

Bath & North East Somerset Council

MEETING/ DECISION MAKER:	Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	13 March 2015	
TITLE:	Refresh of Shaping Up Healthy Weight Strategy	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Draft 'Shaping Up' Healthy Weight Strategy		

1 THE ISSUE

- 1.1 The strategy sets out the priorities for Bath and North East Somerset for tackling obesity which has been determined using existing provision, consultation, research, other strategies and plans and emerging trends and issues. The strategy shows the Council's commitment to improving opportunities to enable people to achieve a healthy weight dependent upon collaboration from all sectors to develop services which promote and facilitate a healthy lifestyle for all our residents
- 1.2 The successful delivery of the Shaping Up Strategy will be dependent upon collaboration with other key partnerships and the delivery of the 3 other key strategies:
- 1.3 Fit for Life – getting more people, more active, more often. The strategy leads on local priorities which encourage people to be more active as well as looking at changes to the physical environment, transport and planning.
- 1.4 Local Food Strategy - will work in partnership with local organisations who lead on environmental sustainability to encourage people to eat more local food, improve access to affordable healthy food as well as helping people to have the right knowledge and skills to be able to have a healthy diet.
- 1.5 The local NHS Clinical Commissioning Group 5 year plan which highlights the need for prevention and self care, the redesign of diabetes services as well as contributing to the reduction in falls in older people.

2 RECOMMENDATION

- 2.1 Members approve the draft 'Shaping Up' strategy for further public consultation
- 2.2 Members approve the draft 'Shaping Up' strategy to go to Health and Wellbeing Board for final consultation and approval

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 The Council will contribute financially to the delivery of the Shaping Up Healthy Weight Strategy from existing resources (both across various Council departments and from the ring-fenced Public Health budgets). The Council will consider the appropriate use of any new funding it secures to support delivery of the recommendations in the strategy.
- 3.2 Due to the cross cutting nature of this strategy its successful delivery will rely upon the funding and resources identified within supporting strategies (listed below) and a commitment to pool budgets or align resources from supporting strategies for implementation of this strategy:
 - CCG strategic plan
 - Local Food Strategy
 - Fit for Life Strategy
 - Transport plan
 - Green infrastructure strategy
 - Children and young people's plan
 - Play strategy
 - Built facilities and playing pitches strategy

- Green spaces strategy

3.3 The strategy seeks to influence the work and use of resources of other partners and coordinate work within the sector in order to secure additional budget to deliver the outcomes

3.4 The strategy is designed to encourage more people to achieve and maintain a healthy weight.

3.5 The strategy will help to:

- i. **Boost the economy** through reducing sickness absence and worklessness
- ii. Meet the Council's new responsibilities in meeting the outcomes identified in the Public Health, NHS and Social Care Outcomes Framework – for example reducing falls in over 65s, increasing physical activity, reducing mortality from cardiovascular disease and increasing the use of outdoor space, improve access to affordable healthy food
- iii. Contribute to improving travel flow and air quality – through increasing opportunities for and uptake of walking, cycling, play and other physical activity in our daily lives, reducing sedentary behaviour
- iv. Reduce demand on health and social care services – through supporting people to achieve and maintain a healthy weight, increase knowledge and skills of food preparation and food growing as well as creating opportunities for people to live full and independent lives through increasing their activity levels.
- v. Increase the use of existing facilities and maximising use of outdoor space – for example increasing use of existing community facilities (e.g. schools), parks and open spaces to encourage people to be more active
- vi. Empowering communities - connecting with communities to improve health and wellbeing
- vii. Reduce health inequalities - Getting people of all ages and backgrounds to eat more healthily, participate in leisure and sports activities both of which can improve social cohesion and help reduce antisocial behavior.
- viii. Widening access to an affordable healthier diet
- ix. Increasing pupil attainment – supporting children to have the knowledge and skills to feel emotionally and physically well
- x. Improve the provision of and access to good food in the private and public sector through implementation of Workplace Charter, Eat Out Well, the School Food Plan
- xi. Contribute to a Healthy and Sustainable Food Culture in supporting the delivery of the local food strategy to increase skills in cooking and growing, as well as increasing public awareness of good food

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 Public Health and Inequalities

5 THE REPORT

- 5.1 The strategy describes our partnership plans to promote healthy weight and tackle unprecedented levels of obesity. A strategy was initially developed in B&NES in 2005 and subsequently refreshed in 2007 and 2011. This refresh of the strategy is a high-level overview of current issues relating to healthy weight and focuses on what will achieve sustainable change.
- 5.2 It draws on the main themes from the national Healthy Lives, Healthy People: A Call to Action on Obesity in England as a clear vision for where action can be taken. It also takes into consideration the best practice recommendations as outlined in National Institute for Clinical Excellence (NICE) guidance and briefings relating to diet, nutrition, obesity and physical activity.
- 5.3 The report makes reference to a number of national and local statistics, by referring to the extensive evidence base for the benefits of activity and by making use of the joint strategic needs assessment to understand the key local issues.
- 5.4 It presents to Councillors, staff, partners and stakeholders the priorities for tackling obesity up to 2020. It links directly to the Joint Health and Wellbeing Strategy and the Children and Young People's Plan providing more detail on how the Council is working to deliver on the vision to support all residents to achieve and maintain a healthy weight.
- 5.5 The need for this strategy is increasingly important at this time when finances are very limited; whilst the needs, expectations and aspirations of our customers and partners are increasing.

6 WHY HEALTHY WEIGHT?

- 6.1 In England 24.7% of adults are obese (BMI 30 and over), including 2.4% who are severely obese (BMI over 40). The negative health impacts tend to increase with greater levels of obesity. Moderate obesity (BMI 30-35) has been found to reduce life expectancy by an average of three years, while severe obesity (BMI 40-50) reduces life expectancy by eight to ten years.

Obesity Harms Adults

- 6.2 Locally over half of adults (55.7%) in B&NES are estimated to be overweight or obese, although this is significantly lower than regional and national figures. Rates of recorded obesity are rising in adults in B&NES, but are lower than national rates.
- 6.3 It is well documented that people who are overweight and obese increase the risk of a range of diseases that can have a significant health impact on individuals. Obesity is associated with type 2 diabetes and hypertension – which are major risk factors for cardiovascular disease and cardiovascular related mortality. Obesity has also been associated with cancer, dementia, disability and reduced quality of life, and can lead to premature death.

Obesity and health inequalities

- 6.4 The prevalence of overweight and obesity has increased in all communities, demonstrating that the whole population is at risk and a population preventative approach is required. However some sectors of the population are more at risk of developing obesity and its associated complications, contributing to inequalities in health:
- People from deprived areas
 - Older people
 - People with disabilities
 - Some black and minority ethnic groups
- 6.5 Obesity is also associated with educational attainment. Men and women who have fewer qualifications are more likely to be obese. Around a third of adults who leave school with no qualifications are obese, compared with less than a fifth of adults with degree level qualifications.

Obesity Harms children

- 6.6 Trends in child obesity are a particular cause for concern. Obesity has been rising rapidly in children in England over the past 20 years – the proportion of children classified as obese has nearly doubled for children aged 4-5 years and increased more than threefold for children aged 10-11 years. However this increase may be starting to level off, as the rate of increase in child obesity has slowed compared to the increases observed between 1995 and 2004.
- 6.7 Around 1 in 4 (23.2%) Reception aged children (4 to 5 years old) in B&NES are an unhealthy weight, i.e. either overweight or obese. Around 1 in 11 (8.9%) Reception aged children in B&NES are obese.
- 6.8 Around 3 in 10 (29.5%) Year 6 aged children (10 to 11 years old) in B&NES are an unhealthy weight, i.e. either overweight or obese. Around 1 in 6 (16.0%) Year 6 aged children in B&NES are obese.
- 6.9 Half of parents do not recognise their children are overweight or obese. Parental obesity is a significant risk factor for childhood obesity. Therefore, areas with high levels of childhood unhealthy weight and obesity are also likely to have more adult obesity
- 6.10 Being overweight or obese in childhood and adolescence has consequences for health in both the short term and longer term. Maternal obesity significantly increases risk of foetal congenital anomaly, prematurity, stillbirth and neonatal death. Once established, obesity is notoriously difficult to treat, so prevention and early intervention are very important.

Economic Impact of Obesity

- 6.11 Independent research earlier this year found that obesity now costs the British taxpayer more than police, prisons and fire service combined.
- 6.12 The associated costs to society and business could reach £ 45.5 billion per year by 2050, with a 7 fold increase in NHS costs alone. Previous estimates suggested that the economic cost of obesity locally is approximately £49 million.

6.13 There are significant workplace costs associated with obesity. For an organisation employing 1000 people, this could equate to more than £ 126,000 a year in lost productivity due to a range of issues including back problems and sleep apnoea.

Vision, Outcomes and Objectives

6.14 Vision for B&NES:

In Bath and North East Somerset healthy lifestyles are the normal way of life and every adult and child is informed, able and motivated and supported to make positive choices regarding nutrition and physical activity.

6.15 Aim:

To focus our combined efforts on lasting societal and environmental changes that enable people to maintain a healthy weight; while informing and empowering people to make healthy choices.

6.16 Outcome:

- All people in B&NES are a healthy weight
- All residents and their families can experience the benefits of being a healthy weight.

How B&NES will promote a healthy weight:

6.17 Achieving a higher proportion of healthy weight in the population is a complex social and public health issue. The evidence is very clear that policies aimed solely at individuals will be inadequate and that simply increasing the number or type of small-scale interventions will not be sufficient to reverse the trend. We need significant effective action to prevent obesity at a population level targeting elements of the obesogenic environment as well as improving nutrition and physical activity in individuals.

6.18 Our key Objectives will be to:

- i. Coordinate a holistic integrated weight management pathway for the whole population which promotes self-care, prevention, early intervention and specialist support for both families and individuals
- ii. Controlling exposure to and demand for consumption of excessive quantities of high calorific foods and drinks
- iii. Increasing opportunities for and uptake of walking, cycling, play and other PA in our daily lives, reducing sedentary behaviour
- iv. Increasing responsibilities of organisations for the health and wellbeing of their employees.
- v. Develop a workforce that is competent, confident and effective in promoting healthy weight
- vi. Influence decision making and policy making to change the environment we live in to facilitate healthy behaviours

- 6.19 Achievement of these objectives will involve action across the stages of life through pregnancy to older age with a particular focus on families. Action will be at three levels; universal (for whole population), targeted (for those at risk) and specialist (for those who are above a healthy weight)
- 6.20 Principles underpinning the strategy:
- i. Leadership – Has strong local leadership supporting people to embrace change
 - ii. Partnerships – effective partnership working to optimise the use of resources
 - iii. Intelligent Interventions - developments are needs led, making best use of available market insight
 - iv. Advocacy – ensuring local people & key stakeholders understand the benefits of healthy weight
 - v. Value for Money – ensuring we deliver our priorities in the most effective way
 - vi. Innovative – uses technology to better engage and connect with people
 - vii. High quality and Best Practice – Development that meets local need, learning from & improving on the best practice
 - viii. Holistic – a cross sector commitment contributing to improved health and wellbeing of local people
 - ix. Targeted – focuses on the inactive, addressing inequalities for underrepresented groups, creating opportunities which are fun, tailored and inclusive
 - x. Sustainability - ensuring exit routes are in place for participants to ensure impacts and measures are sustained and long lasting and that work is built from the bottom up creating an asset based community development approach

7 RATIONALE

- 7.1 The draft strategy has emerged following extensive research. The authority now wishes to undertake a final period of consultation to use this framework to develop the draft into a final document by testing the assumptions and priorities set out in the draft.

8 OTHER OPTIONS CONSIDERED

The draft strategy has emerged following extensive research and consultation which considered a wide range of options.

9 CONSULTATION

- 9.1 Healthy Weight Strategy Group, Cabinet member for Neighbourhoods, Cabinet Member for Wellbeing, Health and Wellbeing Board, School Health Pupil Survey, local focus groups targeting families general public, focus groups of those who are

using commissioned lifestyle services, a wide range of partners and stakeholders for Healthy Weight.

- 9.2 Extensive consultation was undertaken as part of the strategy development for the Fit for Life Partnership and the Local Food Strategy, both of which contribute to the development and delivery of the Healthy Weight Strategy.
- 9.3 Further plans are in place to undertake a formal online consultation of the strategy with the general public, Health and Wellbeing Board network members and Children and Young People's participation group.

10 RISK MANAGEMENT

A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

Contact person	<i>Jameelah Ingram 01225 394073</i>
Background papers	<i>List here any background papers not included with this report, and where/how they are available for inspection.</i>
Please contact the report author if you need to access this report in an alternative format	