

Consultation
Response Form

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Consultation Questions

Healthy Weight: Healthy Wales

We are seeking views on what will work to prevent and reduce obesity in Wales and help people achieve and maintain a healthy weight.

If you would like to comment on specific proposals under this theme, please use the summary of proposals document.

1. Are you responding as an individual or on behalf of an organisation? If you're responding on behalf of an organisation, please provide the organisation's name.

Individual

Organisation

Name of organisation: Nuffield Council on Bioethics

We have identified some proposals for how we think we can help people to achieve and maintain a healthy weight but we want to know if these are the right proposals, if you know of different approaches which have proven to be effective and how we can best deliver the plan

The Nuffield Council's response to this consultation draws on the conclusions and recommendations of our 2007 report [Public health: ethical issues](#). Our report takes the position that the state has a duty to provide conditions that allow people to lead a healthy life: everyone should have a fair opportunity to lead a healthy life, and therefore governments should try to remove inequalities that affect disadvantaged groups or individuals. We put forward a 'stewardship model' that outlines the ethical principles that should be considered by public health policy makers (see **further comments** for a summary of the stewardship model). Whilst the Council's report was published over 10 years ago, the principles on which its conclusions are based, and the kind of issues that it addresses, remain highly relevant to public health today, and to problems concerning obesity and healthy weight in particular.

Our report presents an 'intervention ladder' (see **further comments**, and Box 3.2 in our report) as a useful way of thinking about the acceptability and justification of different public health policies. Any intervention should be proportionate to the effect that it is intended to achieve, and should be supported by evidence (or, in the

absence of robust evidence, should be accompanied by an evidence-gathering programme). Interventions that are higher up the ladder are more intrusive and therefore require a stronger justification.

One of the case studies addressed in our report is obesity, and we base this response on the general principles that should underpin any policy in this area. We have answered only the questions to which our report and recommendations are most relevant.

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

We agree that a whole system approach could enable change to take place. As you recognise in your consultation document and as we also found in our report, there are a complex range of factors that contribute to overweight and obesity. Because of the many factors involved, there's no single solution to reduce obesity, and effective strategies are likely to incorporate many small changes implemented over a long time period by many different parties.

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

N/A

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

4 Agree

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

We agree that these proposals set out in HE1 - HE5 will make our food and drink environment healthier. Consumers' choices are partly driven by the products available to them, as well as the way that they are promoted. Under the stewardship model, food businesses have an ethical duty to help individuals make healthier choices, for example, through product reformulation. A great deal can be achieved through voluntary commitments from the food and drink sector. However, if food businesses fail to uphold their duty to provide healthier options, the Welsh Government would be ethically justified to legislate. This could also apply to food labelling – there is a strong case for clear and consistent labelling of food to help consumers understand the nutritional value of the products they are buying. We believe that providing clear and accurate information about the calorie content of food and drink is important for food packaging, as well as for food and drink eaten outside of the home, e.g. in restaurants.

We welcome the Welsh Government's proposals to limit the promotion of unhealthy foods, particularly to children. Under the stewardship model, public health policies should pay special attention to the health and wellbeing of children and other potentially vulnerable people. Our report highlights evidence that shows that children's early diet has a long-term impact on health, and observes that children may be particularly susceptible to external influences, including marketing by the food and drink industry (see paragraphs 5.22-23 of our report). In our report, we suggested that it would not be desirable to advertise products high in fat, sugar and salt to children by any medium, including online. This may be something that the Welsh Government wishes to explore, given your desire to develop proposals in addition to a 9pm watershed.

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

4 Agree

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

Agree. Our report concluded that more could be done in the design of urban environments and buildings to reduce the obesogenic nature of the environment and increase the opportunities for people to increase their energy expenditure with ease. We support the Welsh Government's proposals in HE6 and HE7 to create places and spaces that enable active travel and healthy choices. See box 5.4 in our report for examples of initiatives for increasing physical activity.

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

- Early Years (HS1)
- Schools (HS2)
- Higher/ Further Education (HS3)
- Workplace (HS4)
- NHS (HS5)
- Public Sector (HS6)

4 Agree

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

It is appropriate for the Welsh Government to focus on schools to create healthy weight environment as set out in HS2, as they play an important role in providing individuals with the capacity to choose healthy behaviours. School communities provide an important means of influencing many of the socio-cultural factors that have a lasting impact on both food choices and exercise habits. They have a prominent role in the community, are a source of support for parents and families,

and can produce community change. It's important to emphasise that schools are only one aspect of a much larger picture, but certainly an area worth targeting to create healthy environments. Any long-term strategies for schools with the aim of preventing obesity, and changing food and exercise culture, should be accompanied by monitoring and follow-up.

We agree with the Welsh Government's inclusion of proposals for early years, higher/further education, workplace, NHS and the public sector, as many agents have a role to play in tackling obesity. As in many other areas of public health policy, the only way of establishing whether a new policy is likely to lead to improved health is by trialling it, accompanied by monitoring and follow-up.

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

4 Agree

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

In our report, we found that in general in developed countries, obesity is more prevalent in lower income and lower socio-economic groups and in certain ethnic minorities.

We agree that any behaviour change programmes should be based on evidence of what is effective for specific groups. Data on the prevalence of obesity are a crucial part of understanding trends and the impact of interventions. It's important to monitor initiatives in terms of their effectiveness, particularly in this instance to ensure that any behaviour change programmes do not stigmatise certain groups or increase health inequalities.

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

4 Agree

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

Our report particularly highlights evidence that shows that children's early diet has a long-term impact on health, and that obesity in childhood is strongly associated with obesity in adulthood.

The Welsh Government proposes some targeted interventions that could benefit people who might not gain from population-wide initiatives, which we welcome.

However, care would be required to avoid actual or perceived stigma that may result from singling out particular social groups.

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

5 *Completely agree*

4 *Agree*

3 *Neither agree/ disagree*

2 *Disagree*

1 *Completely disagree*

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

N/A

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

Those living in rural areas

Welsh language

Equality

- Age

- People with disabilities

- Sex

- Transgender

- Marriage or civil partnerships

- Pregnancy and maternity

- Race

- Religion

- Sexual orientation

o Children and young people

11. Do you have any other comments about these proposals?

The Nuffield Council on Bioethics' report *Public Health: ethical issues*, on which our response is based, offers two particular ways of considering whether and in what ways public health interventions can be justified, or indeed be regarded as necessary. The first is the conceptualisation of the role of the state under a 'stewardship model' which sets out the general responsibility of the state to secure the conditions in which people can lead healthy lives. The second is an 'intervention ladder', which assists in considering what type or level of intervention might be appropriate in considering particular issues in public health. The right *rung* on the ladder in any particular case will be that where the degree of intervention (in terms of its freedom-limiting implications) is proportionate to the harm being addressed; and where there is evidence (or evidence can be collected) as to its potential effectiveness. The specific elements of the stewardship model and the intervention ladder are set out below:

The stewardship model

Acceptable public health goals include:

- reducing the risks of ill health that result from other people's actions, such as drink-driving and smoking in public places
- reducing causes of ill health relating to environmental conditions, for instance provision of clean drinking water and setting housing standards
- protecting and promoting the health of children and other vulnerable people
- helping people to overcome addictions that are harmful to health or helping them to avoid unhealthy behaviours
- ensuring that it is easy for people to lead a healthy life, for example by providing convenient and safe opportunities for exercise
- ensuring that people have appropriate access to medical services
- reducing unfair health inequalities

At the same time, public health programmes should:

- not attempt to coerce adults to lead healthy lives
- minimise the use of measures that are implemented without consulting people (either individually or using democratic procedures)
- minimise measures that are very intrusive or conflict with important aspects of personal life, such as privacy

The intervention ladder

Eliminate choice: regulation in such a way as to entirely eliminate choice, for example through compulsory isolation of patients with infectious diseases.

Restrict choice: regulation in such a way as to restrict the options available to people with the aim of protecting them, for example removing unhealthy ingredients from foods, or unhealthy foods from shops or restaurants.

Guide choice through disincentives: fiscal and other disincentives can be put in place to influence people not to pursue certain activities, for example through taxes on cigarettes, or by discouraging the use of cars in inner cities through charging schemes or limitations of parking spaces.

Guide choices through incentives: regulations can be offered that guide choices by fiscal and other incentives, for example offering tax-breaks for the purchase of bicycles that are used as a means of travelling to work.

Guide choices through changing the default policy: for example, in a restaurant, instead of providing chips as a standard side dish (with healthier options available), menus could be changed to provide a more healthy option as standard (with chips as an option available).

Enable choice: enable individuals to change their behaviours, for example by offering participation in an NHS 'stop smoking' programme, building cycle lanes, or providing free fruit in schools.

Provide information: inform and educate the public, for example as part of campaigns to encourage people to walk more or eat five portions of fruit and vegetables per day.

Do nothing or simply monitor the current situation