems.

A strengthened pathway will also create the conditions to safely and equitably introduce new pharmacological treatments, including GLP-1 medicines, as part of a comprehensive model of care. Clear referral routes, robust assessment processes and strong links between digital, community and clinical services will ensure medications are prescribed appropriately, supported by behaviour change interventions, and monitored effectively. Alongside this, expanding digital support and hybrid delivery models will help us manage rising demand, reduce waiting times and reach people who may otherwise struggle to access in-person services. Together, these improvements will make the pathway more accessible, resilient, and person-centred, creating a system more capable of meeting current and future needs while tackling inequalities in access and outcomes.

What next?

1. Implementing a weight management service for children and young people
2. Offering better online tools and support for adults waiting or unable to access face-to-face services
3. Developing and scaling lifestyle and weight management support services
4. Ensuring equitable and sustainable access to GLP-1 medications as part of the weight management pathway

Priority: **Healthy people, healthy lives**				
Outcome	**Actions**	**Responsibility**	**What does success look like**	**Metrics**
Motivating, enabling and supporting people to make healthier choices, reducing health inequalities and inequities across our most disadvantaged communities, targeting of services and funding and support.	6.1 Increase the availability and accessibility of lifestyle and behavioural change support services, including for weight management and health coaching 6.2 Strengthening nutrition and infant feeding support through the first 1,000 days and early years and increasing breastfeeding rates.	Public Health staff will work closely with dietetics, primary care, value-based healthcare, external providers and other stakeholders outside of the Health Board to deliver these outcomes	• People across our communities and across the life course are supported in their weight management journey • People have access to weight management support and behaviour change support in a way that suits them • The pressure on our clinical weight management services is reduced to manageable levels • Preventative services are embedded into communities • GLP-1 medications are accessed by those who need them with wrap-around support for lifestyle changes	• Patient Reported Outcome Measures (PROMS)/ Patient Reported Experience Measures (PREMS) • % of clinically meaningful changes • Number of settings engaged in the programme • % of engaged individuals who increase their healthy lifestyle behaviours
Supporting our workforce and partners with the skills, knowledge and confidence to deliver services and programmes which encourage and support healthy weight.	7.1 Support the Health Board workforce and other stakeholders to develop, deliver and evaluate healthy weight interventions 7.2 Provide strategic leadership for Health Board initiatives in the promotion of healthy weight across services			• Number of joined up services which support the prevention of overweight and obesity (Level 1 AWWMP) • Number of initiatives which are brought through the Healthy Weight Oversight Group • % overweight and obesity across HDdUHB
Enable a fair and equitable access to weight management services.	8.1 Implement and evaluate a Level 2 digital weight management service for adults 8.2 Implement a children and young people weight	Dietetics will implement this outcome with support from Public Health colleagues		• PROMS/PREMS • Level 2/3 waiting list reduction • % of clinically meaningful weight loss

	management service which meets WG guidelines and standards 8.3 Develop and implement a phased introduction of GLP-1 therapies to ensure safe, equitable and financially sustainable access while strengthening the wider healthy weight pathway			• % overweight and obesity across HDdUHB

4.2.4 Leadership and Enabling Change

‘Develop a whole system approach for healthy weight’

Implementation of a ‘Whole System Approach’, to improve the wider determinants of healthy weight and mitigate against inequity.

Why is this a priority?

Developing a whole system approach for healthy weight is a priority because overweight and obesity are driven by a complex network of social, economic, environmental and behavioural factors that no single service can address in isolation. A whole system approach recognises that food access, affordability, local environments, early years experiences, physical activity opportunities, income, housing and wider inequalities all interact to shape people’s ability to achieve and maintain a healthy weight. This is reflected in the Healthy Weight: Healthy Wales strategy and seen in our own region, where Public Services Boards have identified access to food as a shared priority and where the Healthy Weight Oversight Group has emphasised prevention, healthy environments and equity as core principles. By building a wellness system, linking prevention, early intervention, healthy settings, supportive environments, and strengthened pathways, we can anticipate need earlier, prevent avoidable ill health, reduce the impact of inequality, and create the conditions where healthy weight becomes the easier, more attainable outcome for everyone.

How can we make a difference?

Facilitated by an 18-month programme of work by the regional WSA to a Healthy Weight team, access to food, including affordability and availability, was agreed as the regional priority for collaborative work across all five PSBs across both Hywel Dda and Swansea Bay University Health Board areas, with an initial focus on public sector food procurement.

What next?

With this whole system consensus in place, the next step is to identify the opportunities, barriers, enablers and practical actions needed to implement healthier food access across public services in the region. Within HDdUHB we will support this work with a

focussed review of food procurement, alongside the development of a phased three-year programme to achieve measurable improvements in healthy food access.

Develop a whole system approach for healthy weight				
Outcome	**Actions**	**Responsibility**	**What does success looks like**	**Metrics**
Implementation of a Whole System Approach that supports and anticipates health needs, prevents ill health, and reduces the impact of inequality.	1. Embed the Healthy Weight Oversight Group as the system level governance mechanism for healthy weight within the Health Board.	Public Health (Strategic Lead) with Planning and Performance	Clear governance with defined accountability; programme decisions are timely, transparent and evidence-based	• Meeting cycle and compliance • Delivery of work programme
	2. Create and coordinate Task & Finish groups for: (a) Food Environments; (b) Healthy Settings; (c) Digital & Data; (d) Children and Young People Weight-Management Service; (e) Adult Pathway & GLP-1.	Healthy Weight Oversight Group with Directorate Leads	Task and Finish groups deliver outputs on time and inform system-wide improvements	• Completion of Task and Finish group milestones • Risks/issues resolved through governance
	3. Align the WSA programme with WG, Regional Partnership Board and PSB priorities, particularly public sector food procurement, ensuring joint planning across Health Boards and Local Authorities.	Public Health; PSB Partner Leads	Cross-sector alignment and shared delivery; public-sector food procurement becomes a regional system priority	• Number of PSB joint actions delivered • Evidence of aligned plans across partners
	4. Develop and implement a three-year whole-system food access programme, beginning with a review of NHS procurement and affordability options.	Procurement; Estates; Public Health	Health Board demonstrates leadership in food environment improvement across the region	• % sites adopting healthier procurement standards

				• Implementation of food environment roadmap
	5. Build system capacity for prevention through training (Making Every Contact Count (MECC), health coaching, nutrition) and leadership development.	Workforce; Dietetics; Public Health; Organisational Development	Workforce across multiple departments equipped to support healthy-weight conversations and interventions	• Number of staff trained • Uptake of coaching/nutrition modules
	6. Strengthen data, digital and evaluation capabilities to provide a robust evidence base for decision-making and impact assessment.	Digital; Performance; Public Health	System-wide intelligence on activity, outcomes and equity informs planning and resource decisions	• Dashboard completeness • Routine reporting adopted
	7. Ensure financial governance and sustainability, including a controlled and equitable introduction of GLP-1 therapies.	Finance; Dietetics; Medicines Management	GLP-1 prescribing remains within a sustainable envelope while supporting those with highest need	• GLP-1 spend versus plan • Monitoring, stop-rules compliance

4.3 Phased Delivery Plan (2026–2029)

A successful healthy weight system in HDdUHB will be one where:

- The healthiest options are consistently the easiest, most accessible and most affordable choices across all communities.
- Children grow up in environments that protect their right to health, with reduced exposure to unhealthy food environments and increased opportunities for active play.
- There is a measurable narrowing of inequalities, with the greatest improvement seen in our most deprived communities.
- Public services, through PSBs and regional partnerships, act collectively to shape local food systems, environments and economic conditions that support health.
- Prevention is embedded across all services, with a shift from treatment to early intervention and system-wide action.

To achieve this, we will utilise key system levers available to us:

- Public sector procurement – influencing the food environment at scale across NHS and Local Authority settings.
- Planning and licensing influence via Local Authorities – contributing to healthier high streets and food environments.
- Partnership governance through PSBs – aligning action across sectors and ensuring delivery at scale.
- Health Board leadership as anchor institution – modelling best practice in workplaces, procurement and service design.
- Data and intelligence – identifying inequities and targeting action where need is greatest.

These levers will be used deliberately to reduce avoidable harm, improve population health, and ensure that our approach is consistent with our ambition to become a Marmot-aligned system and contribute to Wales' direction as a Marmot nation.

Year One

- During the first year, we will establish programme governance by confirming accountable leads and creating task and finish groups.
- We will review GLP-1 provision as part of weight management services, including eligibility criteria, and monitoring processes, and begin phased adoption.
- The procurement and implementation of the Level 2 digital weight management service will commence.
- We will agree on priorities for improving the Health Board retail food environment, aiming to pilot healthier vending and catering in at least two priority sites.
- Early years and school programmes will be prioritised in Carmarthenshire, starting in Llanelli, with a clear evaluation plan in place.
- We will finalise design and commence implementation of the children and young people's weight management service.
- Healthy weight aspects of the population health dashboard will be reviewed, including activity and outcome measures PROMS, PREMS.

Year Two

- In the second year, we will expand the healthier food environment work across priority sites and extend the initiative to additional hospitals and community settings.
- Digital and hybrid support for adults will be expanded, and services reviewed aiming to reduce Level 2 and Level 3 waiting times.
- We will continue to scale weight management and broader Health Board capacity and capability for children and young people and adult services, including MECC, health coaching, nutrition training and developing sustainable provision of GLP-1 medications.
- Regional actions aligned with PSBs on public sector food procurement will be implemented.

Year Three

- In the third year, the GLP-1 pathway will be further developed within a stable and sustainable prescribing and review process.
- An independent evaluation of outcomes, equity impact, and value for money will be conducted, and planning for the next three-year cycle will begin.

4.4 Outcomes & Measures

We will track a balanced set of measures across three levels to reflect population impact, programme performance and enabling capacity:

System outcomes	Programme outcomes	Enablers
Year-on-year increase in children at a healthy weight; narrowing deprivation gap	Reduced Level 2/Level 3 waits; % achieving clinically meaningful weight loss	Workforce trained (MECC/health coaching/nutrition); data completeness
Reduced emergency admissions and spend linked to obesity/diabetes (trend)	Improved PROMS/PREMS across services	Digital uptake; coverage of healthier food environment sites
Improved access to healthy food and safe active spaces in priority areas	Children and Young People Weight Management service activity and outcomes to WG standards	Governance: actions delivered via Task and Finish groups; risk/finance controls active

Alongside immediate reporting, we are committed to working with system partners to strengthen data capability over time. This includes collaborative work with Local Authorities, Public Health Wales, Digital Health and Care Wales (DHCW) primary care, and voluntary and community partners to improve access to relevant datasets, agree consistent definitions, and develop proportionate data sharing arrangements. This partnership approach recognises that many of the most important indicators sit beyond our immediate access and that building shared data capacity is essential to understanding population need, tracking inequalities, and assessing longer-term impact.

Further descriptions of key metrics to be developed to monitor progress and impact of this plan are outlined in Appendix 3.

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Appendix 1: Healthy Weight Needs Assessment

Figure 1: Percentage of Adults (16+) who are obese

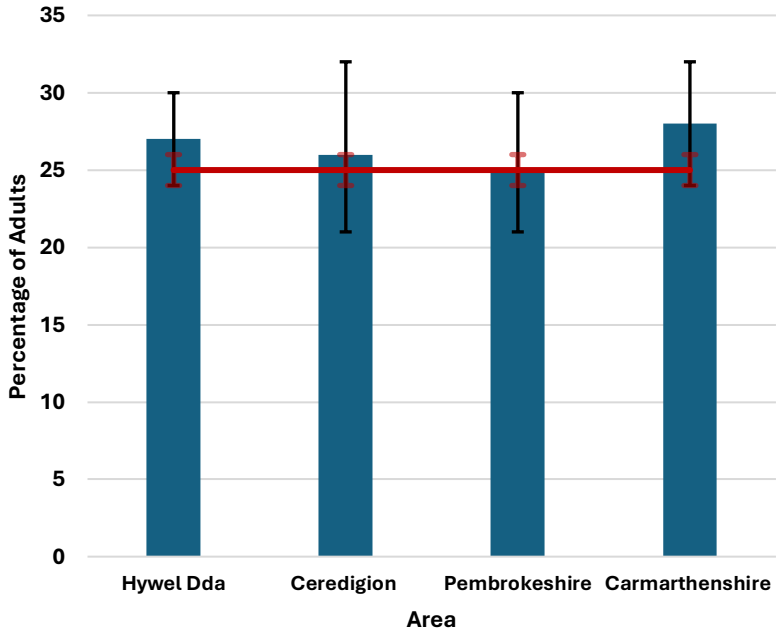
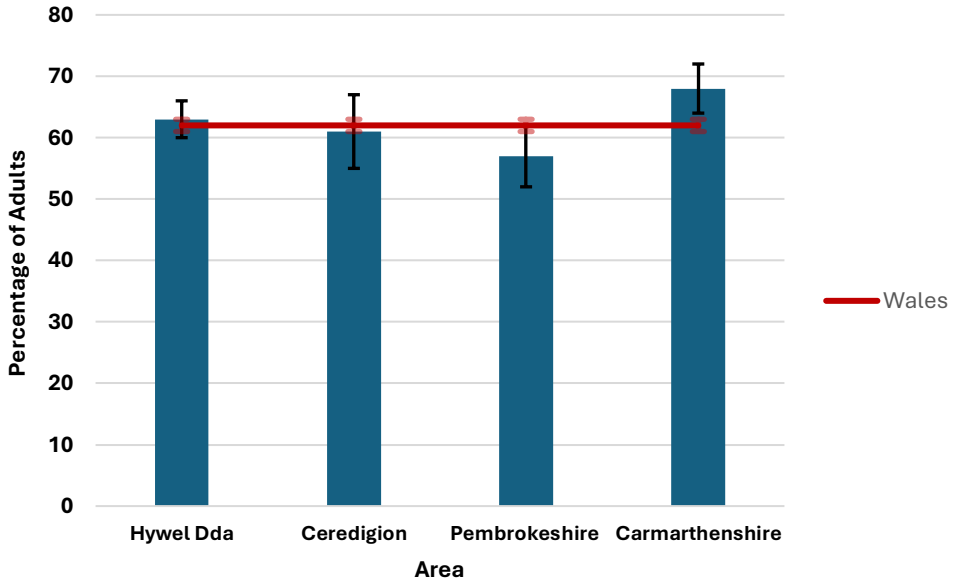


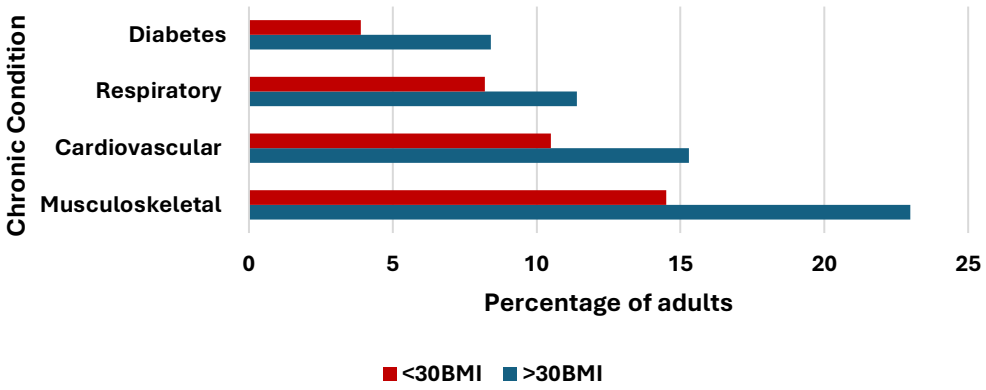
Figure 2: Percentage of Adults (16+) who are overweight or obese



Source: ***National Survey for Wales 2022/23***

Across HDdUHB, rates of physical inactivity, alcohol consumption, poor diet and other unhealthy behaviours are not improving. The prevalence of adults in Wales living with obesity has increased by 44% in the last 20 years[1] (Figures 1 and 2). Several complex, inter-connected factors contribute to obesity and overweight. This increase in obesity has brought with it many health and wider societal costs. Obesity contributes to the risk of long-term health conditions such as diabetes, heart disease and some cancers, poorer quality of life and mental health challenges, particularly depression[1].

Figure 3: Percentage of adults (16+) in Wales who are living with a chronic condition, obesity versus not obese



Source: ***National Survey for Wales, observed percentage, 2022/23***

Living with obesity[1] (Figure 3) is also associated with emotional and behavioural disorders, lower self-esteem and depression during childhood[2]. The consequences of overweight and obesity widen the inequalities that exist within our society and contribute to worse health outcomes for those poorly served in our communities. In addition to the well documented health costs of obesity, there is a great economic burden that obesity places on our health and societal systems. There is an increased direct cost of obesity, which is seen through increasing healthcare costs associated with treating obesity and related conditions. Research conducted by Welsh Government estimated the cost of obesity to be £73m per year and £83m[3], when including overweight. Furthermore, it is estimated by PHW that the cost of obesity for Wales in 2050 will be £465m for the NHS and the wider societal costs will total £2.4b[4].

High levels of childhood Obesity

HDdUHB has some of the highest levels of childhood obesity across Wales and the United Kingdom [5]. Carmarthenshire has the highest percentage of 4-5 year olds who are obese (Figures 4 and 5).

Childhood obesity, like adulthood obesity is caused by a variety of factors. A systematic review[6] with 200,777 children who were followed up as adults found that children and adolescents who were obese, were approximately five times as likely to be obese as adults compared to children who were not obese. Additionally, 55% of obese children are still obese in adolescence and 80% of adolescents remain obese in adulthood. A pilot project by PHW and Cwm Taf Morgannwg University Health Board[7] also attempted to trace the continuation of obesity. In 2013, they found that 82.5% of children measured to be obese at 4-5 years old were still obese at

follow-up at 8-9 years old, 78.4% of 4–5-year-olds who were a healthy weight at 4-5 years old, were still a healthy weight at 8-9 years old. Obesity early in life can lead to the development of 'adult diseases' at an early age which increases the risk of poor health consequences[6]. Parental influence plays a big role in childhood obesity - families in our communities fall into an inter-generational cycle

Figure 4: Percentage of 4-5 year olds who are obese

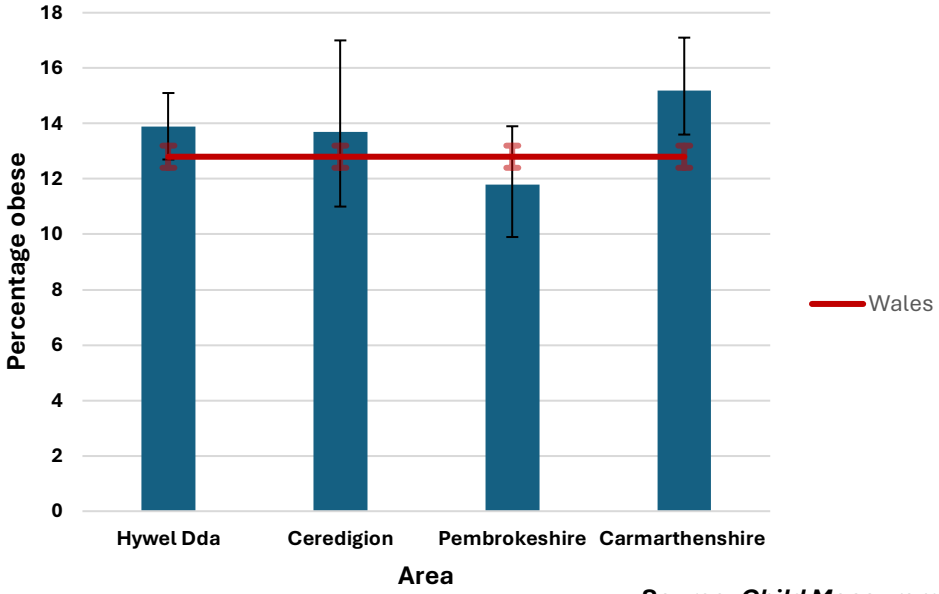
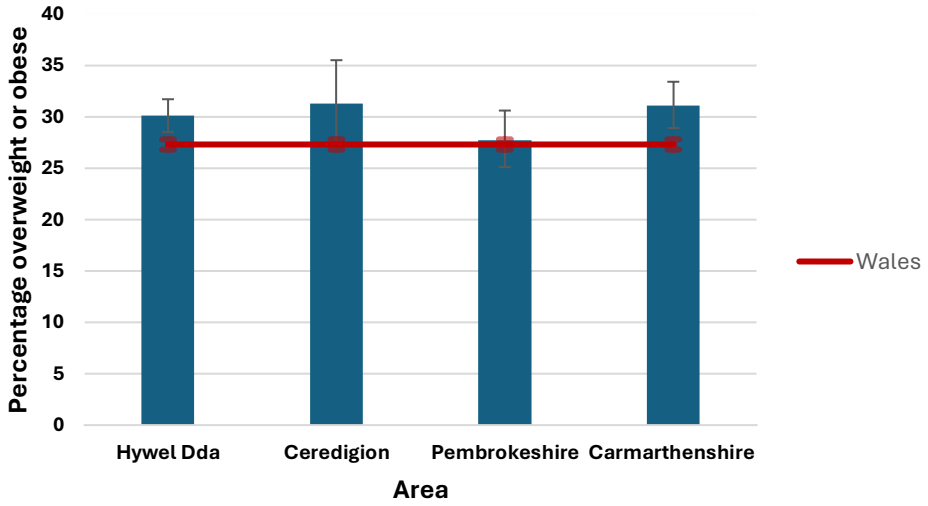


Figure 5: Percentage of 4-5 year olds who are overweight or obese



Source: ***Child Measurement Programme 2024/25***

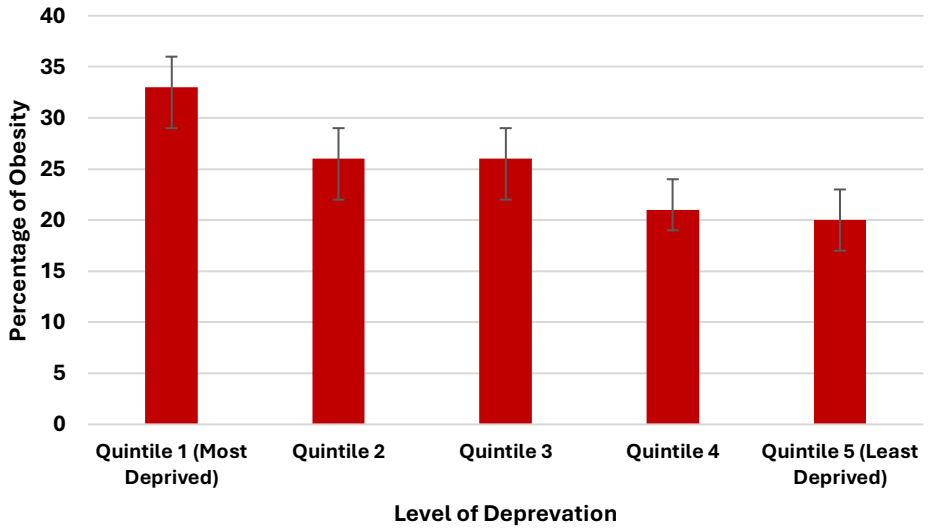
of obesity. As evidence suggests obesity in childhood is continued into adulthood, and that our rates of obesity in children are some of the highest in Wales, it signals an overwhelming need to prioritise supporting children and families to be a healthy weight.

Deprivation

The prevalence of obesity is not equally distributed across society. There is a positive relationship between overweight and obesity and socio-economic deprivation or what is also referred to as being at a lower socio-economic status[1]. In general, being from a lower socio-

economic status means being met with multiple barriers to achieving a good quality of life. The Welsh Index of Multiple Deprivation (WIMD)[8] measures deprivations using eight measures: Income, Employment, Health, Education, Access to Services, Housing, Community Safety and the Physical Environment. Higher levels of obesity are seen in areas of higher deprivation[9] (Figure 6). People living in areas of high deprivation will often face limited access to healthcare and healthy food options, fewer opportunities for physical activity, poorer education, higher levels of stress and anxiety and inadequate accommodation. All of which can make being a healthy weight more difficult for these communities.

Figure 6: Obesity in adults (16+) across Wales by WIMD Quintile (2019)



Source: ***National Survey for Wales 2019***

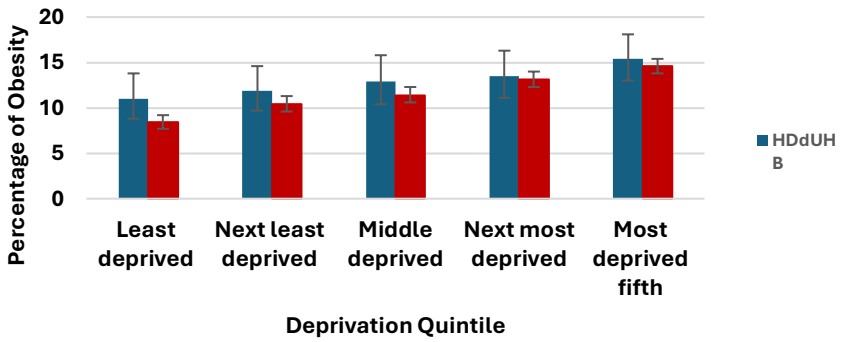
This divide between the most and least deprived in terms of obesity is not only seen in adults, but also in children and young people[5]. In Wales (Figure 7), the prevalence of obesity in the most deprived quintile is 14.6% and in the least deprived quintile it is 8.4%.

A positive relationship can be seen between deprivation and obesity on an All-Wales level – although not all differences between quintiles are statistically significant. It is less clear on a HDdUHB level, with the most deprived quintile being 15.4% and the least deprived being 11%. The lack of statistical significance at this level is likely due to the smaller geographies.

HDdUHB shows similar trends to other Health Boards in Wales, where higher levels of deprivation also show higher levels of obesity. The relationship is clearer on an all-Wales level. An explanation for this could be the smaller geographies associated with HDdUHB compared to Wales, which is also reflected in the large confidence intervals. In the least deprived quintile in Wales, levels of obesity are 8.4% (95% CI [7.7-9.2]). In the most deprived quintile, the levels of obesity are 14.6% (95% CI [13.8-15.4]) which is a statistically significant difference. In HDdUHB, the least deprived quintile has an obesity level of 11% (95% CI [8.8-13.8]) and the

Source: ***Child Measurement Programme 2023/24 and Welsh Index of Multiple Deprivation 2019.***

Figure 7: Percentage of 4-5 year olds who are obese by deprivation quintile (WIMD)



Obesity by WIMD is highest in those in the most deprived quintile (20% most deprived based on eight measures of deprivation), at 33% (95% CI [29 - 36]). A non-perfect but positive linear relationship can be seen in levels of deprivation and obesity in adults, with levels of obesity typically declining with lowering deprivation. The least deprived quintile's level of obesity is 20% (95% CI [17 – 23]). The clear and statistically significant finding is that those in Quintile 4 and 5 (40% least deprived), have significantly significant lower levels of obesity.

Table 1: Adults Physical Activity and Dietary Lifestyle Behaviours

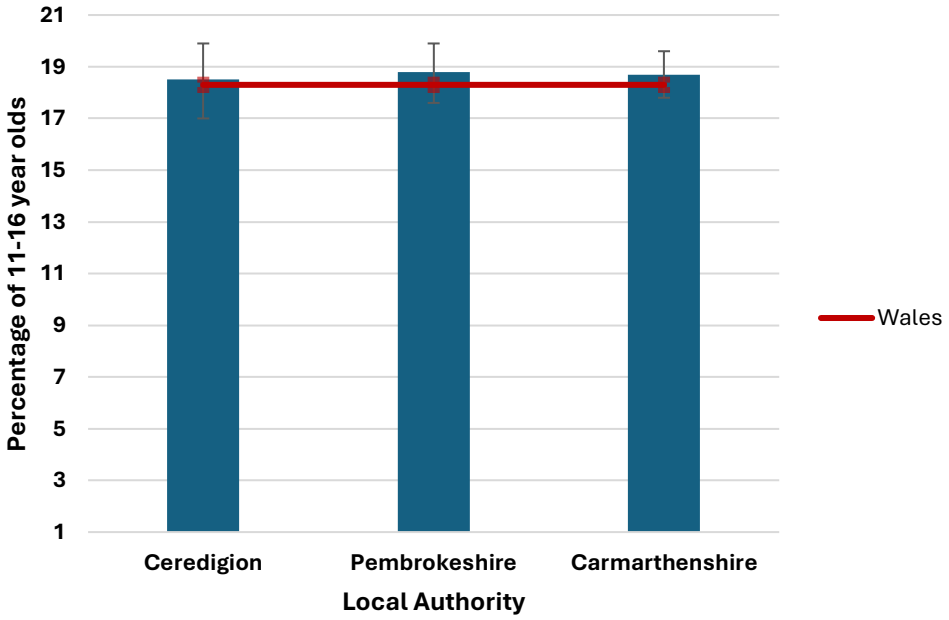
	Indicators		
	% Meeting CMO guidelines for PA	% Active less than 30 minutes in the last week	% Ate at least 5 portions of fruit and veg the previous day
Wales	56	31	29
Health Board	60	26	32
Ceredigion	64	25	29
Pembrokeshire	55	28	32
Carmarthenshire	61	25	32

Lifestyle Behaviours

Lifestyle behaviours play a key role in obesity and overweight, they are heavily influenced by our environments, cultures, and other factors.

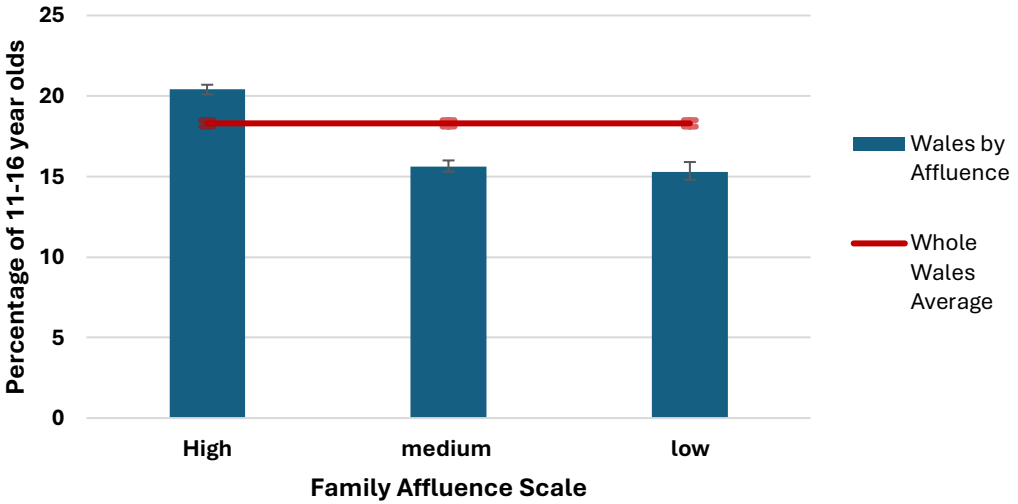
There is no statistical difference between any of the geographies displayed in self-reported lifestyle factors (Table 1). Large proportions of our communities are not active and not meeting dietary recommendations. Data from the School Health Research Network[10] (SHRN) also allows the analysis of young people's (11-16 years old) lifestyle behaviours. Overall, a low percentage of young people across HDdUHB are meeting the physical activity guidelines, ranging from 18.5% in Ceredigion to 18.7% in Carmarthenshire (Figure 8). This is not statistically significantly different to the Wales average of 18.3%. This percentage declines by age group, with 23.2% of young people across Wales meeting the guidelines in school year 7, however this

Figure 8: Percentage of 11-16 year olds reporting being active at least 60 minutes everyday for the last seven days



declines to only 13% in year 11. However, when SHRN data is applied to the family affluence scale (Figure 9) HDdUHB data is statistically significantly higher than the Wales average.

Figure 9: Percentage of 11-16 year olds who report being physically active for at least 60 minutes per day in the last seven days by family affluence



Source: ***Student Health and Well-being Surveys 2023/24, School Health Research Network***

The percentage of young people aged 11-16 meeting the physical activity guidelines is consistently low across the three Local Authorities, with no statistically significant difference between any of the Local Authorities, and the all-Wales average. Ceredigion was 18.5% (95% CI [17-19.9]), Pembrokeshire was 18.8% (95% CI [17.6-19.9]), Carmarthenshire was 18.7% (95% CI [17.8-19.6]) and the Welsh average is 18.3 (95% CI [18.1-18.5]). The earliest available date for comparison is 2017. There has been no significant

Young people from high family affluence have statistically significantly higher levels of adherence to CMO guidelines at 20.4% (95% CI [20.1-20.7]). Whereas both medium and low family affluence young people are statistically significantly lower than the Welsh average at 15.6% (95% CI [15.3-16]) and 15.3% (95% CI [14.8-15.9]). The medium and low family affluence values are comparable with no statistical significance between the two.

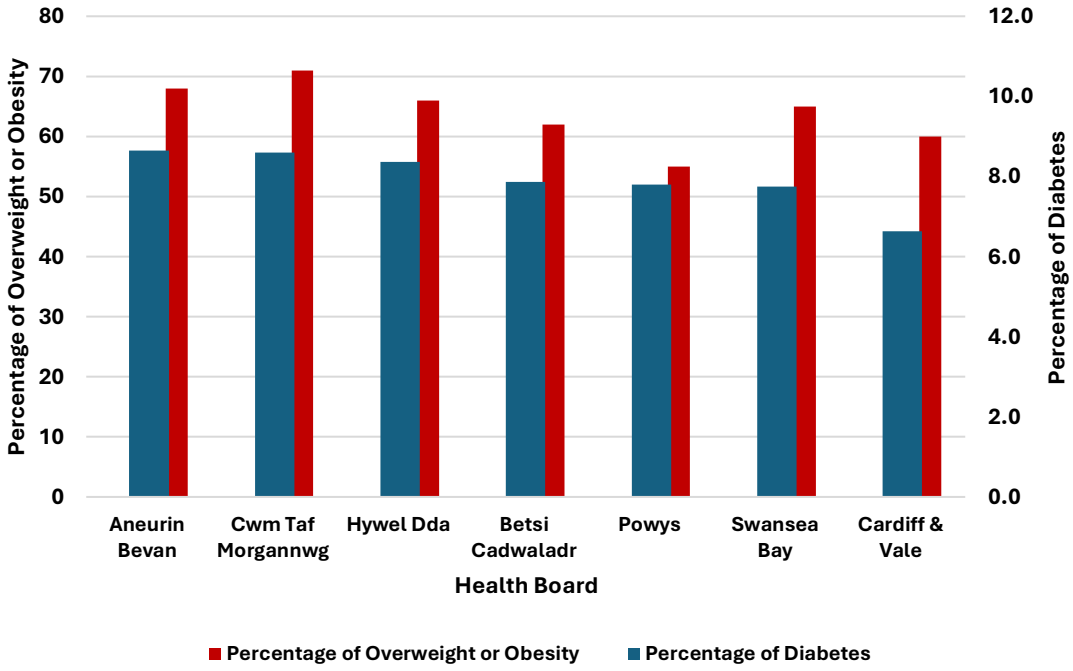
Chronic Conditions: Diabetes

Obesity is the greatest risk factor for developing Type 2 Diabetes (T2D) Mellitus, it is responsible for 80 – 85% of an individual's risk of developing the condition[11]. Patients with T2D are two times more likely to die prematurely than those without it[12], as well as being more likely to suffer a range of other diseases[13].

Diabetes in Wales has been on the rise in recent years. PHW estimates that an additional 67,000 people will be living with Diabetes in 2035/36 compared to 2021/22 which is an increase of nearly a third (32%)[13].

The financial cost of Diabetes on our health service is vast. £105m was spent on drugs to manage diabetes in Wales in 2022/23. The rise in prescribing costs since 2014/15 equates to almost double, and the items prescribed to treat Diabetes have risen by about one third[13]. Hospital admissions and stays in hospitals relating to Diabetes cost £428m in 2021/22[13].

Figure 10: Percentage of registered patients (17+) with diabetes (Type 1 and 2) and the percentage of adults (16+) who are overweight or obese



Source: ***Quality Assurance and Improvement Framework (QAIF) (WG), 2021/22 and National Survey for Wales 2022-23***

HDdUHB has a prevalence of 8.4% of patients registered over 17 years old, who have Diabetes Type 1 or 2 (Figure 10)[13]. This is above the Welsh average of 8%. Differences between Health Boards will be partly explained through the differences in population profiles, i.e. older age groups in more rural Health Boards and more younger people in cities, who typically have lower rates of diabetes compared to the older age groups.

Three Health Boards have a prevalence of Diabetes (Types 1 and 2) above the Welsh average of 8%. Those are Aneurin Bevan University Health Board, 8.7%, Cwm Taf Morganwg University Health Board, 8.6% and HDdUHB at 8.4%. These Health Boards also have the highest levels of overweight or obesity.

The Amman/Gwendraeth, Llanelli and South Pembrokeshire GP Clusters all have age standardised rates of Diabetes that are significantly higher than the Welsh average. All other clusters in HDdUHB have levels which are statistically significantly lower than the Welsh average.

When comparing emergency admissions for Type 2 Diabetes, only Llanelli is statistically significantly different to the Welsh average at 62 admissions per 100,000 population. All other areas are not statistically significantly different and therefore, comparable to the Welsh average of 40 admissions per 100,000 population[14]. This is highlighted in Table 2 below.

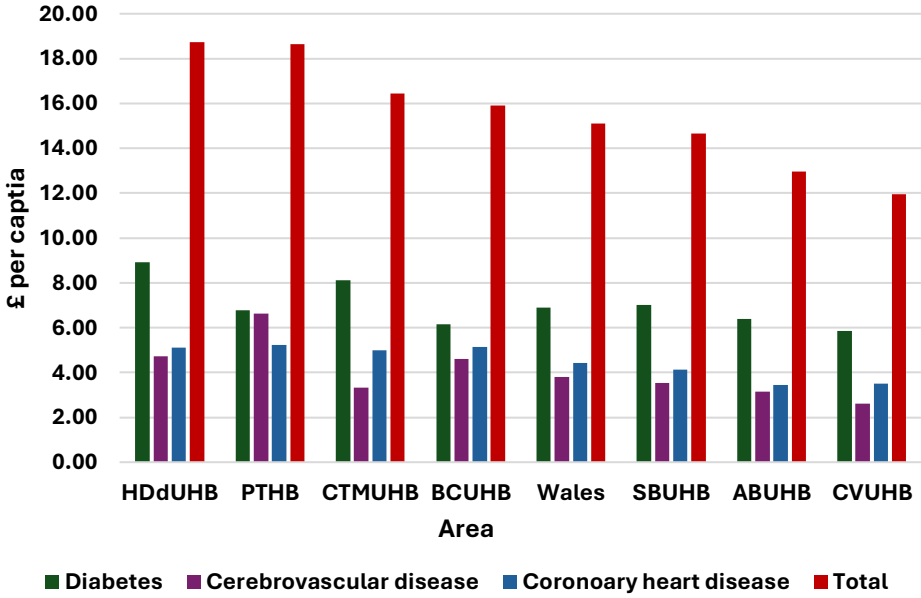
Table 2

		Indicator	
		Diabetes Register*	Emergency Admissions for Diabetes Type 2*
	Wales	7694	40
Local Authority	Primary Care Cluster		
Carmarthenshire	Amman/Gwendraeth	8082†	45
	Llanelli	8251†	62†
	Taf/Tywi	6868‡	34
Pembrokeshire	North Pembrokeshire	7335‡	34
	South Pembrokeshire	7977†	29
Ceredigion	North Ceredigion	6618‡	27
	South Ceredigion	6761‡	25

A recent analysis by PHW of per capita spending – that being the average amount spent per person in a population - on chronic conditions attributable to physical inactivity[15] shows that HDdUHB has the highest total across three chronic conditions, spending £18.73 on average. HDdUHB also has the highest expenditure for diabetes, at £8.91. In total expenditure, not captured in figure 13, £3.433m expenditure is attributable to diabetes in HDdUHB, and a total of £7.214m across the three selected health conditions.

The evidence presented in this section underpins the prioritisation of healthy weight within HDdUHB. It draws on local and national data to demonstrate the scale and impact of obesity across the population. Adult obesity has risen significantly over the past two decades, contributing to a range of chronic health conditions and placing increasing pressure on health services. Childhood obesity is also a major concern, with rates in Carmarthenshire among the highest in Wales, and evidence showing that early-life obesity often persists into adulthood.

Figure 11: Estimated per capita expenditure (£) on chronic conditions attributable to physical inactivity 2022/23*



Source: ***National Survey for Wales, 2022, Welsh Government***

Source: ***Patient Episode Database for Wales (PEDW) 2023 and Audit+ Digital Health and Care Wales (DHCW) 2023***

*European Age Standardised rate per 100,000 (EASR)

† Statistically significantly higher than the Welsh Average

*Please note that these figures draw on meta-analyses from a range of prior scientific studies, extent to which the populations studied in these sources are comparable to the population in Wales is unclear.

Caution should be exercised when interpreting the data.

The section highlights the strong association between obesity and socio-economic deprivation, with higher prevalence observed in more deprived communities. Lifestyle behaviours, including physical inactivity and poor diet, are widespread and influenced by

environmental and cultural factors. Finally, the section outlines the burden of chronic conditions such as Type 2 Diabetes, which is intricately linked to obesity and is rising in prevalence across the region. The financial costs associated with diabetes care are substantial and projected to increase.

		Overweight and Obesity across the health board				Risk Factors for obesity							
Local Authority	Area	% Adult Overweight and Obesity	% Adult Obesity	% Childhood Overweight and Obesity	%Childhood Obesity	% Adults meeting CMO Guidelines	%Young people (11-16) meeting CMO Guidelines	%Adults eating at least 5 portions of Fruit and Veg per day	%Young people (11-16) eating at least 1 portion of Fruit or veg per day	%of area in the most deprived fifth	Fast food density per 100,000 people	Supermarkets per 10,000 people	%Adults with Level 3 qualification or above
	Wales	62	25	25.5	11.8	55.4	18.3	28.5	46.5		100.65	3	64.6
	Health Board	63	27	29.3	13	58.9	18.7	28.3	49.3	9			
Carmarthenshire	Amman/Gwendraeth	68	28	30.2	14.1	58.9	18.7	30.9	46.2	5	89.01	2.7	70.2
	Llanelli									23			
	Taf/Tywi									2			
Pembrokeshire	North Pembrokeshire	57	25	28.1	11	55.5	18.8	25.6	50	11	76.98	3	63.4
	South Pembrokeshire									13			
Ceredigion	North Ceredigion	61	26	28.5	13.6	64.6	18.5	26.3	55.7	0	99.86	2.2	67
	South Ceredigion									5			

Indicator Map for levels of overweight and obesity and range of risk factors* for obesity

*There are many risk factors for obesity, this selection is not exhaustive.

Appendix 2: Future Generations Report 2025 – Healthy weight recommendations

Theme	Recommendations
Prevention-Focused Healthcare	Embed prevention in clinical pathways; address social determinants of ill-health
Funding & Policy	Ring-fence prevention funding
Food Systems	Create a national food resilience plan; fix broken food systems
Multiple-Benefit Interventions	Promote initiatives combining diet, local economy, and equity outcomes

Appendix 3: Metrics and Measures

As part of our implementation plan, we will develop a dashboard, as an extension of the population health dashboard, in order to have a quarterly update of routinely collected data/statistics which are related to healthy weight.

Below are proposed indicators with some needing further development. However, it is planned that the below will form the basis of the dashboard over the period of the Plan.

Headline system level goals

1. Childhood Healthy Weight: Preventing the increase of childhood obesity in HDdUHB, focussing on narrowing the inequalities between the most and least deprived
    a. Child measurement programme: measured annually with 4-5 year olds
    b. Most recent data is for 2024/25
    c. Baseline: Obesity: 13.9 (95% CI 12.7-15.1); Obese or Overweight: 30.1 (95% CI 28.5-31.7)
2. Adult Healthy Weight: Halt the rise in adult (18+) obesity and overweight in HDdUHB, focussing on narrowing inequalities between the most and least deprived groups
    a. National Survey for Wales: measured annually, self-reported height and weight
    b. Most recent data 2022/23
    c. Likely to be underestimated by 6+ percentage points (A third of adults in Wales live with obesity, according to new analysis | Nesta)
    d. Baseline: Obesity: 27 (95% CI 24-30); Obese or Overweight: 63 (95% CI 60-66)

Key action areas and proposed metrics

Healthy Environment

1. **Food insecurity**
    a. National-level survey data only; not robust at Health Board level.

b. Proposed proxy: use of food banks through Local Authorities and food partnerships.
c. Opportunity to establish a baseline distinguishing regular from crisis use.

2. **Workplace physical activity**
    a. No consistent Health Board-wide initiatives or routine participation data.
    b. Would require new programmes and agreed monitoring mechanisms.
    c. Not recommended as a short-term metric, included as an aspiration.

3. **Community physical activity (e.g. parkrun)**
    a. Participation data is routinely available.
    b. Potential to access postcode-level data from parkrun to enable deprivation analysis, subject to data-sharing agreements.
    c. Suitable for trend reporting rather than absolute targets.
    d. Longer term possibility to work with local providers, e.g. leisure centres, to understand trends in participation.

Healthy Settings

4. **Healthy food standards (retail, catering, vending)**
    a. No routine audit data currently available.
    b. New Welsh Government regulations provide a future policy hook, but monitoring arrangements are unclear.
    c. Working with the facilities and audit team, we will begin to monitor our adherence to guidance and regulations.

5. **Healthy food availability and staff experience**
    a. No baseline staff survey data exists.
    b. Would require development of new audit or feedback tools, potentially via workforce.

6. **Early years and schools**
    a. Healthy pre-school and school programme uptake: feasible using existing programme data.

b. Schools delivering an ‘active offer’: realistic to establish a baseline and annual reporting.
c. These represent some of the most immediately deliverable metrics.

Healthy People

7. **Tier 2/3 weight management services**
    a. Outcomes aligned to the emerging All-Wales Minimum Data Set, including:
        i. Percentage weight change.
        ii. Patient-reported outcome measures (PROMs).
        iii. Patient-reported experience measures (PREMs).
    b. Longer-term ambition to estimate uptake among the eligible population, similar to smoking cessation services.

8. **Waiting times**
    a. Median waiting time for Tier 2 and 3 services is measurable and suitable for quarterly reporting.

Leadership and Enabling Change

9. **Governance**: Number of Oversight Group meetings held versus planned; timeliness of dashboard reporting.
10. **Task and Finish groups**: Proportion of agreed outputs delivered on time.
11. **Partner adoption of healthy procurement approaches**:
    a. Reporting every six months, in line with national reporting requirements.

Healthcare utilisation impact

As part of the Plan, we want to measure avoidable healthcare usage which is partly or fully attributable to overweight or obesity.

We will work with the Healthy Weight Oversight Group and data colleagues in the Health Board and DHCW to develop our ability to monitor and understand what the impact of obesity and overweight are in terms of increased demand, and the impact our activities have on healthcare utilisation.

Proposed proxy indicators

- Emergency admissions for weight-related chronic conditions.
- Prescribing volume for obesity-related conditions.
- Elective procedures accelerated by excess weight (e.g. joint replacements).
- Maternity outcomes linked to high maternal BMI.

Key challenges

- Obesity is inconsistently coded in routine datasets.
- Attribution is indirect and requires clear caveats.
- Access to GP-level data is complex and other databases can be difficult to access (e.g. SAIL, data-sharing agreements).
- Initial analyses likely to be bespoke, one-off requests via DHCW.

Way forward

- Agree a limited set of ICD-10 and procedure codes with clear rationale.
- Use trends over time rather than point estimates.
- Treat early analyses as exploratory, with a view to longer-term service-level agreements if data proves useful.