Director of Public Health Report 2025

What Surrounds us, Shapes us: A Whole System Approach to Preventing Obesity and Type 2 Diabetes

Acknowledgements

Together, change is possible.

Foreword

In Cardiff and the Vale of Glamorgan, more people are living with obesity and type 2 diabetes. As Executive Director of Public Health for Cardiff and Vale University Health Board, I have chosen to focus my second report on obesity and type 2 diabetes; two closely linked health conditions that are both largely preventable.

What surrounds us, shapes us. It is easy to think that what we eat and how we move is entirely personal choice however we are constantly being influenced by what is around us. It is these wide range of influences that make preventing obesity and type 2 diabetes a complex challenge. To address the broader influences, we must shift from traditional approaches which have focused on individual behaviours, to a whole system approach so that we zoom out to look at the big picture and tackle the full range of influences, for lasting change rather than short-term fixes.

We are already taking a whole system approach in Cardiff and the Vale of Glamorgan through our Good Food and Movement Framework (2024-2030) and making some great progress. However, we need to do more, we need to go further and act faster.

My report makes three calls to action that I believe will accelerate our collaborative effort towards Good Food and Movement and create change so that together we can have the population level impact that is needed to reduce the number of people living with obesity and type 2 diabetes in Cardiff and the Vale of Glamorgan.

I am committed to taking a collaborative, whole system approach and I look forward to discussing how we can all play our part in driving forward my calls to action.

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Cardiff and Vale University Health Board

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Introduction

My Director of Public Health report this year brings together obesity and type 2 diabetes as health conditions that are both highly preventable.

In Cardiff and the Vale of Glamorgan, more people are living with obesity and type 2 diabetes. This means that more people are living in poor health, needing long term treatment and care. As preventable health conditions, we can, and we must work together and work differently to prevent obesity and type 2 diabetes.

This report sets out what influences how we live, how society has changed and what impact this has had on obesity and type 2 diabetes. It also shares what we are currently doing together to prevent these health conditions through the Good Food and Movement Framework (2024-2030) which aims to enable good food and movement for everyone in Cardiff and the Vale of Glamorgan. By 'Good Food' we mean, food that is nourishing, healthy and culturally appropriate and by 'Movement' we mean, all kinds of movement such as physical activity, taking the stairs, sport, play, housework, or active travel.

I make three calls to action which will accelerate our collaborative efforts. These will create the change needed to have population level impact and reduce the number of people living with obesity and type 2 diabetes.

1. What influences how we live?

What surrounds us, shapes us. It is easy to think that what we eat and how we move is entirely personal choice however we are constantly being influenced by what is around us.[1]

We can think about all these different influences as layers[2] around us that continuously interact and affect how we live, including the food we eat and how we move. The layers are described below.

- The **places where we spend our time.** These influence how we access and experience food and movement through how they are designed, built and how they operate. Places could include our schools, workplaces, hospitals, health centres, sports clubs, community centres as well as places of worship.

- Around the places where we spend our time are the **spaces and places around where we live** like our neighbourhoods, high streets, parks, fields, sports pitches, playgrounds, roads, and public transport routes. These affect how we access food and experience movement through how they are designed.

- Next are the **policies, rules, laws and guidance** that shape our places and spaces. These affect what food is available, affordable and promoted, as well as what opportunities to move are made possible.

- Then we have, the **people we are connected to like family, friends, colleagues and neighbours.** They affect how we think, feel and act about food and movement. Our connections to other social support networks, either in person or virtually are often around common interests or at life stages and these can also shape what we think, feel and how we act.

- **Cultural norms and beliefs** are the shared ideas and unwritten rules that shape how people live, what they value, how they think and what they prioritise.

- Finally, a **person's own knowledge, attitudes and behaviours towards food and movement** includes things like what they know about healthy food and movement, their belief in their own abilities, their preferences and relationship with food and movement, the resources available to them, as well as how motivated and confident they are. A person's knowledge, attitudes and behaviours are shaped by their life experience, and through the influences described above that continuously interact around them. These influences can act to support and positively reinforce health behaviours around good food and movement; they can also hinder.

Figure 1: Layers of influence

Cultural norms and beliefs

People we are connected to

Policies, rules, laws and guidance

Spaces and places around where we live

Places where we spend our time

Individual
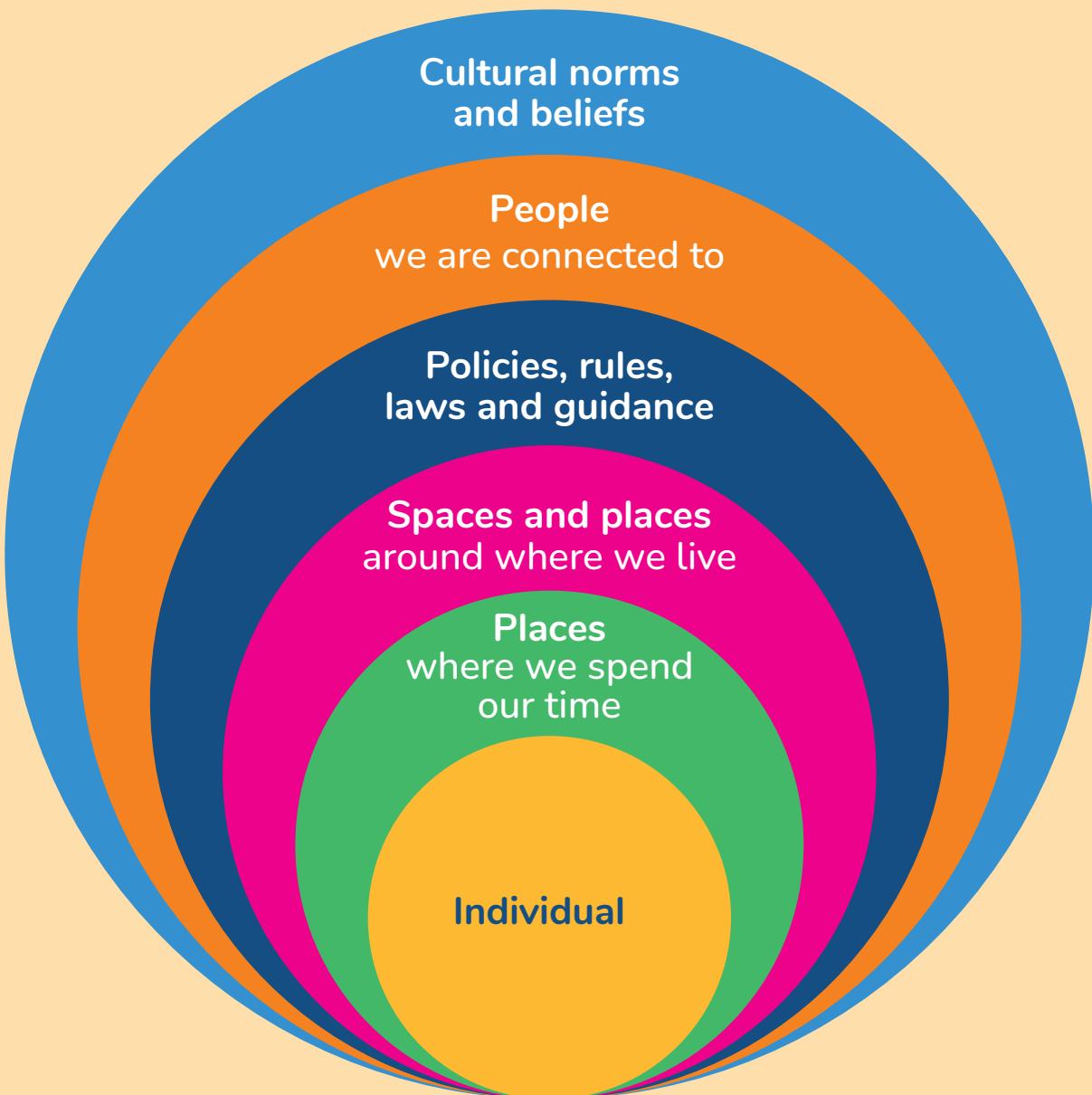
2. How has the world changed?

In recent generations, the way we live has changed. Figure 2 shows how some of the influences that surround us have changed over time.

Figure 2: Influences over time

PLACES WHERE WE SPEND OUR TIME
- Shorter breaks at school
- Less time for Physical Education
- Less walking to school
- Fewer manual jobs
- Office workers spending more time sitting

SPACES AND PLACES
- More people own cars
- Roads designed for cars
- Rapid increase in fast-food outlets

POLICIES, RULES AND GUIDANCE
- Strong laws in Wales
- New UK-wide laws
- Lobbying from industry

CULTURAL NORMS AND BELIEFS
- Reduced time to cook
- Reliance on ready meals and take-aways
- Less accepting of outdoor play
- Evolution of social media and gaming

The way we live has changed over time

The places where we spend our time, such as schools and workplaces, have evolved.

- Adjustments to the school day has seen lunchbreaks become shorter and afternoon breaks nearly disappearing in many schools; meaning less time for play and movement.[3]

- There has been a small but gradual decline in time allocated for Physical Education in both primary and secondary schools.[4]

- How we get to school has changed; in the 1970's, most children in the UK (63%) walked to school, but by 2023 this had dropped to less than half (44%).[5]

- Manual jobs have declined, and office-based working has risen dramatically.[6]

- Office workers now spend most of the working day (82%) sitting down.[7]

The places and spaces around where we live, such as our roads and transport, and the make-up of our food environment have seen major changes.

- Until the 1950s, most people got around on foot or by public transport. Since then, car ownership has risen rapidly, and we have seen a huge increase in car use (27% of journeys were made by car in 1952 compared to 83% in 2016).[8]

- Our road network is often designed for cars, rather than pedestrians or cyclists.[9]

- Accessing food is easier than ever before through the rise in online home delivery services, smaller convenience stores, and a rapid increase in fast-food outlets. This has altered how we buy food and what we eat.[10] Many convenience stores rely on sales of less healthy products[11] and take-away food is often high in fat, sugar and salt.[12]

The policies, rules, laws and guidance that shape our places and spaces have led to positive change, but keeping pace with changes in society is a challenge

- We have strong laws in Wales which support and improve health and wellbeing such as the Well-being of Future Generations Act,[13] and the Active Travel Act.[14]

- UK-wide laws are also driving positive change, such as the advertising watershed. This will ban TV adverts for unhealthy food and drink before 9pm, ban online paid adverts altogether and will come into effect in 2026.[15]

- However, laws and guidance can face challenges such as heavy lobbying from industry leading to delays and/or modifications and putting the laws into practice at a local level can be limited by capacity, short term funding and lack of enforcement.[16]

Cultural norms and beliefs about how people usually behave change over time and shape how we live.

- The rise in families where both parents work[17] has reduced time for cooking, making convenient solutions like ready meals and takeaways often a necessity rather than an option.[18]

- The introduction of freezers and microwaves has contributed to the rise of ready meals, and reliance on these instead of home cooked meals. Ready meals are often high in salt, high fat, and low in fibre.[19]

- Three quarters of parents agree that society is less accepting of children playing outside than it was when they were growing up, with confidence, perception of safety and traffic, recognised as key factors.[20]

- Evolution of social media, online gaming and use of smart phones has changed how we interact with huge impacts on sedentary and sitting time for children, young people and adults.[21]

3. What are the consequences?

The changes described have shaped the way we all live, and this is affecting our health.

3.1 Living with obesity

Every year, the Child Measurement Programme for Wales measures the height and weight of children in Reception class (aged 4–5). It's a simple check that helps us see how young children are growing.

The most recent results for Cardiff and the Vale of Glamorgan found that 1 in 10 children aged 4-5 years old are already living with obesity when they start primary school[22]. There are also more young children living in our most disadvantaged communities living with obesity.

Obesity in early childhood often continues into later childhood[23], through adolescence and into adult life, and children and young people living with obesity are five times more likely to be living with obesity when they become adults[24].

More than 1 in 5 adults (21%) in Cardiff and the Vale of Glamorgan are living with obesity[25]. People living with obesity are more likely to develop a range of medical conditions and illnesses as shown in Figure 3[26]. These include type 2 diabetes, as well stroke, cancer, dementia, and heart disease. These conditions can shorten lives. Across Cardiff and the Vale of Glamorgan we are also seeing more adults living with obesity in our most disadvantaged communities.

Figure 3: How living with obesity affects the body

Cancer
(at least 13 different types)

Dementia and
Alzeimer's Disease

Non-alcoholic
fatty liver disease

Cardiovascular disease
(coronary heart disease, strokes)

Chronic kidney
disease

Respiratory diseases
(asthma, chronic
obstructive
pulmonary disease,
obstructive sleep
apnoea)

Musculoskeletal
disorders
(osteoarthritis,
low back pain)
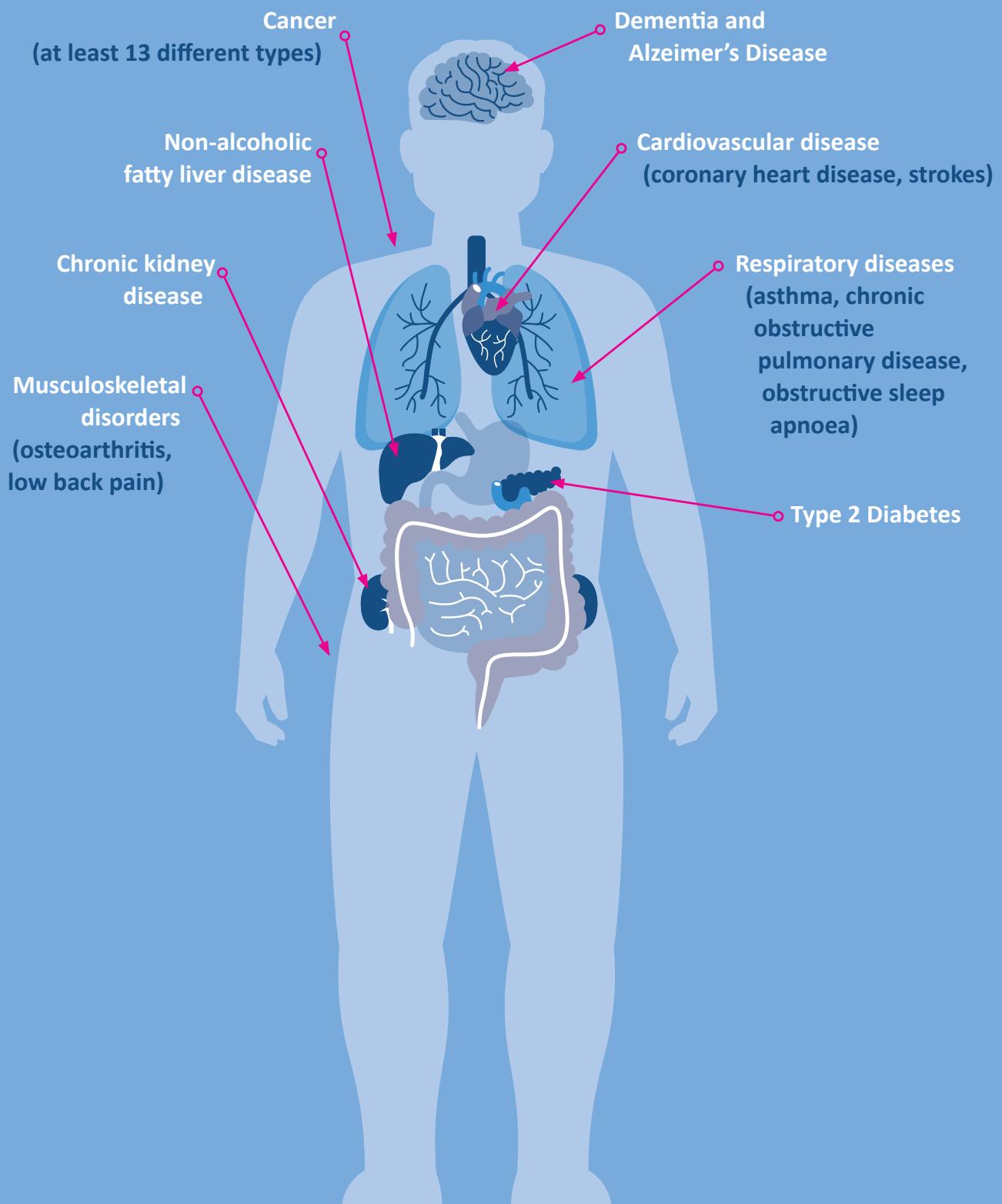
Type 2 Diabetes

3.2 Living with type 2 diabetes

Wales has more than 200,000 people (8% of adults) living with the condition[27]. Type 2 diabetes is a serious condition that can affect your heart, kidneys, eyes and nerves.

Many people are also living with pre-diabetes meaning their blood sugar levels are high but not yet in the diabetes range. It is estimated that 65,500 people are living with undiagnosed type 2 diabetes in Wales[28]. Young adults are more likely to be living with undiagnosed type 2 diabetes, and type 2 diabetes in younger people often develops faster and causes problems earlier[29].

Adults from Black and Asian ethnic backgrounds[30] are also more likely than twice as likely to be living with pre-diabetes or undiagnosed type 2 diabetes compared to adults from White, Mixed and Other ethnic backgrounds. People who don't know they have diabetes miss out on treatment and support and are at a much higher risk of health problems that could have been prevented.

3.3 How are obesity and type 2 diabetes connected?

Obesity and type 2 diabetes are closely linked. When someone is living with obesity, it can change how the body uses insulin. Insulin is a hormone that helps move sugar (glucose) from the bloodstream into cells, where it is used for energy. Living with obesity, especially when fat is stored around the abdomen can lead to insulin resistance. This means that although the body still produces insulin, it's doesn't work as well, and sugar starts building up in the bloodstream instead of being used for energy. Over time, this can lead to type 2 diabetes[31].

3.4 The data story

Figure 4 presents key local and national data which shows the link between some of the influences around us, that shapes what we eat and how we move and contribute to obesity and type 2 diabetes. It also shines a light on some of the unfair differences that we are seeing across our communities in Cardiff and the Vale of Glamorgan.

Figure 4: The data story

INFLUENCES

| Access to green spaces | Access to facilities to be active | Food and drink advertising | Fast food outlet density | Cost of food | Food security |

SHAPES

| How we move | The food that we eat |

CONTRIBUTING TO

Reception aged children living with overweight and obesity
Children aged 4-5 years

Adults living with overweight or obesity
Adults aged 16+ years

Adults living with type 2 diabetes

Life expectancy
The average number of years a person is expected to live

Healthy life expectancy
The average number of years a person is expected to live in good health

INFLUENCES

Access and use of green space

Green spaces include parks, gardens, playground, fields, sports pitches, community gardens and nature reserves

Young children living in the **most disadvantaged communities** across Cardiff and the Vale of Glamorgan have **less access** to **green spaces** where they can play.[32]

People living in the **most disadvantaged communities** of Cardiff are almost **twice as likely** as people living in least disadvantaged communities to report that they **do not regularly spend time in nature/ green spaces**.[33]

Access to facilities to be active

Facilities can include for example, sports halls, swimming pools, leisure centres

The **closer** adults **live to sports facilities,** the **more active** they are.[34]

Food and drink advertising

Including bus stops and billboards

An average of **1 in 4 adverts on display*** across Council assets were for foods and drinks **high in fat, sugar and or salt**.[35]

*Mapped across 4 time points between Nov 2022 – July 2024

Fast food outlet density

Food outlets that serve energy dense savoury food eaten outside of the home

There are almost **twice the number of fast-food outlets** in our **most disadvantaged communities** compared to our least disadvantaged communities.[36]

Cost of food

What people pay for their food

Prices of food and non-alcoholic beverages rose around 25% between January 2022 and January 2024.[37]

Around **33% of adults** in the Vale of Glamorgan say that **high food prices** are the **main difficulty in getting food**, followed by how far they must travel to buy it.[38]

Food Security

People have enough safe and healthy food to meet their dietary needs and keep them healthy

Around **10%** of households in Cardiff have **worries about food security**, have skipped or reduced meals or sought external help.[39]

People living in the **most disadvantaged communities** of Cardiff are more likely to report **not being able to afford food**.[40]

SHAPES

The food that we eat

Around **61%** of adults living in Cardiff and the Vale of Glamorgan report that they did **not eat** the recommended **five portions of fruit or vegetables** on the previous day.[41]

45% of young people in Cardiff and the Vale of Glamorgan report **eating under one portion of fruit or vegetables a day**.[42]

How we move

33% of adults living in Cardiff and the Vale of Glamorgan report they **did not meet** the recommended guidelines of **150 minutes of physical activity** in the previous week.[43]

80% of young people **aren't meeting recommended guidelines** of **60 minutes of physical activity every day**.[44]

In a **class of 30 young people** in Cardiff and the Vale of Glamorgan, **nearly 5 (15%) now sit for 7 or more hours on a weekday**—up from 3 (10%) in 2017.[45]

CONTRIBUTING TO

Reception aged children living with overweight and obesity

Children aged 4-5 years

Around **25%** of reception aged children are **living with overweight or obesity**.[46]

Almost **three times the number** of reception aged children are **living with obesity** in our **most disadvantaged communities** (**14.5%**) compared to our least disadvantaged communities (**5.4%**).[47]

Adults living with overweight or obesity

16+ years

58% of adults in Cardiff and the Vale of Glamorgan are **living with overweight or obesity**.[48]

21% of adults in Cardiff and the Vale of Glamorgan are **living with obesity**.[49]

Adults living with type 2 diabetes

1 in 15 people aged 17 and over living in Cardiff and the Vale of Glamorgan have already been **diagnosed with type 2 diabetes**.[50]

Type 2 diabetes is a growing problem. If current trends continue, around **1 in 11 adults** in Wales could be **living with diabetes by 2035**.[51]

Life expectancy

The average number of years a person is expected to live

There are **major differences in life expectancy** between our **most disadvantaged** and **least disadvantaged communities** across Cardiff and the Vale of Glamorgan. For **men**, life expectancy is **9.6 years shorter**, and for **women** life expectancy is **7.6 years shorter**.[52]

Healthy life expectancy

The average number of years a person is expected to live in good health

People living in our **most disadvantaged communities** can expect to have between **14 -18 fewer years of healthy life** than people living in our least disadvantaged communities.[53]

4. What are we already doing about this?

4.1 A complex challenge: why we need a different approach

As described, we are constantly being influenced by what surrounds us. These wide range of influences make preventing obesity and type 2 diabetes a complex challenge and our approach must reflect this. It requires a shift from traditional approaches which have focused on individual behaviours, to approaches that recognise and address the broader influences that shape the food we eat and how we move.

We know that whilst behaviour change interventions are important in supporting some individuals, they have limited reach. Focusing on these alone to prevent obesity and type 2 diabetes leaves the wider influences around people unchanged. Unless these broader influences are addressed, they will continue to impact on health behaviours. We also know weight-loss medicines can help some people reduce health risks, but they are not a population-level solution because the wider causes of obesity remain[54]. Ultimately, behaviour change interventions, and medication alone won't lead to population-level impact and may increase inequalities.

A whole-system approach is required, so that we zoom out to look at the big picture and tackle the full range of influences, for lasting change rather than short-term fixes.

A whole system approach means:

● **Big picture thinking:** so that we consider all the influences, how they affect each other, who has a role to play and what they can do.

● **Common purpose:** so that we all pull in the same direction towards our shared goals.

● **Collaboration:** so that we create solutions together and connect people so that ideas and resource can be shared.

● **Shared leadership:** so that we spread leadership across communities, teams and organisations to enable everyone to play their role and take action to make change.

● **Flexibility:** so that we embed a culture of learning, sharing and reflection to enable us to adapt what we do and how we do it.

4.2 Good Food and Movement Framework (2024-2030) and Implementation Plan

We are already taking a whole system approach in Cardiff and the Vale of Glamorgan through our Good Food and Movement Framework (2024-2030)[55]. Shaped by a wide range of ideas, perspectives and voices, it describes our shared vision, approach, where we prioritise our collective efforts, and how we work together to create change over the six-year period.

The Framework brings together a number of partnership groups, strategies and programmes of work focused on key areas such as sport, physical activity, movement, and good food to progress action against four key themes; Healthy Environment, Healthy Settings, Healthy People, and Leadership and Enabling Change.

◗ **Good Food & Movement**

Framework for Cardiff and the Vale of Glamorgan (2024-2030)

Shaping the places where we **live, work** and **play.**

Figure 5: Good Food and Movement Framework (2024-2030) Vision and Goals

Healthy Settings
To shape our schools, workplaces and community settings creating opportunities that enable,support and promote good food and movement.

Healthy Environment
To create an environment that enables, support and promotes opportunities for good food, and builds movement back into daily life.

Our Vision
Together we will create environments, settings and opportunities that enable good food and movement for everyone in Cardiff and the Vale of Glamorgan

Leadership and Enabling Change
To enable change across the system though leadership, creating an enabling policy approach, building capacity and targeting support to the needs of people and communities

Healthy People
To enable accessible and affordable opportunities for good food and movement that are equitable and inclusive for everyone throughout their lives

Two-year Implementation Plans outline the actions we will take together, with different teams, and organisations working collaboratively to change the influences that affect how we live. Our local work also aligns to Welsh Government's Healthy Weight: Healthy Wales Strategy[56], their 10-year plan to prevent and reduce obesity.

4.3 Progress so far

We are already making a lot of great progress. Figure 5 highlights a few examples from across the themes: Healthy Environment, Healthy Settings and Healthy People. We are also making progress in the Leadership and Enabling Change theme including strengthening strategic leadership, developing an evaluation framework and delivering training.

Healthy Environment

- Healthier Advertising and Sponsorship policies developed by the Vale of Glamorgan Council and Cardiff Council that will restrict high fat, salt and sugar food and drink advertising across their owned/managed assets.

- Growing number of Public Sector organisations signed up to the Healthy Travel Charter.

- Significant progress in transforming active travel infrastructure across Cardiff and the Vale of Glamorgan.

- Health and wellbeing embedded into Cardiff and the Vale of Glamorgan Replacement Local Development Plans.

- Audit of all the facilities that enable people to be active in Cardiff complete and the Vale of Glamorgan audit underway.

- Increased focus on inclusive play equipment through changes to the Vale of Glamorgan Council's Fixed Play Areas inspection process.

- Pilot project progressed with parcels of land identified and being used by community groups for food growing as part of the development of a community growing plan for Cardiff.

- Community food growing projects in the Vale of Glamorgan mapped and key barriers to participation and access explored.

Spotlight on Inclusive Parks and Planning Cardiff Council/ Child Friendly Cardiff

Cardiff is embedding a child-rights approach to planning inclusive parks, playgrounds and community spaces.

Cross sector collaboration between planning, parks, health, housing, youth services, and academia has been critical to this work. Progress includes:

- HerParks research at Cardiff University explored how teenage girls and young women experience local parks and play areas, finding that many feel excluded by design, safety concerns and lack of voice.

- Cardiff Council collaborated with AtkinsRealis to test a new framework for child-centred design, identifying improvements to independent routes, visibility, playful features and safe routes of movement.

- The inclusion of a dedicated Play Policy and Supplementary Planning Guidance (SPG) in the Replacement Local Development Plan 2021-2036 seeks to embed and enhance inclusive play opportunities and greenspace access across the city.

By designing and building public spaces that are genuinely inclusive, welcoming, and designed with children's voices at the heart, we can create healthier spaces that children and teenage girls feel safe and empowered to use. This will make a meaningful difference in how children grow, move and thrive.

Healthy Settings

- Brought a wide range of partners together to consider the influences, how they affect each other, who has a role to play and what they can do in supporting schools to embed whole school approaches to food and physical activity.

- Early Years partners explored what influences how these settings access, use, and embed food and movement training and resources, and how they create opportunities for 'healthy conversations' with families.

Spotlight on Active Soles

Active Soles aims to change the culture of workplaces by giving employees permission to wear comfortable shoes. What we wear changes the way we think and behave. Wearing comfortable shoes at work makes it easier to build movement into the day, such as taking extra steps, taking the stairs instead of the lift, standing at desks instead of sitting, or walking meetings.

Cardiff and Vale University Health Board, Cardiff Metropolitan University, Cardiff Council, and Vale of Glamorgan Council have all adopted Active Soles, and the feedback has been overwhelmingly positive. Senior leaders are role-modelling active soles, and colleagues are swapping traditional footwear for more active alternatives. There have been reports of improvements in physical health, mental health too, as well as boosts to team morale and productivity.

Ruth Jordan, Assistant Director for Improvement, Implementation and Spread at Cardiff and Vale University Health Board, said wearing trainers to work has made a "massive difference" to her wellbeing. "I'm a physiotherapist by background, so I was used to being on my feet all day, everyday walking thousands of steps. Then I got another job which meant I was desk-bound," she explained. "I felt grumpy, lethargic and put on too much weight. It was terrible. But being given permission to wear trainers to work has made such a difference to getting up and about – and my step count has gone up no end." Ruth said seeing senior leaders also wearing comfortable shoes around the office has given others the confidence to do the same. "We're now having walking meetings, and a lot of our one-to-ones are on the go. It's actually improved the working environment."

Active Soles continues to grow and expand, with more organisations joining in. Visit the website to find out more: **https://makeyourmove.org.uk/activesoles**

Healthy People

- Food-related benefits training package updated, improving the links to community food initiatives like Food Pantries and providing resources, posters, and videos to share with communities.

- Activity finder being developed to support communities to access local physical activity opportunities in Cardiff.

- Families living in more disadvantaged communities supported and connected to local opportunities for play, physical activity, nutrition and food activities.

- Research undertaken with parents to better understand barriers and enablers to breastfeeding to influence policy development.

- Roll out of the Planet Card by Food Cardiff Partnership which aims to support low-income households to access healthy food.

Spotlight on Food Vale Partnership work through the Llantwit Major Food Access Partnership Project

Food Vale is the local food partnership for the Vale of Glamorgan and is driving Good Food and Movement action. Over recent years, in response to increasing levels of deprivation caused by the cost of living crisis there has been a groundswell of community-led projects. These seek to improve access to affordable food by providing no or low-cost food, often redirecting surplus food from supermarkets.

Whilst this is often deemed as a win-win in terms of reducing food poverty and preventing food waste, there can also be distinct risks[57]. By simply providing free or low-cost food to the individual, we risk failing to address the root causes of household food insecurity.

To address this, Food Vale has been working with partners to improving access to food in the Vale of Glamorgan, using the 'Food Ladders Toolkit'[58] to understand some of the root or 'systemic' causes of food insecurity and identify resources and opportunities to reduce vulnerability and improve community resilience.

This was first trialled in the award-winning, Llantwit Major Food Access Partnership Project. So far this has seen; two food pantries being supported in the rural Western Vale, the establishment of a community drop-in hub to provide face-to-face community support around food-adjacent issues, investment in local community growing spaces and practical cooking and nutrition skill building opportunities. Importantly, community engagement has been an integral part of this work, ensuring that it is being led by those with lived experience.

Funding secured from both Welsh Government and The National Lottery Community Fund, will see a roll-out of this approach across the whole of the Vale of Glamorgan from 2026.

To find out more visit: **https://foodvale.org/llantwit/**

5. What more can we do?

As described, we are already making some great progress towards preventing obesity and type 2 diabetes. However, we need to go further and act faster to reduce the number of people living with and experiencing the consequences of obesity and type 2 diabetes.

This report is my call to action. I have identified three key areas that if we all commit to doing well, will move us forward and accelerate our efforts. These are:

1. Make prevention the focus

2. Create supportive spaces and places

3. Put communities at the heart

5.1 Call to action 1: Make prevention the focus.

Why this call to action?

We can't treat our way out of the current situation. With over a quarter of reception aged children and over half of adults living with overweight and obesity in Cardiff and the Vale of Glamorgan the only real solution is prevention to keep people healthy and well and stop the development of these preventable health conditions.

Public sector organisations have a duty to focus efforts and resource on prevention as a core goal of the Wellbeing of Future Generations Act[59] with the principle of 'acting to prevent problems occurring or getting worse as well'.

Obesity and type 2 diabetes are both mainly preventable. Currently our resources and budgets are directed towards treatment and managing the complications of these conditions. This reactive approach is unsustainable. There needs to be a shift in resource and budget to ensure we can make prevention the focus, enabling our whole system approach to progress at the pace and scale needed to have population level impact.

What do we mean by prevention?

Prevention can often mean different things to different people[60]. Broadly, prevention is any action that keeps people healthy and prevents or avoids the risk of ill health or death. Prevention can be grouped by the stage at which action is taken, as well as focus on whole populations or particularly high-risk groups/individuals.

Figure 6: Types of prevention

TYPE	DEFINITION	EXAMPLE
Earliest stage prevention	Acting early to stop the influences that lead to obesity and type 2 diabetes from occurring	• Designing our places and spaces so that they support and enable access to good food and movement • Restricting food and drink advertising • Protecting and building new green spaces and places to play, be active, take part in sport
Primary prevention	Acting to reduce or manage the known harmful influences that are leading to obesity and type 2 diabetes	• School programmes that actively support healthy eating and active lifestyles • Community initiatives supporting active lifestyles and healthy eating
Secondary prevention	Acting to detect and manage obesity and type 2 diabetes early to stop them getting worse	• Diabetes risk assessment in primary care • Community weight management programmes
Tertiary prevention	Acting after obesity and type 2 diabetes have developed helping people to live well with their health condition preventing complications and improving quality of life	• Specialist weight management services • Diabetic Eye Screening • Diabetes annual check ups

What we need to do

As an underpinning call to action, we need to make earliest stage prevention the focus by:

● Building more capacity for our whole-system approach for Good Food and Movement so that we can take stronger action at pace, scale and at the 'earliest stage' to stop the influences that lead to obesity and type 2 diabetes from occurring. This will require public sector organisations to prioritise prevention and refocus spend.

● Putting earliest stage prevention of obesity and type 2 diabetes at the centre of all our decision-making, as part of our duty to prevent problems rather than react to them. By doing this, we can activate every opportunity available to us to change the influences.

Call to action: Make Prevention the Focus

1 **Public sector budgets need to prioritise and refocus spend towards to the earliest stage prevention of obesity and type 2 diabetes**

2 **Put the prevention of obesity and type 2 diabetes at the centre of all our decision-making**

5.2 Call to action 2: Create supportive spaces and places.

Why this call to action and what do we need to do?

We know what surrounds us shapes us. The spaces and places where we live, work, learn and play make all the difference. We are already making progress towards creating supportive spaces and places but need to go further:

● Plan, design, build and enhance the spaces and places around where we live (e.g. our neighbourhoods, high streets, parks, playgrounds, roads, and public transport routes) so that movement is designed into everyday life and access to healthy food is easy and affordable.

● Design, build and operate the places where we spend our time (e.g. our schools, workplaces, hospitals, community centres) to support and enable good food and movement.

Some of this we can continue to progress locally as there are lots of opportunities. For example, through; the Replacement Local Development Plans (RLDPs) for Cardiff and the Vale of Glamorgan alongside Supplementary Planning Guidance (SPG) development, regeneration and placemaking, and through the roll out of the new Curriculum for Wales[61] and School Improvement.

To enable us to take local action, we may also need wider policy change at a national level (e.g. changing the use class of hot food takeaways through national Planning Policy Wales). Working together, we can identify where wider policy change is needed and use our strong local voice to advocate for national change.

Call to action: Create supportive spaces and places

1 Plan, design, build and enhance the spaces and places around where we live with a focus on movement and to ensure access to healthy affordable food

2 Design, build and operate the places where we spend our time to support and enable good food and movement

3 Use our strong local voice to influence and advocate for wider policy change

5.3 Call to action 3: Put communities at the heart.
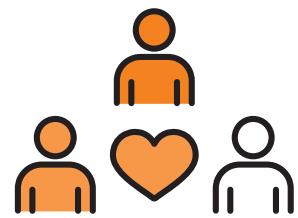
Why this call to action and what do we need to do?

As already described, there are unfair differences across our communities. We know that people living in our most disadvantaged areas don't always have access to the same opportunities for good food and movement.

Many community groups, third sector and public sector organisations are already doing fantastic work using a range of approaches and working with many communities across Cardiff and the Vale of Glamorgan to create change. This brings diversity, creativity and strong local connections.

To build on this we need to:

- Continue to focus our collective community health development resource and efforts in the communities that need it most.
- Work with our communities to develop solutions together that reflect communities' unique needs, priorities and ideas.
- Consider how we co-ordinate our efforts so that we all pull in the same direction towards our shared goals.

By coming together to share our learning, develop a picture of what is going well and where, we can agree what more we need to do together.

Call to action: Put communities at the heart

1 **Come together and build a picture of community health development; what is going well and where, to identify what more we can do together to support and enable good food and movement**

6. What will be the impact?

If we respond to my calls to action, we will build the capacity that we need to accelerate action at pace and scale and stop the influences that lead to obesity and type 2 diabetes.

The impact of this is described in Figure 7.

Figure 7: Examples of how creating change will lead to impact

Create supportive spaces and places

IF WE	IF WE	IF WE	IF WE	IF WE
Restrict the advertising of foods and drinks high in fat, sugar and or salt (HFSS)	Ensure everyone has equitable access to local facilities that enable them to be active	Improve the availability of spaces for community food growing	Build safe connected routes for walking and cycling	Design and develop inclusive and safe parks and playgrounds
THIS LEADS TO	**THIS LEADS TO**	**THIS LEADS TO**	**THIS LEADS TO**	**THIS LEADS TO**
Healthier foods and drinks on display; Reduced persuasive messaging for HFSS foods and drinks; Less advertising driven purchasing of HFSS foods and drinks; A shift in purchasing towards healthier food	Well located facilities; Decisions about building new or upgrading facilities being informed by need; Reduced barriers to accessing facilities; Improved access	More spaces for food growing (e.g. allotments, school gardens, community plots); More families and community groups growing fruit, vegetables and herbs; Improved skills, knowledge and confidence to grow food	More separate cycle lanes, wider pavements, safe road crossings, secure bike parking and well-lit routes; Routes becoming more direct and easier to navigate; People feeling safer when walking or cycling	Parks and playgrounds being co-designed with children and young people with safety built in (e.g. soft surfaces and lighting); Children of all ages, abilities, backgrounds and identities feeling safe and comfortable to join in; More families visiting and using parks and playgrounds
RESULTING IN	**RESULTING IN**	**RESULTING IN**	**RESULTING IN**	**RESULTING IN**
People eating less HFSS foods and drinks and more healthy foods	More people being more active more often	People eating what they grow and sharing surplus produce with their community	More people walking and cycling	More children and young people playing and being active

Create supportive spaces and places

IF WE	IF WE	IF WE	IF WE	IF WE
Improve the availability of healthy food in our workplaces	Embed strong policy guidance in workplaces to enable physical activity	Build physical activity into all parts of the school day	Prioritise healthy food across all parts of the school day	Ensure early years settings value and promote active play and support positive relationships with food

THIS LEADS TO	THIS LEADS TO	THIS LEADS TO	THIS LEADS TO	THIS LEADS TO
Healthier food and drink options in canteens, vending machines and at catered meetings	Visible organisational commitment and a supportive culture for movement in the workplace	Movement becoming a routine part of the day and not something extra	More opportunities for children and young people to access, experience and learn about healthy food	Physical spaces being redesigned to encourage movement and play
Healthy food being more accessible and visible	Facilities such as bike storage, changing rooms, standing desks, staff incentives to be active and comfortable footwear	Active breaktimes, active lessons, changes to the physical environment, active travel, prioritised PE, sport and extra-curricular activity	Healthy food becoming part of daily school life through lessons, food provision, school culture, policies, role modelling and staff training	Daily routines integrating movement, play and learning about food
	More opportunities and fewer barriers to being active in the workplace	Children and young people developing confidence, skills and enjoying being active		Staff being confident to support and engage children in active play/ promote good food
				Families being aware and supported to enable play
				Nutritious menus

RESULTING IN	RESULTING IN	RESULTING IN	RESULTING IN	RESULTING IN
More healthy food being eaten in the workplace	Staff being more active in the workplace	More children and young people being active every day	More children and young people eating, enjoying and learning about healthy food	More young children being active and enjoying healthy food everyday

Director of Public Health Report 2025
What Surrounds us, Shapes us: A Whole System Approach to Preventing Obesity and Type 2 Diabetes

Put communities at the heart

IF WE	IF WE	IF WE	IF WE	IF WE
Better understand our current approach to community health development	Take a place-based approach to good food and movement	Ensure support for families is targeted to those most in need	Take action to support communities experiencing food poverty	Connect people to opportunities to be active

THIS LEADS TO	THIS LEADS TO	THIS LEADS TO	THIS LEADS TO	THIS LEADS TO
A more co-ordinated strategic approach to community health development	Local needs being identified and addressed	Areas of greatest need being identified and supported	Food poverty and its root causes being addressed	More supportive conversations with people about physical activity to find suitable physical activity opportunities that are right for them
Reduced gaps, duplication, and strengthening of community assets	Communities and key partners working together to co-design solutions	Tailored support to meet needs	Policies and programmes developed to support communities experiencing food poverty through emergency food aid and community food initiatives	An activity finder tool that helps to connect people to physical activity opportunities tailored to their needs (e.g. when, where, cost, type, level)
Improved use of funding	Supported and enabled communities	Engaged families	People accessing food related benefits	Increased awareness of local physical activity opportunities
Changes being made with communities so solutions meet their needs		Improved knowledge, skills and confidence	People receiving emergency food where needed	
Better flow between communities and strategic decision making				

RESULTING IN	RESULTING IN	RESULTING IN	RESULTING IN	RESULTING IN
Communities with greatest needs being supported and enabled to live well	Reduced barriers to good food and movement	More families are supported to engage in active play and access good food	Improved access to good food	More people accessing local physical activity opportunities

7. Conclusion

My report has shared what influences how we live, how society has changed and what impact this has had on obesity and type 2 diabetes in Cardiff and the Vale of Glamorgan. The wide range of influences described make preventing obesity and type 2 diabetes a complex challenge and our approach must reflect this. We need to shift from traditional approaches which have focused on individual behaviours to approaches that recognise and address the broader influences that shape the food we eat and how we move.

We are already making some great progress. However, we need to go further and act faster if we are to reduce the number of people living with and experiencing the consequences of these health conditions.

My calls to action will accelerate our collaborative effort and create change so that together we can have the population level impact that is needed to reduce the number of people living with obesity and type 2 diabetes in Cardiff and the Vale of Glamorgan.

Change is possible. Together we can prevent obesity and type 2 diabetes.

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Appendix 1

DPH Report 2024: Prioritising the Early Years – Investing for the Future

Progress update

Following publication of the 2024 DPH Report `Prioritising the Early Years – Investing for the Future', much progress has been made in addressing the recommendations contained in the report.

A launch event was held in April 2025, which brought together colleagues from across the early years space, to share the findings and add their expertise and knowledge in taking the recommendations forward together. Speakers on the day included colleagues from Play Wales, Cardiff and Vale UHB and its Youth Board, Vale of Glamorgan Council, Cardiff Council and the Royal College of Paediatrics and Child Health.

Following on from this success, Claire Beynon will lead the Starting Well Partnership which will have a distinct focus on the early years.

Director of Public Health Report

Prioritising the Early Years – Investing for the Future

Notable successes to date include:

● Completion of an early years Health Needs Assessment
Key findings include –

- School readiness: data last published in 2019 suggested significant inequalities between social and gender groups. The population group with the highest percentage of children assessed as ready for school were boys of White British ethnicity. The population group with the lowest percentage of children assessed as ready for school in this period were girls from traveller backgrounds.

- Childcare Supply: Childcare place provision in Cardiff in 2023-24 was 189.07 per 1000 children. Provision in the Vale of Glamorgan in 2023-24 was 254.53 per 1000 children.

- Health Visiting: 60220 children did not receive their health visiting appointments during the 2020-2023 (including COVID-19 pandemic) period. 43895 children in Cardiff and 16325 in the Vale of Glamorgan did not receive their full health visiting appointments during the COVID pandemic period 2020-2023. There have been improvements in more recent data with the service.

● An updated Childhood Immunisations Strategy, which will include a detailed delivery plan focussing on key areas:

- Improving access

- Communications and engagement

- Data and intelligence

- Measles Prevention

- The strategy is supported through a series of annual delivery plans.

● Further breastfeeding research undertaken and completed to help understand the barriers and facilitators to improving breastfeeding rates across Cardiff and the Vale
A number of recommendations were made from this research which are being advanced through the Infant Feeding Strategic Group within the Health Board.

BARRIERS

- Inadequate Support
- Challenges establishing or maintaining breastfeeding
- Shared care of baby
- Lack of knowledge / expectations
- Emotionally challenging

FACILITATORS

- Knowledge of benefits
- Bonding
- Health/immunity
- Nutrition
- Previous experience
- Convenience
- External support
- Attitudes

- Comprehensive mapping of the key early years actions identified in 'Good Food and Movement' is underway. Partners from across the early years workforce have been invited to workshops and meetings to input their knowledge and expertise. This will develop into several actions around how early years settings can support babies and young children through healthy eating and keeping active.

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Tim Iechyd Cyhoeddus
Cardiff and Vale University Health Board
Public Health Team