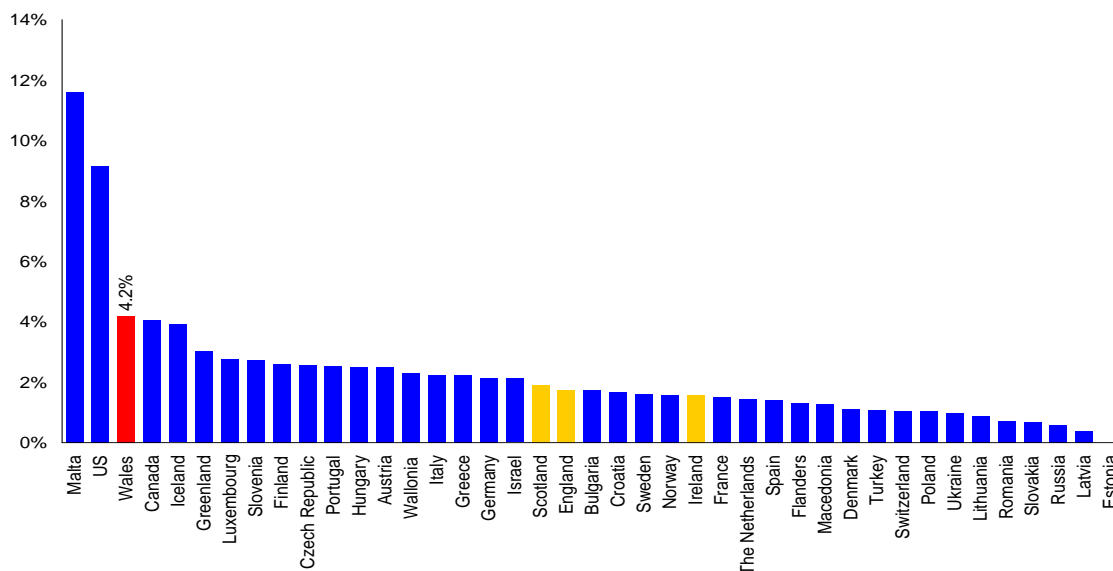


Obesity Pathway

Introduction

In Wales, as in many other countries, the proportion of adults and children who are not maintaining a healthy body weight is increasing. The most recent data from the Welsh Health Survey (2008) shows that over half of men (62%) and women (53%) are classified as overweight or obese, the proportions rising to 72% and 62%, respectively among 45-64 year olds.

The trends for children are even more cause for concern. The Millennium Cohort Survey found that 22% of Welsh children aged three were overweight and just over 5% were obese. The Health Behaviour in School-aged Children Study (2005-6) showed that Wales had among the highest levels of overweight and obesity among the participating European and North American countries at 21% and 18% for 15-year-old boys and girls, respectively.



Obesity levels in 15 year-olds 2005-2006

The UK Government Office for Science's Foresight report has suggested that in the UK 9 out of 10 adults and two-thirds of children will be overweight or obese by 2050. Analysis of more recent data from England by the National Heart Forum indicates that current trends present a more positive picture and that obesity may be levelling off in children. However, prevalence, and current trends, of excess weight are still unacceptably high and this new data should not be taken as an argument for complacency. We need to keep the momentum going to prevent millions of adults and children facing deteriorating health and a lower quality of life and government facing spiralling health and social care costs.

Increasing levels of overweight and obesity are associated with increasing levels of Type 2 diabetes, a condition that is being presented at an earlier age than previously. Lifestyle interventions in America and Finland, promoting moderate weight loss together with an increase in physical activity have resulted in a 50-58% reduction in the incidence of type 2 diabetes amongst at risk individuals (Tuomilehto et al 2001; Knowler et al 2002)

Overweight and obesity are also risk factors for chronic conditions such as cardiovascular disease, and some cancers. Any increases in the levels of such illnesses not only affect the individuals concerned and their families, but also puts pressures on the NHS and society more generally. It is said that we are facing a public health problem that is comparable with climate change both in its scale and complexity.

Summary of key evidence

The Foresight report *Tackling Obesities: Future Choices* and the National Institute for Health and Clinical Excellence (NICE) Guidance on obesity have provided a better understanding of the nature of the challenge, and of the interventions needed to make an impact. It is clear from these comprehensive, evidence-based reports that strategies and interventions should:

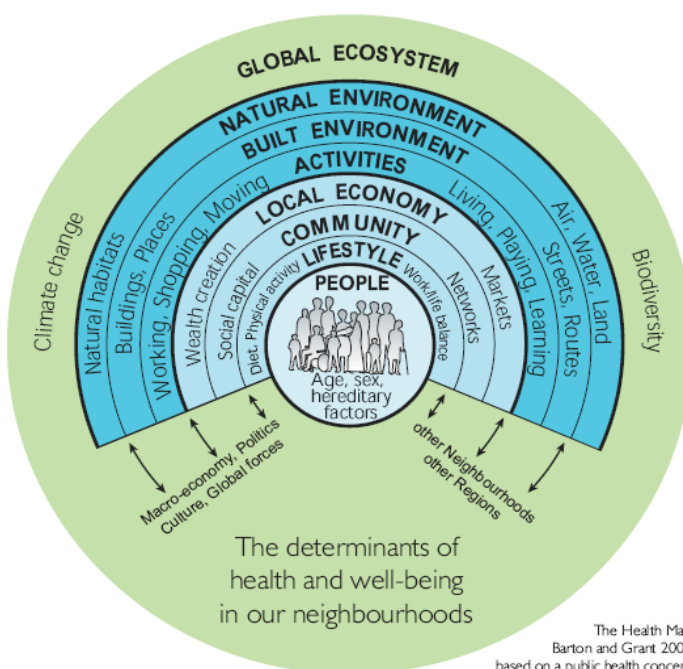
- be long term;
- focus on healthy weight, not just obesity;
- include all individuals with a focus on children, particularly early in a child's development;
- take a societal approach and tackle obesity at multiple levels: personal, family, community and national;
- tackle the impact that the environment can have on people's ability to be active and eat a healthy diet;
- apply evidence-based behaviour change theories alongside traditional health education guidance;
- involve partnership working across Government and with partners in local government, LHBs, schools, non-government organisations, industry and the wider society.

Further details of the evidence base can be found at:

<http://www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/Obesity.asp>

<http://www.nice.org.uk/CG043>

It is recognised that for changes in behaviour to be supported, action must occur at a variety of levels and in different settings, addressing the broader determinants of health as described in the diagram below.



The Role of the Pathway

The Obesity Pathway is a tool for Health Boards, working jointly with Local Authorities and key stakeholders, to map local policies, services and cross-departmental multi-agency activity for both children and adults against the four tiers and then to identify gaps. Health Boards and Local Authorities will then be asked to indicate how they are planning to implement and manage activity across the full range of determinants which cause obesity and overweight. This should be considered as part of the Health Needs Assessment that will inform Health Social Care and Wellbeing Planning implementation and evaluation. The Pathway should also influence Health Social Care and Wellbeing Plans, Children and Young People's Plans, Community Plans and Local Development Plans. The Pathway should inform which services should be available to support the management of obesity, but it is not intended to inform individual clinical treatment plans.

Health Boards, Local Authorities and their partners in the third and private sectors need to work closely together through local partnership arrangements to determine how they will contribute to tackling the challenge of rising levels of overweight and obesity in line with this Pathway. A true multi-agency approach is the key to tackling obesity. This needs to engage a wide variety of professions, many of which may not currently see improving health as part of their role. For example, town and transport planners, architects etc. can have a huge influence on making the built environment conducive to physical activity.

Specific target groups, such as people with learning or physical disabilities, black and ethnic minorities and low socio-economic groups may need additional services / planning and which should be considered during the implementation of the pathway.

The minimum service requirements within each tier of the Pathway reflect research evidence from a variety of different types including randomised controlled trials and qualitative research, but most of the evidence has been presented in systematic reviews. The priorities you select from the action areas, highlighted in the tables for each tier of the Pathway, will depend upon the gaps identified through the mapping exercise.

National policies, programmes and services have been mapped against each of the levels in Annex 1 to enable Health Boards, Local Authorities and others to make sure they have the fullest range of effective interventions available.

Links to National Policy and Planning Mechanisms

The new Health Boards have responsibility across the four tiers addressed by this Pathway and are developing 5-year plans that set out how they will take advantage of the opportunity for integrated services that this offers. There is an expectation that they will aim to rebalance services to strengthen early effective interventions that reduce the need for later more expensive treatments,

Our Healthy Future, which aims to improve the quality and length of life and to ensure that everyone in Wales has a fair chance to lead a healthy life, has as two of its ten priorities reducing unhealthy eating and increasing participation rates in physical activity. The development of Health, Social Care and Well-being Strategies and Children and Young People Plans will be an opportunity for Health Boards and Local Authorities to work closely together to create a comprehensive and community-wide approach to managing these issues, covering both prevention approaches and access to treatment for those who need it.

The Food and Fitness – Promoting Healthy Eating and Physical Activity for Children and Young People in Wales – 5 year implementation plan (2006) sets out some of the ways in which the Assembly Government is helping to support parents, children and young people in their efforts to eat well, be active and achieve the highest standard of health possible. It recognises the fact that the effects of diet and physical activity on health interact, particularly in relation to obesity, and the need to integrate healthy eating and physical activity policy and programmes. *Creating an Active Wales Strategic Action Plan (2010)* aims to contribute to addressing the increase in obesity in combination with actions to improve healthy eating.

This work is also fundamentally linked to the national programme for Chronic Conditions Management and the details set out in the Model, Framework and Service Improvement Plan. It also links to other related areas such as self care and wider primary and community health service developments.

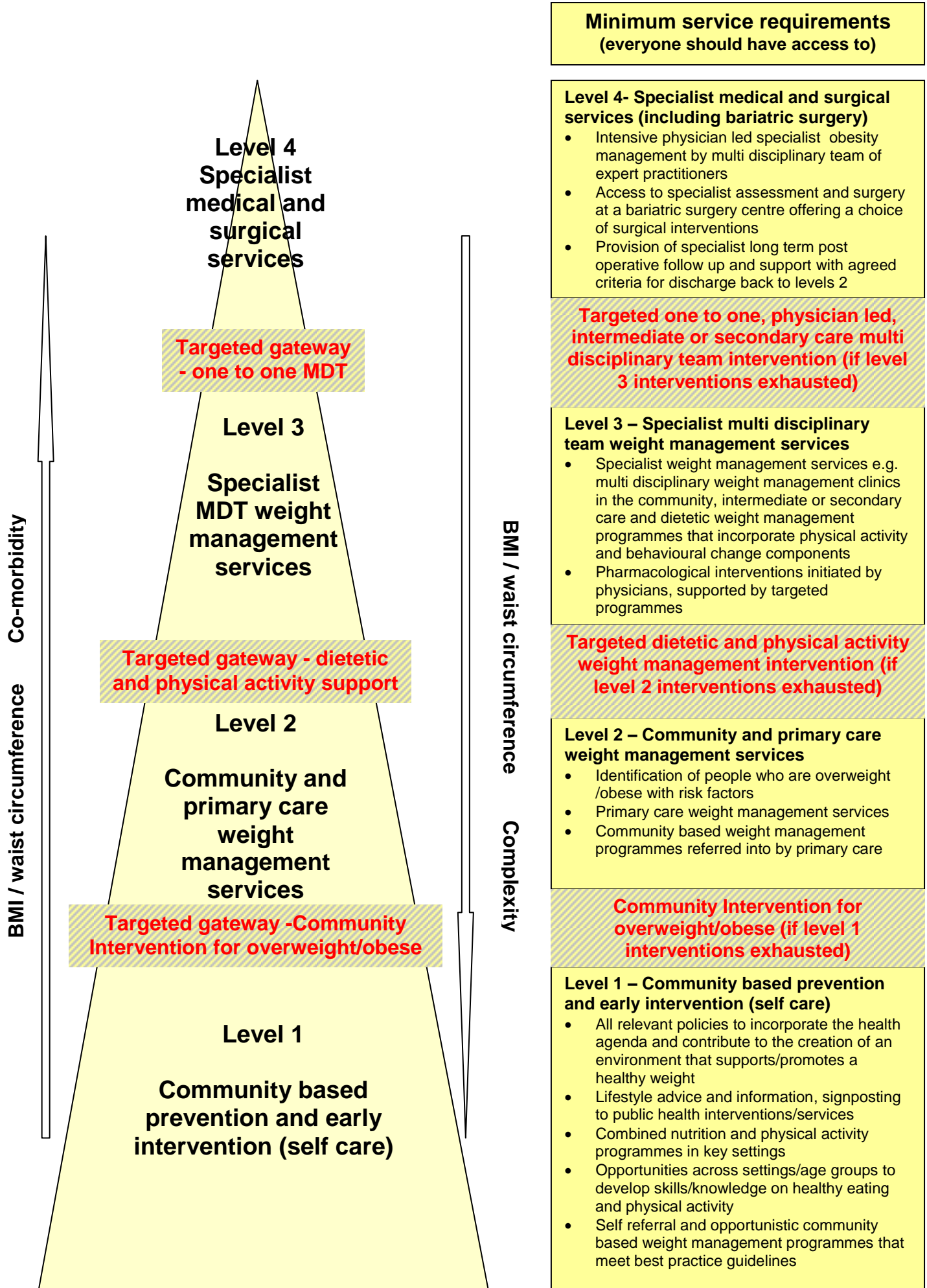
Resources

In the current financial climate it is essential that public expenditure is closely scrutinised to ensure best value. This Pathway is the tool to enable that to happen in relation to expenditure on the prevention and treatment of obesity, within existing resources.

Health Boards and Local Authorities need to assess how much obesity and overweight and the associated problems will cost them over time and the value of investment of energy and resources upstream in minimising this. They need to recognise that the impact of changing priorities in tackling obesity will not be seen immediately, results will be long-term. This should not prevent action being taken now. The Pathway indicates the wide range of approaches required in improving people's opportunities for a healthy life, and it is vital that in planning services and using resources local bodies take a balanced view of the response they need.

Existing patterns of investment should be critically examined. For example, prescription of obesity drugs may not offer such good value as training key staff to deliver weight management courses. The pattern and effectiveness of different approaches should be regularly assessed.

Obesity Pathway



Best practice

The risk associated with obesity and the level of intervention required should be interpreted and discussed with the individual and should take into account BMI, waist circumference and existence of co-morbidities (see Annex 2).

Level 1

Community based prevention and early intervention (self care)

The aim of this level is to ensure availability and promotion to the public of a range of opportunities to support children, young people and adults in achieving and maintaining a healthy body weight without the need to access specific health services, backed by the provision of a supportive environment.

Evidence suggests that interventions for prevention should focus on four factors:

- Major socio-economic determinants of unhealthy eating and physical inactivity at the population level;
- Environmental determinants of behaviour
- A combination of community (neighbourhood, workplace, school) and individual approaches;
- Whole family approaches.

Minimum service requirements	Action Areas	Examples of possible local practice
<p>All relevant policies to incorporate the health agenda and contribute to the creation of an environment that supports/promotes a healthy weight</p>	<ul style="list-style-type: none"> ▪ Action focused on the physical environment, changing the 'obesogenic environment' to enable people to have easy access to healthy food choices and be physically active. ▪ Implementation of healthy food and drink and physical activity guidelines/policy across key settings including early years, schools, further and higher education, workplaces and other community settings. 	<ul style="list-style-type: none"> ▪ Planning policy to support physical activity and healthy eating e.g. provision of safer cycling environment both on and off road, well lit walking routes, development of safe play areas and limiting number of fast food outlets. ▪ Policy to promote access to healthier food choices e.g. encouraging shops and caterers to promote healthier food choices through signage, price promotions, etc.; promotion of healthier choices at public events; provision of healthy food choices at leisure centres. ▪ Active travel planning ▪ Schools developing and implementing a food and fitness policy.
<p>Lifestyle advice and information, signposting to public</p>	<ul style="list-style-type: none"> ▪ Use of the Change4Life (sub brand of Health Challenge Wales for healthy eating and 	<ul style="list-style-type: none"> ▪ Local Health Challenge websites providing details of local opportunities such as

<p>health interventions/services</p>	<p>physical activity) branding and messages in marketing of local interventions / services.</p> <ul style="list-style-type: none"> ▪ Effective marketing of consistent accurate messages to the public. ▪ Effective marketing of local opportunities. 	<p>walking groups, food co-ops, free swimming, exercise and fitness classes and cookery classes, branded Change4Life.</p> <ul style="list-style-type: none"> ▪ Local promotion of national schemes such as the Healthy Start programme ▪ Community pharmacists providing opportunistic lifestyle advice and information.
<p>Combined nutrition and physical activity programmes in key settings</p>	<ul style="list-style-type: none"> ▪ Combined nutrition and physical activity interventions in the following settings, adopting whole setting approaches: Community Early Years Schools Workplace 	<ul style="list-style-type: none"> ▪ Through the Welsh Network of Healthy School Schemes, schools introduce a range of initiatives such as opportunities for outdoor play, cookery clubs, gardening projects and green travel plans. ▪ Schools adopt Appetite for Life recommendations. ▪ Involve parents in food and play interventions in early years settings e.g. weaning parties and active play sessions. ▪ Through Healthy Working Wales programmes, including the Corporate Health Standard, support employees to be active and eat healthily. ▪ Multi agency working with services such as health visiting, play, leisure, school nursing, youth services.
<p>Opportunities across settings/age groups to develop skills/knowledge on healthy eating and physical activity</p>	<ul style="list-style-type: none"> • Opportunities provided across settings / age groups to develop personal skills and knowledge on healthy eating, physical activity and behavioural approaches. • Promotion of and support for breastfeeding. • Training to support frontline staff to ensure consistent and appropriate messages delivered. 	<ul style="list-style-type: none"> • Community cookery programmes. • Provision and promotion of physical activity opportunities as part of everyday living e.g. walking and cycling such as Lets Walk Cymru, Bikeability and Bike It. • Sport and fitness/exercise courses. • Breastfeeding peer support groups.

		<ul style="list-style-type: none"> • Health visitors monitoring growth and development of young children and promoting healthy lifestyles. • Agored Cymru (formerly OCN Community Food and Nutrition Skills courses).
<p>Self referral and opportunistic community based weight management programmes that meet best practice guidelines</p>	<ul style="list-style-type: none"> ▪ Self help commercial and community weight management programmes that are run by appropriately trained individuals and follow best practice guidelines (see annex 3). ▪ Discussion and information on weight gain provided to people at times when weight gain is more likely. 	<ul style="list-style-type: none"> ▪ Primary care services and local authorities only recommend to patients or consider endorsing, self help commercial and community weight management programmes if they follow best practice (see annex 3). ▪ Targeted programmes to support people at risk of excess weight gain e.g. during pregnancy, the menopause and after stopping smoking.
<p>Targeted Gateway - Community intervention for overweight/obese If individuals require further support to achieve and maintain a healthy body weight than the level 1 services provide then a targeted community intervention should be in place to try to prevent these individuals from moving to level 2.</p>		

Level 2

Community and primary care weight management services

The aim of this level is to ensure availability of a range of services for children, young people and adults who wish to lose weight and have been identified as being at increased risk of obesity by a member of the primary care team. People who are ready to change will be supported by a trained individual.

Evidence suggests that a 'best fit' individual approach is more beneficial because it can ensure that the individual is willing to change and the type of intervention is suited to the individual.

Minimum service requirements	Action Areas	Examples of possible local practice
Identification of people who are overweight/obese with risk factors and assessment of motivation to change	<ul style="list-style-type: none"> • Healthcare professionals in all settings to incorporate identification of overweight/obesity into their practice, by measuring waist circumference and/or calculating BMI when: <ul style="list-style-type: none"> • Carrying out a chronic condition management review; • Patients present with risk factors for a chronic condition; • When subjective global assessment indicates that individuals may be overweight. • Assessment of readiness to change for those overweight/obese individuals. 	<ul style="list-style-type: none"> • Community pharmacists include identification of obesity as part of their medicine reviews and signpost to appropriate services. • Primary care includes identification of overweight/obesity as part of their health checks and signpost to appropriate services. • Training for practice nurses in brief interventions
Primary care weight management services	<ul style="list-style-type: none"> • Access to a range of multi-component community based weight management programmes, that are run by appropriately trained individuals and follow best practice guidelines (see annex 3). • Programmes run by appropriately trained professionals that support psychological screening/behaviour change strategies/goal setting; increased physical activity; healthy eating and reduced sedentary behaviour. 	<ul style="list-style-type: none"> • Participate in the Welsh pilot of the MEND programme, the childhood weight management referral programme. ▪ Implement an evidence based adult weight management programme in community or primary care. ▪ Exercise referral programme as part of the national scheme, with links to nutrition education and practical cookery sessions. • Training workers through accredited training programmes to deliver structured weight
Community based weight management programmes referred into by primary care		

		management programmes, incorporating physical activity.
Targeted gateway - Dietetic and physical activity weight management intervention If individuals require further support to achieve and maintain a healthy body weight than the level 2 services provide then a targeted dietetic and physical activity weight management intervention should be in place to try to prevent these individuals from moving to level 3.		

**Level 3
Specialist weight management services**

The aim of this level is to ensure availability of services for obese children, young people and adults who have one or more co-morbidities and who have tried several interventions without success or those with complex emotional relationships with food. These services provide more specialist interventions including dietary, physical activity and behavioural components than previous interventions, which can be delivered both through primary and secondary care. They act as a gateway to secondary care ensuring that secondary care services are used appropriately. Drug therapy can be considered at level 3, combined with behavioural, dietary and physical activity approaches, if these have been unsuccessful when used alone.

Minimum service requirements	Action Areas	Examples of possible local practice
<p>Specialist weight management services e.g. multi disciplinary weight management clinics in the community, intermediate or secondary care; dietetic weight management programmes that incorporate physical activity and behavioural change components</p> <p>Pharmacological interventions initiated by physicians, supported by targeted programmes</p>	<ul style="list-style-type: none"> • Specialist clinics or groups should provide; <ul style="list-style-type: none"> • Detailed assessment; • Individualised support utilising a behavioural change approach either through one to one or group education programme; • Access to members of a multi disciplinary team; • Frequent appointments / support; • Psychological support • Checks that all options considered e.g. pharmacology, CBT techniques; • Medical and dietetic support; • Assessment against referral criteria for bariatric surgery; • Management of co-morbidities. 	<ul style="list-style-type: none"> • Combined dietetic, behaviour change and exercise referral programmes run in partnership between NHS and local authorities. • Referral based multidisciplinary weight management clinic including medical assessment and screening, nursing, dietetic, psychological and physical activity components. • Referral based access to individual members of the multidisciplinary team for 1.1 support.

Targeted Gateway - One to one, physician led, intermediate or secondary care multi disciplinary team intervention
If individuals require further support to achieve and maintain a healthy body weight than the level 3 services provide then a targeted one to one, physician led, intermediate or secondary care, multi disciplinary team intervention should be in place to try to prevent these individuals from moving to level 4.

Level 4

Specialist medical and surgical services

The aim of this level is to provide a specialist medical and surgical (bariatric surgery) service to those individuals who have failed to achieve or maintain adequate weight loss through other interventions in the pathway. Individuals under the age of 18 do not normally receive bariatric surgery.

Individuals must satisfy all elements of the access criteria for assessment and treatment to proceed. Exceptional cases falling outside the criteria may be referred to the commissioner of these services for consideration by the Individual Patient Commissioning Panel. The access criteria for specialised bariatric services are:

- The individual is aged 18 years or over.
- The individual has been receiving intensive weight management, medical management, in a specialised hospital obesity clinic or community based equivalent.
- The referring clinician and the patient are in agreement about the referral.
- The individual has a Body Mass Index (BMI) of 50kg/m² or greater in the presence of a serious co-morbidity which may be amenable to treatment if obesity is modified through specialised obesity services. In practice this means that the individual has either:
 - Severe and uncontrolled hypertension.
 - Severe and uncontrolled obstructive sleep apnoea.
 - Uncontrolled diabetes despite maximum tolerated therapy.

Comprehensive preoperative assessment of the patient is essential for long term success. This should include any psychological or clinical factors that may affect adherence to postoperative care requirements. Bariatric surgery should be part of an integrated approach as an adjunctive therapy to diet and lifestyle changes. This service should be provided by a Multi-Disciplinary Team (MDT) of expert practitioners including a physician, psychologist, specialist dietitian, specialist nurse and surgeon, who has specialist expertise and training in bariatric surgery. Patients should have a range of surgical options to choose from to suit their lifestyles, with the final procedure being determined following assessment and through discussion between the patient and the bariatric surgeon. Regular, specialist, long term follow up and support should be provided by the MDT who should also develop links with Primary, Community and Secondary Care Services with criteria for referring the patient back to local care. Commitment of the patient to long term follow up should be assessed and agreed.

All designated specialist centres should be audited and must participate in the National Bariatric Surgery Audit Database.

Minimum service requirements	Action Areas	Examples of possible action
Intensive physician led specialist obesity management by multi disciplinary team of expert practitioners	<ul style="list-style-type: none">• Commissioning a high quality multi disciplinary team which offers the full range of treatment options.	<ul style="list-style-type: none">• Specialist multidisciplinary care.• Availability of referral to a tertiary bariatric surgery service.• Provision of a variety of treatment options available to promote patient choice.

<p>Access to specialist assessment and surgery at a bariatric surgery centre offering a choice of surgical interventions</p>	<ul style="list-style-type: none"> • Access to a designated specialist bariatric surgery centre which is compliant with, or working towards, the standards contained in the International Federation of the Surgery of Obesity and Metabolic Disorders (IFSO) Guidelines for Safety, Quality and Excellence in Bariatric Surgery. • A high quality, integrated, patient centred approach to care. • Appropriate referral and assessment of individuals with severe obesity using the commissioning criteria detailed above. 	<ul style="list-style-type: none"> • Access to a specialist obesity service. • Appropriate referral pathway and specialist assessment of obese patients who have not achieved lasting weight loss via the other levels in the pathway.
<p>Provision of specialist long term post operative follow up and support with agreed criteria for discharge back to level 2</p>	<ul style="list-style-type: none"> • Provision of specialist long term post operative follow up and support with formal arrangements in place for the discharge back to local overweight/obesity primary/community services. 	<ul style="list-style-type: none"> • Regular specialist postoperative surgeon and dietetic monitoring and support for discharge back to local services. • Consideration for post bariatric surgery patients who may need further surgery to remove surplus skin.

Welsh Assembly Government national policies/programmes/services

	National policies/programmes/services
<p>Level 1 Community based prevention and early intervention (self care) All relevant policies to incorporate the health agenda and contribute to the creation of an environment that supports/promotes a healthy weight</p> <p>Lifestyle advice and information, signposting to public health interventions/services</p> <p>Combined nutrition and physical activity programmes in key settings</p>	<p>Investing in a Better Start: promoting breastfeeding in Wales (2001), Food and Fitness – Promoting Healthy Eating and Physical Activity for Children and Young People in Wales – 5 year implementation plan (2006), Play Policy Implementation Plan, Play in Wales (2006), Appetite for Life (2007), Walking and Cycling Action Plan for Wales (2009), Creating an Active Wales Strategic Action Plan (2010) and the forthcoming Quality Food for all in Wales Strategic Action Plan.</p> <p>All Wales Infant Feeding Guidelines (2007), Food and Health Guidelines for Early Year and Childcare Settings (2009), forthcoming guidance re Healthy Food Options in Leisure Centres and Youth Centres, forthcoming toolkit on Planning and Health</p> <p>Health Challenge Wales http://wales.gov.uk/hcwsuite/healthchallenge/?lang=en Resources - Breastfeeding, First Foods, Big Fat Problem, 5 a Day, Change4Life, Small Steps to a Healthy Life etc. http://wales.gov.uk/topics/health/improvement/food/publications/?lang=en Food Standards Agency http://www.food.gov.uk/ Physical Activity and Nutrition Network for Wales http://www.physicalactivityandnutritionwales.org.uk/ Planet Health Toolkit for planners, environment agencies, health professionals etc.</p> <p>Children and Young People UNICEF UK Baby Friendly Initiative Breastfeeding Peer Support Groups Breastfeeding Welcome Scheme Healthy Start Programme Welsh Network of Healthy School Schemes Primary School Free Breakfast Initiative Appetite for Life grant funded projects Dragon Sport 5 x 60 PE and School Sport Initiative Bike It</p> <p>General Population Community Food Co-operative programme Improving Food in Hospitals programme Safe Routes NHS Sustainable Travel Plans</p>

<p>Opportunities across settings/age groups to develop skills/knowledge on healthy eating and physical activity</p> <p>Self referral and opportunistic community based weight management programmes run by trained individuals that meet best practice guidelines</p>	<p>Free Swimming Let's Walk Cymru Moving More Often Healthy Working Wales http://www.healthyworkingwales.com/ Corporate Health Standard</p> <p>Children Cooking Bus Cymru Cooks National Urdd Cookery Competition Cycling Training</p> <p>General Population Increasing Dietetic Capacity Grant Scheme NOCN Community Food and Nutrition Skills Physical Activity and Nutrition Network</p>
<p>Level 2 Community and primary care weight management services Identification of people who are overweight /obese with risk factors</p> <p>Primary care weight management services</p> <p>Community based weight management programmes referred into by primary care</p>	<p>MEND National Exercise Referral Programme Increasing Dietetic Capacity Grant Scheme NOCN Community Food and Nutrition Skills</p>

For additional information on any of the above national policies / programmes / services please email lifestyles@wales.gsi.gov.uk

The risk associated with obesity and the level of intervention required should be interpreted and discussed with the individual and should take into account BMI, waist circumference and existence of co-morbidities.

BMI classification	Waist circumference			Comorbidities present
	Low Men < 94 cm Women < 80cm	High Men 94-102cm Women 80-88cm	Very high Men >102cm Women >88cm	
Healthy Weight (18.5-24.9)				
Overweight (25-29.9)				
Obesity I (30-34.9)				
Obesity II (35-39.9)				
Obesity III (40 or more)				

	General advice on healthy weight and lifestyle Pathway level 1
	Diet and physical activity Pathway level 2
	Diet and physical activity; consider drugs Pathway targeted level 2 and level 3
	Diet and physical activity; consider drugs; consider surgery Pathway targeted level 3 and level 4

Community weight management programmes

Primary care organisations and local authorities should only recommend to patients, or consider endorsing, self-help, commercial and community weight management programmes if they follow best practice guidelines.

Programmes should include the key features outlined below and should promote long term weight loss through promotion of reduction in calorie intake to an appropriate and safe amount (no less than 1300kcal/day) and increasing energy expenditure through increased physical activity. Individuals need to learn how to manage food and drink intake and to re-educate themselves on healthy eating rather than relying on short-term fixes and substitutes.

Weight management programmes should:

- help people assess their weight and decide on a realistic healthy target weight (people should usually aim to lose 5–10% of their original weight);
- support the aim of a maximum weekly weight loss of 0.5–1 kg;
- focus on long-term lifestyle changes rather than a short-term, quick-fix approach;
- be multicomponent, addressing both diet and activity, and offering a variety of approaches;
- use a balanced, healthy-eating approach based on the 'eatwell plate model';
- recommend regular physical activity (particularly activities that can be part of daily life), and offering practical, safe advice about being more active;
- be person centred and include some behaviour-change techniques, such as advice on how to cope with 'lapses', barriers and 'high-risk' situations;
- recommend and/or provide ongoing support;
- have a structured curriculum;
- be delivered by trained educators;
- be quality assured and audited.

Obesity Pathway Working Group

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