

**Healthy Weight Strategy  
Bath and North East Somerset  
2015 to 2020**



# Executive Summary

This document 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. Since then, obesity has climbed the national public health agenda.

In terms of obesity, the government has made its intention clear: it wants to see the rising rates reversed. Its obesity strategy, 'Healthy Lives, Healthy People: A call to action on obesity in England', which was published in October 2011, set a new target for a downward trend in excess weight for children and adults by 2020:

- **a sustained downward trend in the level of excess weight in children by 2020**
- **a downward trend in the level of excess weight averaged across all adults by 2020.**

This strategy is a high-level overview of current issues relating to healthy weight and focuses on what will achieve sustainable change. 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

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.

## **Our key Objectives will be to:**

1. 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
2. Control exposure to and demand for consumption of excessive quantities of high calorific foods and drinks
3. Increase opportunities for and uptake of walking, cycling, play and other PA in our daily lives, reducing sedentary behaviour
4. Increase responsibilities of organisations for the health and wellbeing of their employees
5. Develop a workforce that is competent, confident and effective in promoting healthy weight
6. Influence decision making and policy making to change the environment we live in to facilitate healthy behaviours

# Contents

- 03 Introduction**
- 04 What do we mean by Healthy Weight?**
- 04 Measurement of Healthy Weight**
- 04 What causes obesity?**
- 05 Why is obesity an issue?**
- 06 Health Impact of obesity:**
  - 06 Adult Obesity
  - 07 Childhood Obesity
- 09 Economic impact of obesity**
- 10 Vision and strategic targets**
- 10 Prioritising Local Need**
- 10 Bring together local partners**
- 11 Local governance**
- 12 Principles underpinning the strategy**
- 12 Implementation and Monitoring of the strategy**
- 12 How B&NES will promote a healthy weight**
- 14 Lifecourse outcomes framework:**
  - 14 All pregnant women, children and young people are a healthy weight
  - 22 All adults are a healthy weight
  - 23 All older people are a healthy weight

## Introduction

The evidence is very clear. Significant action is required to prevent obesity at a population level, to avoid creating 'obesity promoting' environments as well as improving nutrition and physical activity in individuals. This strategy recognises the contributions and combined efforts of all partners to increase the number and proportion of children and adults who are a healthy weight.

**“We know that for people at risk, losing just 5-7% of your weight can cut your chance of diabetes by nearly 60%. If this was a pill we'd be popping it – instead its a well designed programme of exercise, eating well and making smart health choices.”**

## What do we mean by the term Healthy Weight and Obesity?

The term 'healthy weight' is used to describe when an individual's body weight is appropriate for their height and benefits their health. Above the healthy weight range there are increasingly adverse effects on health and wellbeing. Weight gain can occur gradually over time when energy intake from food and drink is slightly greater than energy used through the body's metabolism and physical activity.

Obesity is defined as a significant excess of body fat which occurs when energy intake exceeds expenditure over a long period of time. Obesity is known to increase the risk of a range of health problems particularly type 2 diabetes, stroke and coronary heart disease, cancer and arthritis. It is also important to note the immense impact of overweight and obesity on emotional health and quality of life.

## Measurement of Healthy Weight, Overweight and Obesity

The recommended measure of overweight and obesity within a population is body mass index (BMI)<sup>3</sup>. BMI is calculated by dividing body weight (kilograms) by height (metres) squared. In children this is adjusted for a child's age and gender to allow for growth and development. Although it does not directly measure body fat, having a higher than recommended BMI in adulthood increases risk of chronic diseases. Children with BMI in the overweight and obese range are more likely to become overweight or obese adults. BMI is an indicator of health and should be used with caution when exercised when used for individuals as waist circumference is also used a predictor of obesity. Clinical judgement is necessary to assess individual's weight where there is concern.

**Table 1: BMI classifications for adults**

Classification	BMI Centile
Underweight	>18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	30.0 – 39.9
Morbidly Obese	>40

Source: Nice 2006

Presently there is some debate about the definition of childhood obesity and the best way to measure it. The National Childhood Measurement Programme (NCMP) uses BMI reference charts to classify children which take into account children's weight and height for their age and sex. Children over the 85th centile are considered overweight and those over the 95th centile, obese.

**Table 2: UK National Body Mass Index (BMI) percentile classification or child**

Classification	BMI Centile
Underweight	≤ 2nd centile
Healthy Weight	2nd centile – 84.9th centile
Overweight	85th centile – 94.5th centile
Obese	≥95th centile

Source: Nice 2006

## What Causes Obesity?

The causes of obesity are complex; factors include biology, behaviour, culture, environment and socio-economics.

Personal responsibility is a factor in weight management and a focus on behaviour change can have an impact

Our weight is affected by our habits and beliefs. These in turn affect behaviour around healthy eating and physical activity.

Diet plays a significant role. The UK diet has changed significantly since the 1950s and this may be partly responsible for the rising prevalence of obesity. Both the types and amount of food consumed have changed and there is an increased availability of energy dense convenience foods and an increase in food eaten outside the home.

The high energy density of many of convenience foods (a typical fast food meal contains more than one and a half times as many calories as an average traditional British meal) means that people often unconsciously consume more calories than the body needs. Studies show that there is a tendency to overeat on high fat diets, a phenomenon called 'high-fat hyperphagia' or passive over-consumption of fat. Consuming high sugar foods and drinks has been shown to have a similar effect. Another factor is that portion size is increasing. Evidence from several research studies shows that when faced with larger portions, people eat more<sup>1</sup>.

We must also acknowledge the role of environment on our ability to be physically active .

We live in an obesogenic environment whereby more people work in offices whilst fewer people have a physically active job.

We benefit from labour saving devices in the home and rely heavily on cars to get around.

Increased reliance on the car over the last fifty years has contributed to a major decline in walking and cycling.

Concerns about safety, anti-social behaviour and crime may also deter people from being physically active in their local area and parents are wary of letting children walk or cycle to school

Environmental factors affecting our weight include how local housing estates are designed, how we travel to destinations, the accessibility of shops and public services and the availability of good quality sport and leisure opportunities, including parks and open spaces.

Economic factors can influence an individual's ability to choose a diet that is lower in fats and sugars and access opportunities to be physically active.

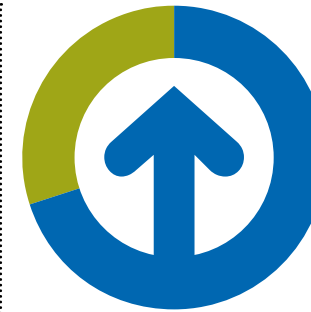
Low mood has also been linked to obesity. There are also links between social inclusion, wellbeing physical activity and people not feeling fully in control of the food they eat. Social issues are important determinants of obesity in children and adults.

### Why is Obesity an issue?

The prevalence of obesity in the UK has increased dramatically over the last 25 years with Britain now being the most obese nation in Europe.

The majority of the adult population 61.9% and 28% of children aged 2- 15 are either overweight or obese and it is estimated that, without clear action, these figures will rise to almost nine in ten adults and two-thirds of children by 2050. While there is some indication that it may be starting to level off among children in England, prevalence remains very high among this group.

People who are overweight have a higher risk of getting type 2 diabetes, heart disease and certain cancers. Excess weight can also make it more difficult for people to find and keep work, and it can affect self-esteem and mental health. Health problems associated with being overweight or obese cost the NHS more than £5 billion every year.



#### Prevalence is rising

Overweight and obesity in adults is predicted to reach 70% by 2034. More adults and children are now severely obese



#### Consequences are costly

A high BMI

- is costly to health and social care
- has wider economic and societal impacts



#### Obesity is widespread

Two thirds of adults, a quarter of 2-10 year olds and one third of 10-15 year olds are overweight or obese

# Health Impact of Obesity

## Adults

In England 24.7% of adults are obese (BMI 30 and over), including 2.4% who are severely obese (BMI over 40) (Health Survey for England 2012)<sup>2</sup>. 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.

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.<sup>3</sup>

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, disability and reduced quality of life, and can lead to premature death.

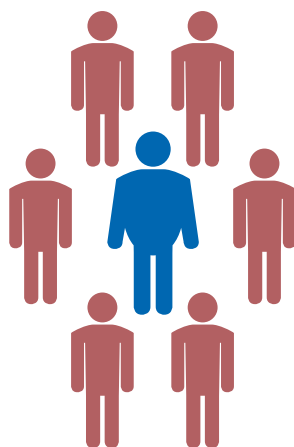
## Obesity and Inequalities

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.

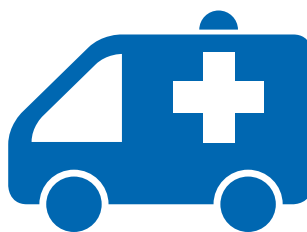
### Obesity harms adults



Less likely to be in employment



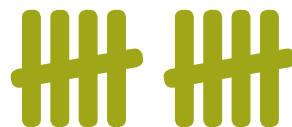
Discrimination and stigmatisation



Increased risk of hospitalisation



Obesity reduces life expectancy by an average of 3 years



Severe obesity reduces life expectancy by 8-10 years



## Mental Health and Obesity

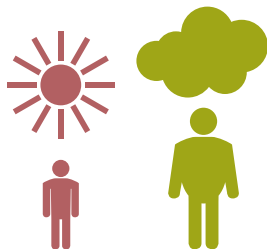
Depression, anxiety and other forms of mental illness are more common in obese individuals than in the general population. Obesity may trigger psychological issues such as eating disorders, distorted body image, and low self-esteem. Other mental health effects of obesity include social discrimination – people often judge and mistreat individuals who are overweight. Depression may also lead to reduced physical activity and increased appetite including binge eating. Activity limitations due to obesity or related chronic illnesses may also increase the risk of depression by reducing involvement in physically rewarding activities.

‘Obese persons had a 55% increased risk of developing depression over time, whereas depressed persons have a 58% increased risk of becoming obese’ The mental health of women is more closely affected by overweight and obesity than that of men. There is also strong evidence to suggest an association between obesity and poor mental health in teenagers and adults. This evidence is weaker for younger children.<sup>4</sup>

**Obese persons had a 55% increased risk of developing depression over time**



**depressed persons had a 58% increased risk of becoming obese**



## Alcohol and obesity

There is no clear causal relationship between alcohol consumption and obesity. However, there are associations between alcohol and obesity and these are heavily influenced by lifestyle, genetic and social factors. Alcohol accounts for nearly 10% of the calorie intake amongst adults who drink, and most people are unaware of the calorific content of alcoholic drinks. Heavy, but less frequent drinkers seem to be at higher risk of obesity than moderate, frequent drinkers.

Death rates from liver disease have risen by 40% between 2001 and 2012. Whilst alcohol is the most common cause of liver disease, obesity is an important risk factor for liver disease because of its link to non-alcoholic fatty liver disease (NAFLD), which is the term used to describe accumulation of fat within the liver that is not caused by alcohol. It is usually seen in people who are overweight or obese and with rising levels of obesity we would expect to see rising levels of NAFLD. Equally excess body weight and alcohol consumption appear to act together to increase the risk of liver cirrhosis.<sup>5</sup>

## Dementia and Obesity

Researchers at the University of Oxford found obesity in mid-life increases the risk of developing dementia. Evidence suggests that people who are obese in their thirties are three times more likely to get dementia<sup>6</sup>

## Children

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.

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. Overweight and obese children are more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood. Although many of the most serious consequences may not become apparent until adulthood, the effects of obesity – for example, raised blood pressure, fatty changes to the arterial linings and hormonal and chemical changes (such as raised cholesterol and metabolic syndrome) can be identified in obese children and adolescents.

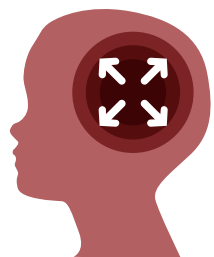
Some obesity-related conditions can develop during childhood. Type 2 diabetes has increased in overweight children. Other health risks of childhood obesity include early puberty, eating disorders such as anorexia and bulimia, skin infections, asthma and other respiratory problems. Some musculoskeletal disorders are also more common, including slipped capital femoral epiphysis (SCFE) and tibia vara (Blount disease).



## Disabilities and Obesity

Children and young people with disabilities are more likely to be obese than children without disabilities and this risk increases with age.

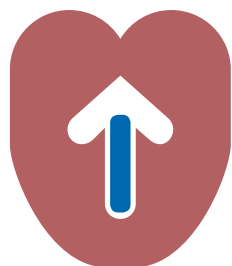
### Obesity harms children and young people



- Emotional and behavioural
- Stigmatisation
- Bullying
- Low self-esteem



- School absence



- High cholesterol
- High blood pressure
- Pre-diabetes
- Bone and joint problems
- Breathing difficulties

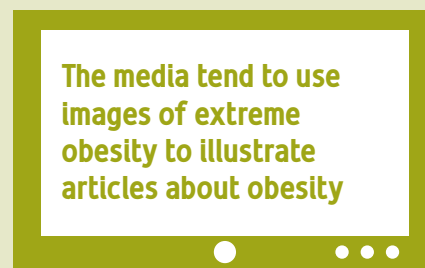


- Increased risk of becoming overweight adults
- Risk of ill-health and premature mortality in adult life

## We may not see ourselves or children as obese



- Adults tend to underestimate their own weight
- Half of parents do not recognise their children are overweight or obese



The media tend to use images of extreme obesity to illustrate articles about obesity

GPs may underestimate their patients' BMI



If we do not recognise obesity we are less likely to prioritise tackling it

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.

Part of the reason for this is that levels of educational attainment are linked to levels of inequality and deprivation. People who are socioeconomically deprived tend to have poorer health and lower levels of education. In addition, low achievement at school among obese children may be due to a variety of factors such as poor psychological health, teasing, bullying and discrimination, low self esteem, disturbed sleep, absenteeism and less time spent with friends or being physically active.



## Economic Impact of Obesity

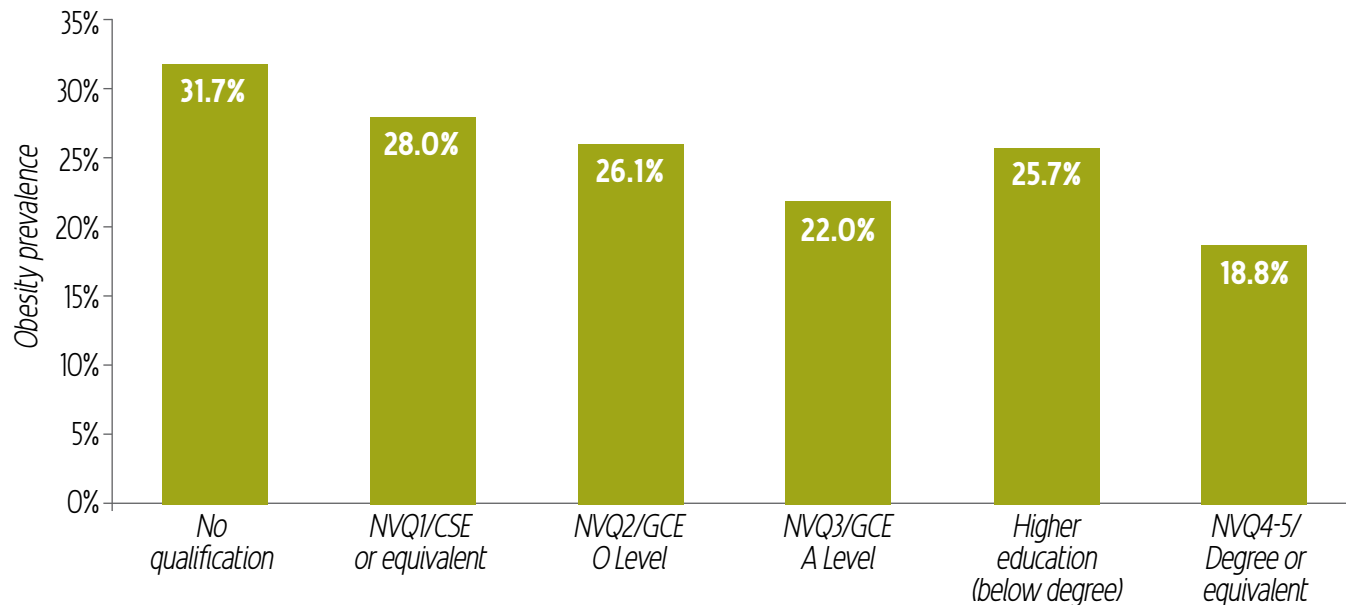
Independent research earlier this year found that obesity now costs the British taxpayer more than police, prisons and fire service combined. It is clear that, as a society, if we are going to continue to deliver world class public services and look after the health of the population as a whole, we are going to have to do more to address this.

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.

Obesity can impact on the workplace in a number of ways. Obese employees take more short and long term sickness absence than workers of a healthy weight. In addition to the impact on individual health and increased business costs due to time off work through associated illnesses, obese people frequently suffer other issues in the workplace including prejudice and discrimination.

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.

### Adult obesity prevalence by highest level of education (2006-2010)



On current projections costs are likely to increase

Between 2010 and 2030 – health costs are up by

**£2bn**



Obesity increases the risk of many serious long term conditions

More advanced treatments

Greater life expectancy

Increasing obesity prevalence

More people than ever living in ill health

### The annual cost of obesity

Cost to wider economy  
**£27bn**

Obesity attributed days sickness **£16m**

Obesity medication **£13.3bn**

Cost to NHS **£55.1bn**

Social care **£352m**

# Vision and Strategic Targets

## Vision for B&NES

In Bath and North East Somerset all residents have the opportunity to have a healthy lifestyle and every adult and child is informed, able and motivated and supported to make positive choices regarding nutrition and physical activity.

### 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.

### Outcome:

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

To tackle overweight and obesity effectively we need to adopt a life course approach – from pre-conception through pregnancy, infancy, early years, childhood, adolescence and teenage years, and through to adulthood and preparing for older age. There are specific opportunities and challenges at each stage of the life course and action is needed at all ages to avert the short- and long-term consequences of excess weight and to ensure that health inequalities are addressed. Action needs to encompass an appropriate balance of investment and effort between prevention and, for those who are overweight or obese, treatment and support.

## Prioritising Local Need

The strategy will focus on the following priority groups

### Geographical areas of inequalities:

- Areas of B&NES with the highest child obesity prevalence, as measured through the child measurement programme
- Areas of B&NES with the highest estimated adult obesity prevalence.

### Points across the life course where people are more at risk of obesity:

- Women during and after pregnancy
- Early years (0-5years)
- Children aged between 5 and 11 years
- Prevention in adults aged less than 35 years
- Weight management in adults aged over 35 years
- Women following the menopause
- People stopping smoking
- Adults following retirement

### Groups who can be more at risk of obesity:

- Looked After Children
- Children and adults living in the most disadvantaged areas of B&NES
- Children and adults with a learning disability
- Black and Minority Ethnic Children
- Adults with depression or other common mental health problems

## Bringing together a coalition of partners

Effective local action on obesity requires wide collaboration of partners to work together in order to create an environment that supports and facilitates healthy choices by individuals and families.

The Council already performs a vital leadership role by bringing together partners who can stimulate action on local issues through the Health and Wellbeing Board.

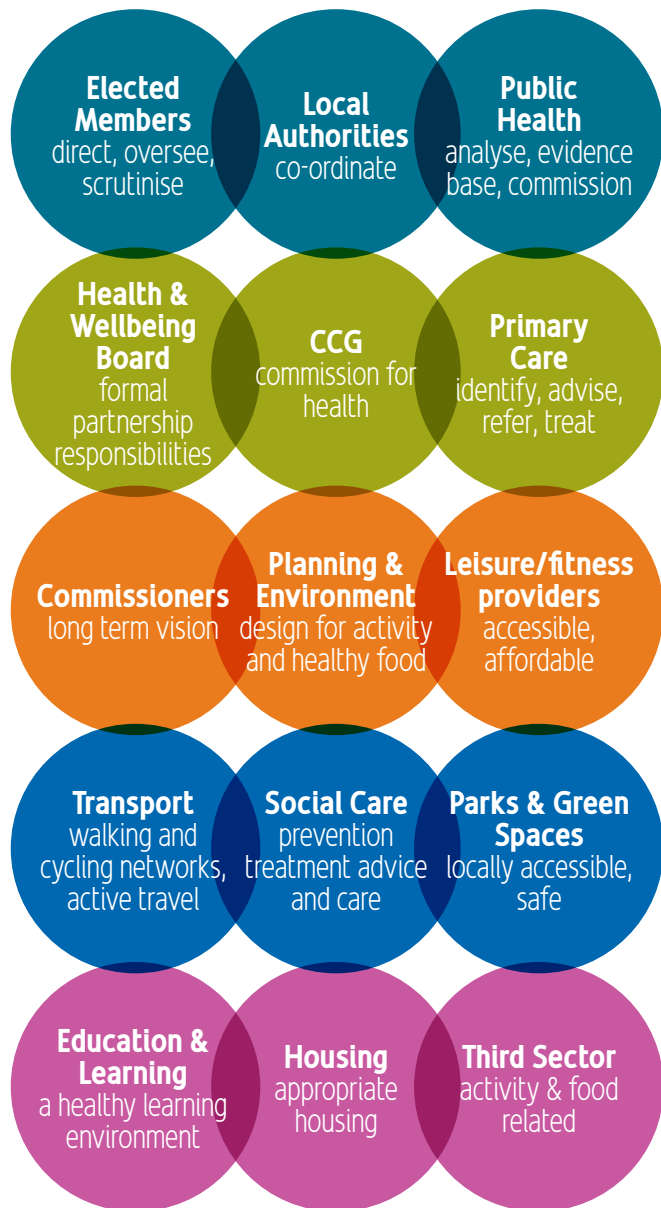
The local Health and Wellbeing Board has set a framework for action.

### Priorities have been identified under 3 key themes:

- **Theme one:** Helping people to stay healthy
- **Theme two:** Improving the quality of people's lives
- **Theme three:** Creating fairer life chances

Helping children to be a healthy weight and creating healthy and sustainable places have been identified as local priorities within theme one .

**Partnership: the key to success**



**Local Governance**

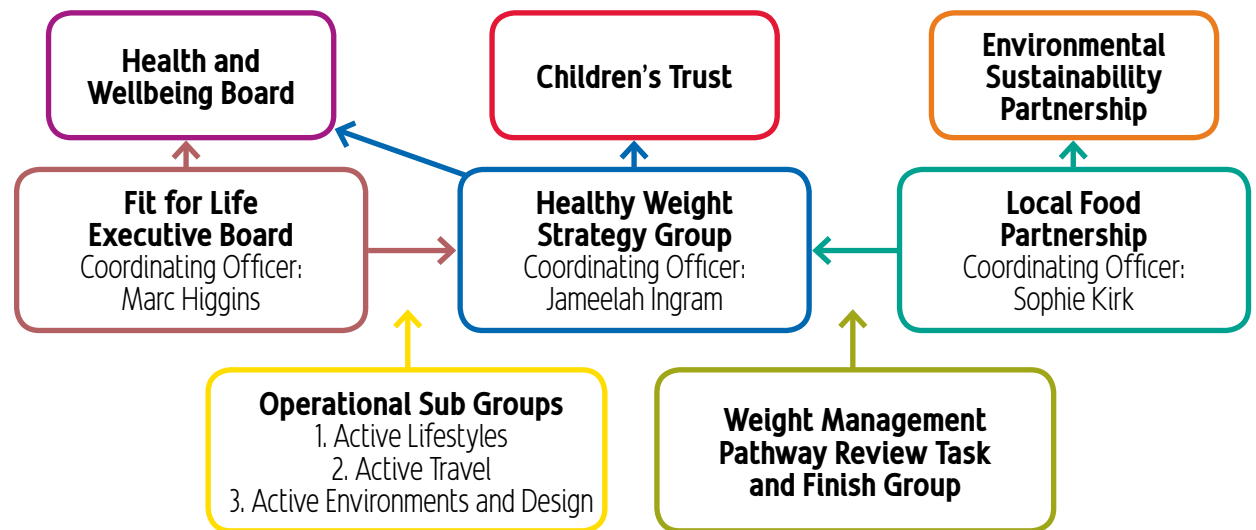
The successful delivery of the Shaping Up Strategy will be dependent upon collaboration with other key partnerships and the delivery of the other key strategies:

- 1. Fit for Life** – getting more people, more active, more often. The strategy will lead on local priorities which encourage people to be more active as well as looking at changes to the physical environment, transport and planning.
- 2. Local Food Strategy** - working 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.

**3.** It will also have links to 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.

This strategy is governed by the Health and Wellbeing Board and reports also to the Children’s Trust Board.

Various groups (including task and finish groups) will be involved in the implementation of the different aspects of the strategy e.g. the School Food Forum, Fit for Life Partnership – Subgroups etc.



## Principles underpinning the strategy

- 1 Leadership** – Has strong local leadership supporting people to embrace change
- 2 Partnerships** – effective partnership working to optimise the use of resources
- 3 Intelligent Interventions** - developments are needs led, making best use of available market insight
- 4 Advocacy** – ensuring local people & key stakeholders understand the benefits of healthy weight
- 5 Value for Money** – ensuring we deliver our priorities in the most effective way
- 6 Innovative** – uses technology to better engage and connect with people
- 7 High quality and Best Practice** – Development that meets local need, learning from & improving on the best practice
- 8 Holistic** – a cross sector commitment contributing to improved health and wellbeing of local people
- 9 Targeted** – focuses on the inactive, addressing inequalities for underrepresented groups, creating opportunities which are fun, tailored and inclusive.
- 10 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

## Implementation and Monitoring of the strategy

The strategy will be supported by an annual action plan. Reporting of outcomes will be via the Healthy Weight Strategy Group to the Health and Wellbeing Board and Childrens Trust Board.

Monitoring the prevalence of healthy weight in children and adults is a requirement of the national Public Health Outcomes Framework as highlighted by the following key performance indicators:

- Excess weight in 4-5 and 10-11 year olds (PHOF 2.6)
- Diet (placeholder) (PHOF 2.11)
- Utilisation of green space for exercise/health reasons (PHOF 1.16)

## How B&NES will promote a healthy weight

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.

### Our key Objectives will be to:

- 1.** 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.
- 2.** Control exposure to and demand for consumption of excessive quantities of high calorific foods and drinks
- 3.** Increase opportunities for and uptake of walking, cycling, play and other physical activity in our daily lives, reducing sedentary behaviour.
- 4.** Increase responsibilities of organisations for the health and wellbeing of their employees.
- 5.** Develop a workforce that is competent, confident and effective in promoting healthy weight
- 6.** Influence decision making and policy making to change the environment we live in to facilitate healthy behaviours

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).

### 1. Universal: Whole population prevention activity

We will work collaboratively with the Fit for Life Partnership and the Local Food steering group to create positive environments which actively promote and encourage a healthy weight in B&NES. This involves transport, the built environment, parks and open space and promoting access to affordable healthy food; as well as interventions such as the Healthy Child Programme, Director of Public Health Award in Schools and Eat Out Eat Well award accreditation scheme with food retailers.

### 2. Targeted: Community based lifestyle interventions

We will maintain and develop interventions to support individuals and communities most at risk of obesity to intervene earlier and reduce inequalities in obesity. This will include interventions to support individuals and families becoming more active and eating more healthily.

### 3. Specialist Weight management services

Working together with the NHS to develop and deliver high quality specialist treatment and support to for local residents who are severely obese and have additional complex health needs and where conventional lifestyle support has been unsuccessful. This level of support may include drug therapy, specialist clinical support and in some cases surgery.



## OUTCOME FRAMEWORK: ALL PREGNANT WOMEN, CHILDREN AND YOUNG PEOPLE ARE A HEALTHY WEIGHT

### Outcome & Indicator

**Outcome:** All children are a healthy weight

**Indicator:** National Child Measurement Programme (Overweight and Obesity prevalence of reception/yr 6)

Breastfeeding prevalence initiation and continuation at 6-8 weeks

**Local:** Overweight and obesity prevalence of pregnant women at 1st antenatal booking

School Health Survey

**Population:** Pregnant women, Children and young people aged under 18

### Data issues/gaps:

Have mechanism to monitor BMI of pregnant women at 10 week booking at RUH but need to obtain data from Bristol trusts also to get B&NES resident population

Only record obesity prevalence in reception and Yr 6.

Only measure children in B&NES schools - do not include children who study out of area

Updated NCMP maps - detailing ward areas with highest rates and with schools mapped for targeting inequalities work.

Poor physical activity data for children and young people - no national indicator

Missing - Play and active travel indicators, measuring utilisation outdoor space and facilities.

Mapping of all service provision in the area needs to be undertaken to identify gaps and areas of duplication

Linking NCMP with pupil attainment and free school meals data.

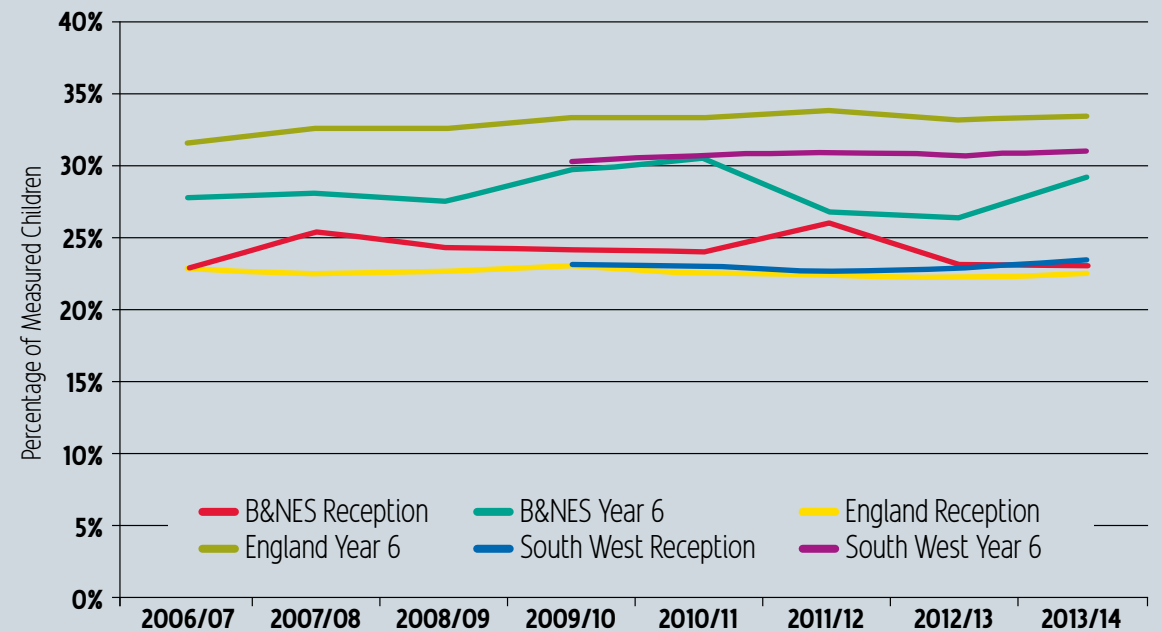
Neighbourhood profiles showing trends dietary behaviour, activity levels and unhealthy weight prevalence in maternal and child health.

Measuring longer term outcomes (6/12 months for commissioned services).

Service user feedback on commissioned services.

### BASELINE

Unhealthy weight, 2006/07 to 2013/14



### Partners

Local residents

NHS Primary Care/CCG:

Health Visiting

Connecting

Sirona - Health Visiting, School Nursing, SHINE

Weight management, Cook it!, HENRY

Bath University

Play Services

Children's Centres, private nursery and play group settings

Maternity Services

Schools

Director of Public Health Award

Parks and open spaces

Sports Clubs

Sports and Active Lifestyles

Dietitians

GPs

Paediatricians

Oral Health - Dentists

Curo

Youth Connect

Foodbanks

School Sports Partnership

Wesport

Leisure contractor



## OUTCOME FRAMEWORK: ALL PREGNANT WOMEN, CHILDREN AND YOUNG PEOPLE ARE A HEALTHY WEIGHT

### Story behind the baseline: (examples of contributory factors)



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.



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.

**Trends in childhood unhealthy weight** - including overweight and obesity - have been relatively static since the national measurement programme began in 2006/07, i.e. there has been no long-term significant upward or downward shift. This accords with national findings that demonstrate prevalence rates of overweight and obesity may have stabilized between 2004 and 2013.

**Age** is a significant factor in the levels of obesity among children in B&NES, i.e. increasing with age. **Deprivation and ethnicity** are significant factors in the level of obesity among Year 6 aged children in B&NES.

**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. 1

Children and young people with disabilities are more likely to be obese than children without disabilities and this risk increases with age (analysis of HSE 2006-2010 for children aged 2-15 with a LLTI)

Research shows that 3 year olds are now experiencing tooth decay - with sugary drinks being a key factor.

75%

There is a 75% uptake of healthy start vouchers by eligible families in Bath and North East Somerset.

### Infant Feeding



**84% of babies in B&NES are breastfed at birth, higher than regionally (78%) and nationally (74%).** At the 6-8 week check this rate has dropped to 65% as of Q2 2013/14, although this is still higher than regional (49%) and national (47%) rates. These rates have been relatively flat over the past few years, but seem to be rising locally.

Within B&NES there is considerable variation in rates of breastfeeding between different areas, with 9 wards having 6-8 week rates of less than 50%, the lowest being 29%. It is difficult to distinguish the influence of geographical deprivation from age of mother from the data in B&NES as some of the most deprived areas, with the lowest rates of breastfeeding, also have the highest numbers of teenage mothers.

### Physical Activity



In 2012/13, 41.2% of people in B&NES use outdoor space to exercise for health/reasons, the highest regionally and significantly higher than the national average (1.3%)

Currently no activity data recorded for children and young people



## OUTCOME FRAMEWORK: ALL PREGNANT WOMEN, CHILDREN AND YOUNG PEOPLE ARE A HEALTHY WEIGHT

### Listening to the public and service users

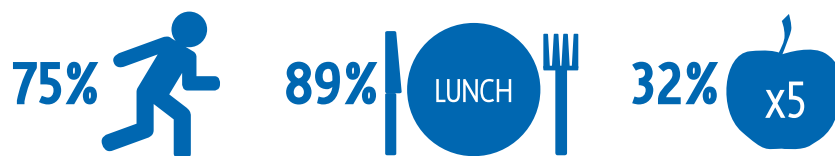
In 2013 the The Child Health-Related Behaviour Survey in B&NES in 2013 results on healthy eating and activity were similar or better than the national average.



**Primary school** - 83% of primary school children reported enjoying physical activity at school and in leisure time. They also reported that they are adopting healthy eating behaviours; 98% have breakfast and 32% reported eating 5 or more portions of fruit or vegetables. Approx. 1 in 5 said they would like to lose weight. Almost half of primary school children (47%) travel to school by car.

Just over 80% of young people say they watched TV, DVD's or videos on the day prior to the survey

93% of our **Primary School** children own a bicycle



**Secondary school** - 1 in 10 children are skipping meals, with 11% reporting that they did not have lunch on the day before the survey. Fewer secondary school children (21%) are eating their recommended portions of 5 a day. However more secondary children are walking to school (54%) and 75% of respondents are enjoying physical activity 'quite a lot or a lot'. 68% (59%) of Year 10 pupils said they worried about at least one of the issues listed 'quite a lot' or 'a lot'.

A focus group of young mums with preschool aged children highlighted issues around availability of good facilities and activities (including for under 3's and for parents) and crèche facilities whilst exercising

A youth focus group highlighted the need for indoor and outdoor spaces to socialise within their age group

A group of disabled people commented that transport is one of the main barriers to participating in activities as well as access issues

A survey by the University of Bath (2012) highlighted that parents have a significant effect on young people's physical activity levels with barriers including: fears of parenting skills being judged, not knowing other parents or workers, cost of services, lack of awareness of services and reacting badly to being told that their child is overweight

A holistic integrated weight management pathway for the whole population which includes prevention, an ethos of taking personal responsibility for the both the health and wellbeing of the family and individuals with the offer of specialist support when needed

### Current good practice in B&NES

#### Maternal Health

- An integrated Tier 2 holistic weight management service is in place for women with an unhealthy weight and/or are smokers

#### Early Years 0-5

- Free Healthy Start vitamins, fruit and vegetable vouchers for families on low incomes
- Universal preventative healthy weight offer for early years settings
- Director of Public Health Award in early years settings
- All Health Visitors trained in HENRY Core Skills, and using HENRY resources at 3 specific contact points for all families
- Maternal child nutritional guidance developed for early years settings and health professionals
- Health Visiting service accredited Baby Friendly award for health visiting service. Universal Infant Feeding Hubs established in Childrens Centres, supported by peer supporters, Specialist Infant Feeding Support Service pilot underway

## OUTCOME FRAMEWORK: ALL PREGNANT WOMEN, CHILDREN AND YOUNG PEOPLE ARE A HEALTHY WEIGHT

- Targeted early years service Tier 1 weight management service for families with children who are an unhealthy weight/live in area where obesity prevalence is high
- Commissioned family cooking skills programme for families with children who are unhealthy weight – includes combined food growing and cooking skills intervention

### 5-19 Years

- Universal preventative healthy weight offer in primary and secondary schools and FE colleges:
  - *Director of Public Health Award offered to educational settings*
- Excellent participation rates in National Child Measurement Programme (NCMP)
- Telephone support offered to families participating in NCMP programme who have a child who is obese
- A range of commissioned targeted Tier 1 weight management programmes:
  - *6 week cookery courses for families with overweight/obese children aged 0-19 (Cook It!)*
  - *HENRY Healthy Lifestyle parenting programme for under5 year olds*
  - *Healthy Child Programme delivered by school nurse programme*
- Commissioned Tier 2 community based weight management provision:
  - *intervention for children and young people aged 10-17 year olds includes psychological component*
  - *Paediatric dietetic support*

### Recommendations to address Gaps/Needs Identified

#### General from Birth-19:

- Develop a community development building parental capacity approach to self care and prevention for the whole family (including carers and extended family members)
- Increase investment in preventative programmes targeting pregnant women/parents/carers and those planning pregnancy
- Review Parenting Strategy and current programmes delivered across B&NES, ensure approach is consistent and evidence based and measures outcomes
- Continue to provide effective Tier 1 and Tier 2 services for those at risk of unhealthy weights, ensuring that commissioned interventions include psychosocial aspects of being overweight.
- Improve access and retention of current Tier 1 and Tier 2 weight management services – with particular focus on improving access and availability of provision for 5-9 year olds, 14-19 year olds, families with physical and learning difficulties

#### Maternal Health

- Review commissioning of maternal and child health programmes to ensure a holistic approach to positive parenting, early messaging of importance and benefits of healthy lifestyles for the whole family from Pregnancy onwards.
- Work towards integrated commissioning of preventative (children's) services and Public health

### Early Years 0-5

- Increase uptake of healthy start vitamins, and voucher scheme, review universal offer of Vitamins in light of new Guidance
- Introduce healthy lifestyle offer for parents/carers at GP 6-8 week post natal check
- Develop healthy lifestyles offer for connecting families programme
- Strengthen preventative work which supports parent/carers
- Review and improve provision of Tier 1 weight management interventions for families, ensuring services are effective and value for money
- Develop targeted social marketing campaigns for specific at risk groups
- Incorporate healthy lifestyle messaging into all commissioned parenting programmes and 0-5 services.
- Review, update and disseminate maternal health and early years nutritional guidance to all professionals working in children's services
- Develop and disseminate a framework of key messages for all children's services and relevant council wide departments to support the Baby Friendly Initiative
- Review Specialist Infant Feeding Support Service Pilot and identify appropriate commissioner and investment

### 5-19 Years

- Continue to deliver the National Child Measurement Programme
- Involve and upskill professionals in educational settings in the development of an effective weight management pathway

## OUTCOME FRAMEWORK: ALL PREGNANT WOMEN, CHILDREN AND YOUNG PEOPLE ARE A HEALTHY WEIGHT

- Improve the nutritional quality and offer of food in junior and secondary schools and continue to increase uptake of school meals.
- Increase public awareness: Raising the issue of weight with parents, especially reception aged children
- Continue to assess the whole Early Years/school/College environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight and be physically active.
- Review healthy weight pathway to include oral health promotion
- Review School Nurse Service Specification to include the model of delivery of a Universal and targeted offer

### Controlling exposure to and demand for consumption of excessive quantities of high calorific foods and drinks

#### Current good practice in B&NES

- New 5 Year Local Food Strategy and multigency steering group launched in 2014 to ensure everyone can access good quality, safe, affordable food and enjoy a healthy diet, with more locally produced food that sustains the environment and supports the local economy.
- Supporting local businesses and community organisations to offer healthier options:
- Eat Out Eat Well retailer accreditation scheme- developed to support reward food outlets to offer healthier options
- Participation in national Change4Life Social Marketing campaigns to promote healthy eating messaging including Start4Life, 5 A day

- Multiagency School Food Forum ensuring coordinated delivery of national school food plan in primary schools
- Commissioned community family cookery programmes available in areas where childhood obesity rates are highest

#### Recommendations to address Gaps/Needs Identified

Through the delivery of the local food strategy group we will:

- Greater promotion of national Change4Life programme to deliver key messaging on the dangers of sugary and caffeinated drinks and portion sizes/oversnacking locally
- Partner with street trading team to reduce the number of outlets which offer unhealthy snack and drink in areas close to educational settings and family leisure facilities.
- Reduce the number of new fast food outlets near educational settings.
- Increase the availability of affordable fruit and vegetables in neighbourhoods of high need.
- Increase uptake of healthy start vouchers by eligible families.
- Reduce diet-related inequality by focusing services on low-income residents/families with priority given to children from Black and Minority Ethnic Backgrounds, Children with a physical or learning difficulty and young
- Work collaboratively with the NHS and community partners to develop an integrated holistic pathway for those clients who have a diagnosed eating disorder
- Work with partners to promote body image and esteem in children and young people

### Increasing opportunities for and uptake of walking, cycling, play and other PA in our daily lives, reducing sedentary behaviour.

#### Current good practice in B&NES

New 5 year physical activity strategy: Fit for Life Established Fit for Life Executive Board and implementation sub groups covering maternal health and children and young peoples

Procurement and proposed modernisation of local council owned leisure facilities

Investment in a range of preventative and community based Tier 1 and Tier 2 interventions including:

#### Maternal Health

- Best practice research project - Moving on Up project , 12 week postnatal dance programme for women (delivered as part of Passport to Health

#### Early Years 0-5 years

A range of preventative activities include:

- Director of Public Health award in Early Years settings
- Go By Bike: community based preschool cycling activities
- Wheels for All cycling club for adults and children with disabilities and differing needs

An investment in Tier 1 physical activity offer early years:

- Targeted Healthy Lifestyle Parenting Programme (HENRY)

## OUTCOME FRAMEWORK: ALL PREGNANT WOMEN, CHILDREN AND YOUNG PEOPLE ARE A HEALTHY WEIGHT

### 5-19 years

- Open Access Community play sessions run in areas where NCMP data identifies higher rates of unhealthy weight children
- Family play inclusion workers offer children who are referred between 5 to 13 and their families, tailored play support, developing stronger parenting bonds and linking children to open access play sessions and other play opportunities, SEN/disabled families prioritised
- Play Inclusion Worker model used by Connecting Families
- Promoting healthy lifestyles, especially active play and health eating is integral to the Community Play Specification.
- Commissioned Go By Bike: cycling proficiency and sporting events
- Sport England funded try active programme which uses cycling, walking/running and outdoor fitness to get people more active. Range of community activities offered to 14-19 year olds
- Established everyday active programme of activities offered in primary and secondary school – delivered by schools sports partnership

Tier 2 community based weight management programme (SHINE) for 10-17 offers ongoing rolling physical activity offer for children and young people

- University of Bristol commissioned dance research project to engage Year 7 girls in dance activities after school

### Recommendations to address Gaps/Needs Identified

Provide modernised leisure facilities which are make them more attractive, accessible and affordable to young people and families.

Work collaboratively with the Fit for Life partnership to:

- Increase the range of activities and opportunities for children and young people to be active outside of school
- Encourage schools and clubs to work together in increasing participation
- Increase range of community based activities for families with children with a learning or physical difficulty.
- Supporting the sustainability of the Wheels for All cycling inclusion project
- Review and improve provision of opportunity for physical activity available for pregnant women and parents/ carers of small babies / pre-schoolers
- Promote activities which children can do independently and those they can enjoy with their family and friends.
- Work across sectors to increase opportunities for everyday activity and opportunities for play in children, young people and families. Prioritise:
  - Families in low socioeconomic groups (targeting families with children aged 0-5)
  - Children with disabilities and/or who have parents with a disability and
  - BME children
  - Girls aged 12 upwards
  - NEETS

Assess the whole Early Years/school/College environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight and be physically active.

- Support children and young people's settings to promote physical activity and active play during school hours, evenings, weekends and holidays.
- Support schools to be community hubs providing access to their facilities in their local community to raise awareness and encourage families to be more active
- Continue to work with the school sports partnership to continue to ensure high quality sport and physical activity opportunities are delivered within schools
- Develop effective strategies for increasing activity levels in the key transition points for young people (between primary and secondary school and secondary and further education)

Refresh the Council's play strategy and ensure promoting the opportunity for active play is embedded in all other relevant children's service specifications

Increase the opportunities for active travel for families – considering key transition points – such as starting preschool/school/college/university.

Work with early years and educational settings to continue to encourage a culture of physically active travel, supporting them to provide cycle and road safety training for all children. Introduce an active travel scheme for schools



## OUTCOME FRAMEWORK: ALL PREGNANT WOMEN, CHILDREN AND YOUNG PEOPLE ARE A HEALTHY WEIGHT

- Explore opportunities for co-locating health, leisure and NHS services to offer a holistic approach to supporting families.
- Remove the cost of venue hire for commissioned services operating in public sector venues to enable more families to access services. (Can we include this?)

### Increasing responsibilities of organisations for the health and wellbeing of their employees.

#### Current good practice in B&NES

- NHS Health Checks are on offer to all residents working in children's services who are aged 40 and above
- Commissioned service to deliver Workplace Wellbeing Charter to local businesses
- Eat Out Eat Well – developed to reward food outlets that provide their customers with healthier choices, established for over 2 years, supported range of settings, restaurants (24%), workplace canteens (17%) and Pubs (15%), public sector and educational settings, café and community centres etc.

Commissioned integrated lifestyles hub for local residents to access Tier 1 and Tier 2 community based weight management and physical activity programmes: including:

- Lifestyles advisors -1-1 support
- Slimming on referral (Weight Watchers, Counterweight,
- Passport to Health: Exercise on referral
- Wellbeing walks

Local Sustainability Transport Fund and Highways agency offer a range of workplace active travel incentives in the NHS and Public Sector to include: roadshows, cycle training, pool bikes, electric cars

#### Recommendations to address Gaps/Needs Identified

- Upskill local public sector workforce so that they are healthier in themselves, reducing sickness absence and improving productivity.
- Through development of the Workplace Wellbeing Charter, support workplaces to provide opportunities for staff to eat a healthy diet and be physically active, through:
  - active and continuous promotion of healthy choices in restaurants, hospitality, vending machines and shops for staff and clients, in line with existing national guidance
  - working practices and policies, such as active travel policies for staff and visitors
  - a supportive physical environment, such as improvements to stairwells and providing showers and secure cycle parking
  - recreational opportunities, such as supporting out-of-hours social activities, lunchtime walks and use of local leisure facilities.
- Support the NHS and the Local Authority to be exemplar employers in achieving the Workplace Wellbeing charter and Eat Out Eat Well Gold Status
- Through the delivery of the local food implementation plan enhance the procurement of healthy, nutritional good quality meals by organisations and businesses.

- Workplaces providing health checks for staff should ensure that they address weight, diet and activity, and provide ongoing support to employees.

### Develop a workforce that is competent, confident and effective in promoting healthy weight

#### Current good practice in B&NES

- Investment has been made in training children service' staff in evidence based lifestyle programmes and raising the issue of weight:
  - The local authority holds the training license for HENRY to enable Health Visitors and Children's Centre staff can raise the issue of weight with parents of babies and toddlers
  - The local authority has invested in the evidence based psycho social weight management programme: SHINE. Sirona and the RUH who are providers of the programme have trained midwives and staff working with 10-17 year olds on raising the issue of weight.
- A NHS/LA working group has been established to develop a coordinated approach to train frontline staff in Making Every Contact Counts (Health Visitors, School nursing)
- RSPPH Level 2 and Level 3 Nutrition training on offer to businesses

**OUTCOME FRAMEWORK: ALL PREGNANT WOMEN, CHILDREN AND YOUNG PEOPLE ARE A HEALTHY WEIGHT**

**Recommendations to address Gaps/Needs Identified**

- Secure investment and deliver a coordinated training programme of ‘making every contact count’ for frontline staff working in the public and voluntary sector.
- Enable all staff to have increased confidence in:
  - *raising the issue of weight*
  - *Promoting Baby Friendly key messages*
  - *competencies to deliver/refer to weight management interventions where appropriate.*

**Influence decision making and policy making to change the environment we live in to facilitate healthy behaviours**

**Current good practice in B&NES**

Refreshed transport plans for Bath and Keynsham

Health impact assessed Council’s place making plan

Established a Fit for Life Partnership to deliver a 5 year Fit for Life strategy includes key objectives to:

- Improve Active Travel
- Influence Active Design: work with planners to improve our neighbourhoods to offer easy access to a choice of opportunities for physical
- Create Active Environments: ensure leisure facilities and green infrastructure are well used and enjoyed by local residents and visitors.

**Recommendations to address Gaps/Needs Identified**

Through the delivery of the Fit for Life Partnership:

- Ensure physical activity is a consideration in all policy development that impacts on children and young people
- Map safe routes to school, local play and leisure facilities
- Work with Leisure and Tourism, parks and allotments and open spaces to create opportunities for spontaneous play and maximising opportunities for physical activity.
- Invest in training for planners (urban, rural and transport), architects and designers on the health implications of local plans.
- Protect playing pitches and outdoor opportunities for physical activity from development
- Provide safe open spaces and play areas which are stimulating, challenging and age appropriate for children
- Create family friendly environments that enable opportunities for active play and planned physical activity

## OUTCOME FRAMEWORK: ALL ADULTS ARE A HEALTHY WEIGHT

### Outcome & Indicator

**Outcome:** All adults are a healthy weight

#### National Indicators:

PHOF Excess Weight in Adults (Active People's Survey)

PHOF % of physically active and in active adults (Active People's Survey)

PHOF - Number of people on diabetes register aged 17+ (QOF)

PHOF/CCG - Mortality rates caused by diseases considered preventable (ONS Data)

PHOF/CCG Under 75 mortality rate from all cardiovascular disease (ONS data)

**Population:** Adults aged 18+

### Data issues/gaps:

Poor data quality for measuring prevalence rates as data underreported, locally and nationally.

Poor physical activity data for adults - active peoples survey - small sample.

Mapping of all service provision in the area needs to be undertaken to identify gaps and areas of duplication

Developing indicators which link obesity and sickness absence.

Explore suitable indicators for measuring the built environment, food and dietary choices, active transport and outdoor space usage.

Local indicators for measuring use of outdoor space and parks.

Neighbourhood profiles showing trends dietary behaviour, activity levels and unhealthy weight prevalence need developing.

Measuring longer term outcomes (6/12 months for commissioned services).

Capturing data from partners organisations which demonstrate behaviour change

Developing prevalence rates for lifestyle risk factors and NHS Health Check

Developing indicators for measuring wellbeing and obesity

### BASELINE

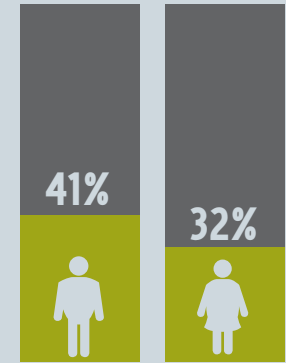


**Over half (58.7%)** of adults in B&NES are estimated to be overweight or obese, although this is significantly lower than regional and national figures.

### Obesity Key Facts:



Rates of recorded obesity are **rising in adults** in B&NES but are lower than national rates.



Nationally, men and women have a similar prevalence of obesity, but **men are more likely to be overweight** (41%<sup>m</sup> compared to 32%<sup>f</sup>) (2008)<sup>7</sup>

### Partners

Sirona - Healthy Lifestyle Service

Counterweight

Bath University

NHS and Social Care

Public Sector workforce leads

Local businesses

Voluntary sector organisations

Parks and open spaces

Sports Clubs

Sports and Active

Lifestyles

Dietitians

GP Practices (Diabetic Nurses, NHS Health Check Leads)

Community Nursing (district nursing/OTs)

Physios

CCG Commissioners

Public Protection - Environmental Health

Regeneration

Planners and developers

Transport leads

NHS England Specialist

Commissioners

Endocrinologists

Leisure Contractor

Wesport



**OUTCOME FRAMEWORK: ALL ADULTS ARE A HEALTHY WEIGHT**

**BASELINE**

**Obesity prevalence (ages 16+) – B&NES and England GP 16 years + registered populations**

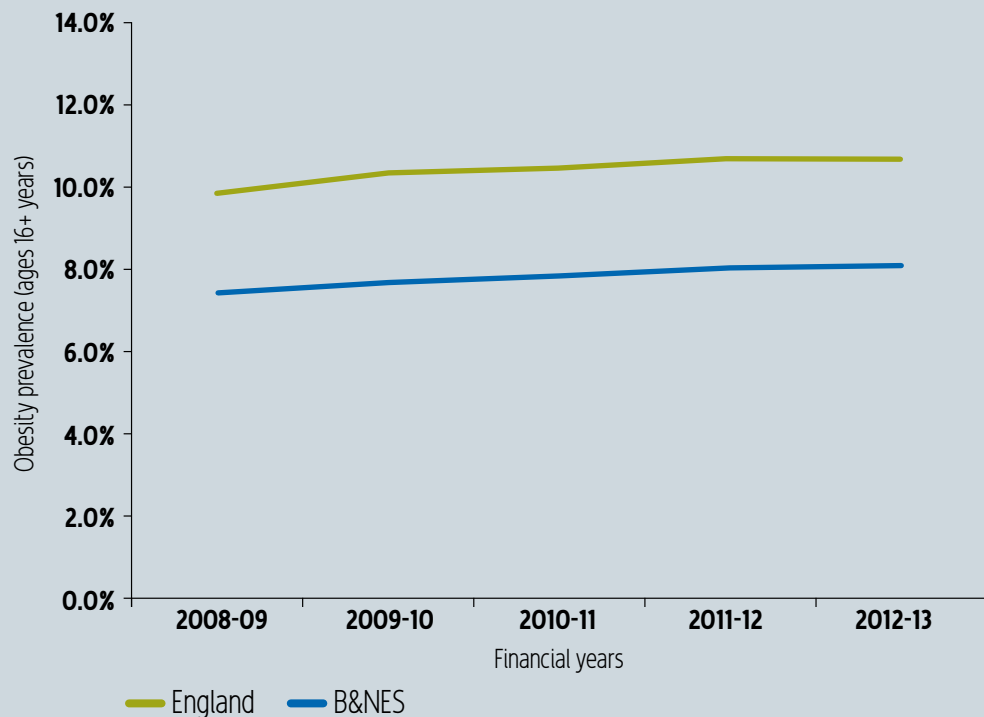


Figure 1 There were 13,446 (2012/13 financial year) people 16 years and over registered as obese in GP practices in B&NES.3

The prevalence of obesity in those 16 years and over in GP practices has been gradually increasing locally and nationally. The prevalence rate in B&NES is significantly lower than England. The national prevalence of obesity (ages 16+) was 9.9% in 2008/09 and 10.7% in 2012/13 (financial year). N.b these figures are for a registered population..

**B&NES estimated obesity prevalence to 2030**

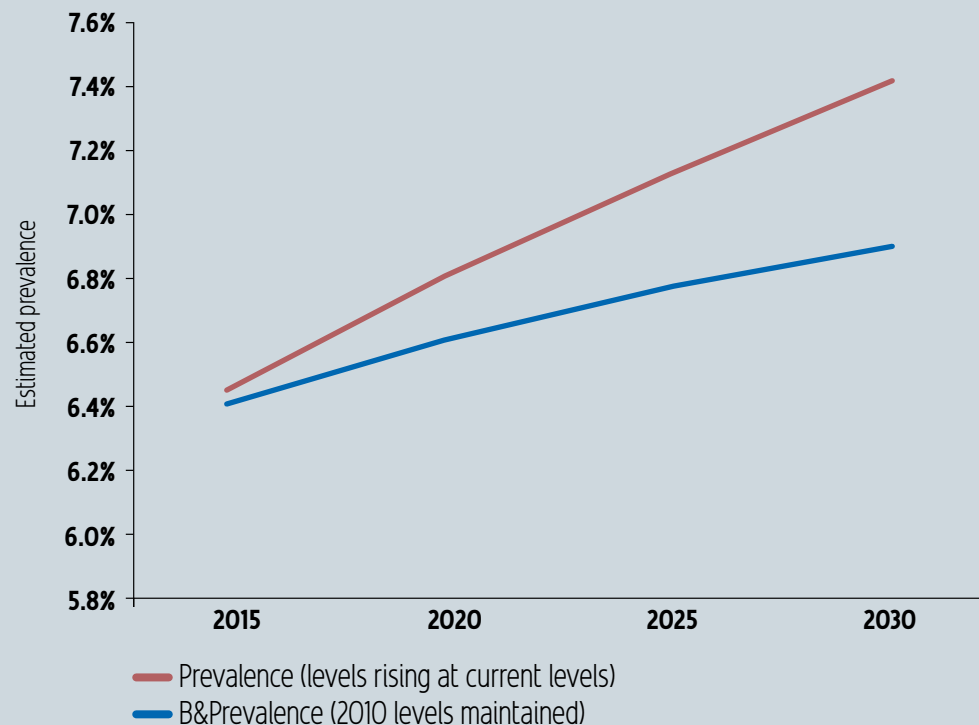
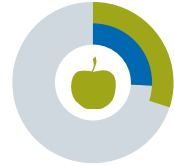


Figure 2 demonstrates the estimated local increase in obesity prevalence up to 2030. If obesity levels continue to rise at the current rate, this would mean an estimated prevalence increase of 27% over the next 16 years from 6.5% (~10,038 persons) to 7.4% (~12,712 persons).

## OUTCOME FRAMEWORK: ALL ADULTS ARE A HEALTHY WEIGHT

### Story behind the baseline: (examples of contributory factors)

#### Diet Key Facts



B&NES has a higher than national known level of fruit and vegetable consumption  
**(30% compared to 26%)**

Lyncombe has the highest model based estimate percentage of 38% consumption of fruit and veg and of those that are known, Twerton has the lowest at 19% consumption of 5 pieces of fruit and veg a day

There were large rises in food prices between June 2007 and February 2009. This included a 23% rise in vegetable prices and an 11% rise in fruit prices. All food price rises put pressure on food shopping choices

Percentage consuming 5 fruit and vegetables a day is higher in areas of lower deprivation

There is a relationship between healthy eating and areas with lower incomes. In addition food prices are rising at a significant rate, with a 23% rise in vegetable prices and 11% rise in fruit prices between 2006 and 2009

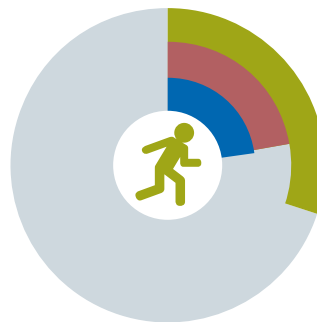
#### Physical Activity - Key Facts

**27% of Bath and North East Somerset population** undertake 30 minutes of moderate intensity exercise on 3 or more days a week (**22.3% national, South West 22.9%**).

43.7% of adults do no sport or active recreation in Bath and North East Somerset

Health costs in Bath and North East Somerset due to inactivity comes to £2.9 million per year.

National research suggests that over half of people living in deprived areas would take more exercise if green spaces were improved



#### Physical Activity

27% of B&NES population undertake 30 minutes of moderate intensity exercise on 3 or more days a week (22.3% national, South West 22.9%). This rate is higher among men than women both locally and nationally and there is no difference by ethnicity<sup>8</sup> (Active People 2011-12)

Sport England indicates that 43.7% of adults do no sport or active recreation in B&NES (South West 48%, National 49.1%) and that health costs in B&NES due to inactivity comes to £2.9 million per year



The most popular ways to be active in B&NES are swimming, then cycling, then the gym<sup>9</sup>. Twerton has the lowest adult participation in sport and active recreation (<17.6%) (MSOA 2010, Sport England)

There is significant evidence of health inequalities as the most deprived wards in B&NES (Twerton, Whiteway and Southdown) also have the lowest levels of physical activity and high levels of obesity.

The highest rate of GP referrals for Passport to Health by ward corresponds with the wards with the highest percentages of obese and overweight children, including Midsomer Norton Redfield and Radstock. Keynsham North also has significantly high percentages of obese and overweight children<sup>19</sup>



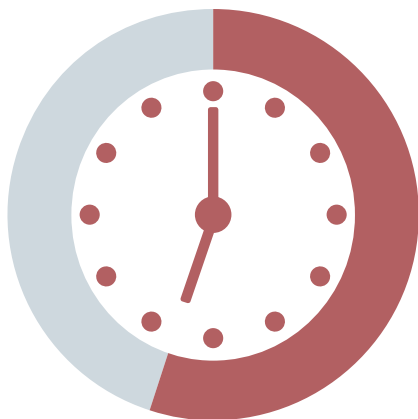
The cost of inactivity in B&NES is estimated at £15m.

## OUTCOME FRAMEWORK: ALL ADULTS ARE A HEALTHY WEIGHT

### Listening to the public and service users

2013 B&NES community survey – 994 respondents said:

The most important factors limiting activity are:



Lack of time (55%), direct costs (40%) and accessible and good quality facilities (26%).

Lacking time to exercise due to home pressures was a factor for 22% of the sample, nationally this is only 5%.

Although 97% state regular activity is either very important or important, slightly under half state they are not undertaking as much activity as they would like (46%), with women currently less satisfied with the amount of activity they are doing.

Leisure centres are most popular facility for those who exercise, yet there is a decrease in satisfaction of current provision.

Cost and time are significant reasons for both male and female respondents for not taking part in more physical exercise

The majority of the sample does not cycle and do not want to (55%).

### The top 3 barriers to cycling less than 5 miles are:

(1) Lack of confidence cycling (23%)

(2) Driver behaviour / road safety (20%)

(3) Lack of on road cycle lanes and also no barriers (19%)



A holistic integrated weight management pathway for the whole population which includes prevention, an ethos of taking personal responsibility for the both the health and wellbeing of the family and individuals with the offer of specialist support when needed

### Current good practice in B&NES

A Multiagency working group is established to review the adult weight management pathway and provision of existing services

An established weight management exists for adults with an unhealthy weight. Current commissioned activity includes:

- A single point of access integrated lifestyle hub delivered by Sirona Care and Health.

Universal prevention programmes include:

- Community based cookery activities targeting specific groups:
  - Bath City Farm: mental health service user volunteering projects to improve cooking skills and food growing
  - Cookery programmes for social housing tenants delivered Curo
  - Wellbeing walks coordinated by Sirona Care and Health
  - Feel Good Foods recipe food box scheme for adults with learning difficulties

## OUTCOME FRAMEWORK: ALL ADULTS ARE A HEALTHY WEIGHT

Tailored weight management support is available for overweight/obese individuals

### ● Tier 1

- 1:1 six week programme with a lifestyle Advisor
- Diabetes education programme

### ● Tier 2

- Slimming on referral scheme - 12 week group based weight loss programme with a commercial provider (Weight Watchers, Slimming World), Counterweight) or
- Referral to 6 month Counterweight weight management programme delivered in 16 GP practices by nurses
- Referral to a dietitian

Specialist weight management is funded by the NHS England and the Clinical Commissioning Group. Current services for severely obese patient with complex health problems include:

- **Tier 3** multidisciplinary service for individuals delivered by the RUH
- **Tier 4** Bariatric Surgery service
- **Tier 5** Post-operative weight management service

### Recommendations to address Gaps/Needs Identified

- Review and develop an improved prevention self care offer which includes the promotion of online tools and social media prioritising specific populations:
  - Development of a Healthy Lifestyles app for people with learning difficulties
  - Develop an online weight management offer for employees
  - Adults who have had a health check
  - Newly diagnosed diabetic patients
- Create a weight management care pathway to ensure a single inclusive pathway based on client need and evidence based practice. Develop in partnership with the NHS and the community and voluntary sector.
- Work with partners to embed weight management support within existing social care pathways
- Provide necessary adaptations and carer support for severely obese people to help improve their quality of life
- Continue to provide effective services for those at risk of unhealthy weights, ensuring that commissioned interventions include psychosocial aspects of being overweight.
- Improve access to weight management programmes for :
  - adults aged 20-25
  - People suffering from poor mental health
  - Those with a physical or learning difficulty
  - Residents who are from a Black or minority ethnic background

- Review and create a sustainable model for cooking skills for adults or single occupant households
- Develop community outreach model for health check scheme to screen residents who don't access a GP.
- Engage more people in communal activities associated with food such as cooking and growing can contribute to community cohesion and social engagement.
- Work collaboratively with the NHS and community partners to develop an integrated holistic pathway for those clients who have a diagnosed eating disorder
- Work with partners to promote body image and esteem in adults
- Partner with the NHS and voluntary sector to develop a strategy to prevent disordered eating

**Controlling exposure to and demand for consumption of excessive quantities of high calorific foods and drinks**

### Current good practice in B&NES

- New 5 Year Local Food Strategy and multiagency steering group launched in 2014 to ensure everyone can access good quality, safe, affordable food and enjoy a healthy diet, with more locally produced food that sustains the environment and supports the local economy.
- Eat Out Eat Well retailer accreditation scheme- developed to support reward food outlets to offer healthier options
- Participation in national Change4Life Social Marketing campaigns to promote healthy eating messaging including Start4Life, 5 A day
- Delivery of Nutrition programmes for businesses delivered by Public Protection

## OUTCOME FRAMEWORK: ALL ADULTS ARE A HEALTHY WEIGHT

### Recommendations to address Gaps/Needs Identified

- Improve access to a healthy and affordable diet prioritising families in low income groups. (Food Strategy)
- Support more people to access, afford and choose good quality, healthy food can enhance the consumption of good food and improve dietary health.
- Seek opportunities for more people to develop skills in food growing and cooking will equip them with the knowledge, skills and confidence to prepare healthy meals.
- Promote healthy eating across all settings (workplace/health/commercial organisations)
- Commission services which attract adults aged 20-25 year olds.
- Develop and roll out change4life marketing campaigns targeting priority groups
- Increase opportunities for community food growing
- Through the delivery of the local food strategy group we will:
  - Greater promotion of national Change4Life programme to deliver key messaging on the dangers of sugary and caffeinated drinks and portion sizes/oversnacking locally
  - Increase the availability of affordable fruit and vegetables in neighbourhoods of high need.
  - Reduce diet-related inequality by focusing services on low-income residents

**Increasing opportunities for and uptake of walking, cycling, play and other PA in our daily lives, reducing sedentary behaviour.**

### Current good practice in B&NES

- New 5 year physical activity strategy: Fit for Life
- Established Fit for Life Executive Board and implementation sub groups with a focus on adults
- Procurement and proposed modernisation of local council owned leisure facilities
- Investment in a range of preventative and community based Tier 1 and Tier 2 interventions including:

#### Prevention:

- Free cycle training for Adults commissioned by council
- Group led wellbeing walks delivered by Sirona Care and Health
- Mass Participation sporting events for example, sport relief mile, half marathon, Tour of Britain
- Development of the Odd Down Cycle Circuit to increase community activities
- Sport England funded Triactive programme – free activities for adults to increase walking, cycling and improve outdoor fitness for the inactive

- Commissioned Tier 2 twelve week community based exercise on referral scheme offering:
  - **Community Activators** - This programme offers 1:1 support from home/community
  - **Facility-based Pathway** - 12 weeks of subsidised access to a leisure centre with support from a

member of the Passport to Health Team

- **Community Group Exercise Pathway** - 12 weeks free access to community group exercise sessions currently taking place in Timsbury, Radstock, Chew Stoke, Keynsham, Twerton and Odd Down. These sessions are offered indoors and outdoors as walking, cycling or simple circuit-based exercise

- Macmillan funded structured exercise programme for cancer survivors

### Recommendations to address Gaps/Needs Identified

Through the delivery of the Fit for Life Strategy:

- In partnership with the NHS review and develop an improved prevention self care offer which includes the promotion of online tools and social media for priority groups including those with long term conditions (diabetes, mental illness cardiovascular disease)
- Modernise leisure facilities and increase opportunities for activities to make them more attractive to women, people with disabilities
- Increase opportunities for low level structured activity needed for obese or those with long term conditions
- Work in partnership with NHS and voluntary sector
- Increase the opportunities for active travel for individuals/families – considering key transition points – such as starting school/new job



## OUTCOME FRAMEWORK: ALL ADULTS ARE A HEALTHY WEIGHT

- Review and increase provision of community based activities which attract adults aged 20-25 year olds, women, people with learning/physical difficulties and have a different ethnic origin than white.
- Support development of residential travel plans that promote sustainable/active travel.
- Continue to work with local sports/cycling clubs to attract new members
- Mapping of outdoor leisure opportunities for all.
- Invest in additional marketing campaigns that will inform, support, empower people to make changes to their activity levels.
- Continue to promote Change4Life campaigns
- Increase opportunities for people to access adapted versions of sport aimed at supporting inactive people to be more active such as walking football or 'back into sport' programmes
- Increase number of mass participation events aimed at engaging new people, promoting positive messages and providing education about sport and physical activity
- Promote activities which are holistic and combine improved mental wellbeing and exercise
- Continue to support the B&NES Inclusive Sport and Physical Activity partnership to improve opportunities and access to sport and physical activity for those with disabilities

### Increasing responsibilities of organisations for the health and wellbeing of their employees.

#### Current good practice in B&NES

Investment in development of Workplace Wellbeing Charter accreditation scheme, prioritising public sector workplaces as ambassadors for change

Active Travel Promotion and Incentives for council and NHS workforce:

- Travel roadshows
- Pool Bikes
- Individualised travel plans

#### Recommendations to address Gaps/Needs Identified

- Upskill local public sector workforce so that they are healthier in themselves, reducing sickness absence and improving productivity.
- Enable staff to have increased confidence in raising the issue of weight and the competencies to deliver weight management interventions
- Increase the opportunities for workplace weight management programmes
- Encourage local workplaces and business to sign up to the Responsibility Deal.
- Through the delivery of the Fit for Life strategy:
  - Create opportunities for volunteering to successfully increase people's physical activity and promote good mental health and well-being as well as increasing the potential for employment.

- Develop a workplace Health Check offer for men
- Through development of the Workplace Wellbeing Charter, support workplaces to provide opportunities for staff to eat a healthy diet and be physically active, through:
  - active and continuous promotion of healthy choices in restaurants, hospitality, vending machines and shops for staff and clients, in line with existing national guidance
  - working practices and policies, such as active travel policies for staff and visitors
  - a supportive physical environment, such as improvements to stairwells and providing showers and secure cycle parking
  - recreational opportunities, such as supporting out-of-hours social activities, lunchtime walks and use of local leisure facilities.
- Support the NHS and the Local Authority to be exemplar employers in achieving the Workplace Wellbeing charter and Eat Out Eat Well Gold Status
- Through the delivery of the local food implementation plan enhance the procurement of healthy, nutritional good quality meals by organisations and businesses.
- Workplaces providing health checks for staff should ensure that they address weight, diet and activity, and provide ongoing support to employees.

## OUTCOME FRAMEWORK: ALL ADULTS ARE A HEALTHY WEIGHT

**Develop a workforce that is competent, confident and effective in promoting healthy weight**

**Influence decision making and policy making to change the environment we live in to facilitate healthy behaviours.**

### Current good practice in B&NES

Investment has been made in training local authority and Sirona voluntary sector service' staff in evidence based lifestyle programmes and raising the issue of weight:

- The local authority holds the training license for Counterweight to enable practice staff to raise the issue of weight with patients and provide weight management support.
- Annual training sessions held for staff undertaking health checks so they are confident in raising the issue of weight
- A NHS/LA working group has been established to develop a coordinated approach to train frontline staff in Making Every Contact Counts (Health Visitors, School nursing)
- RSPPH Level 2 and Level 3 Nutrition training on offer to businesses

### Recommendations to address Gaps/Needs Identified

- Secure investment and deliver a coordinated training programme of 'making every contact count' for frontline staff working in the public and voluntary sector.
- Enable all staff working in health, social care and the voluntary sector to have increased confidence in:
  - *raising the issue of weight*
  - *competencies to deliver/refer to weight management interventions where appropriate.*

### Current good practice in B&NES

- Contribution to the development of the master plan for Bath and the Placemaking through Health Impact Assessment
- Newly Developed transport plan for Bath and Keynsham
- Development of local food policy options for the Placemaking Plan
- Development of allotment management plan and site selection criteria.
- Procurement of new leisure facilities contract
- Contribute to the production of the river strategy

### Recommendations to address Gaps/Needs Identified

- Ensure development of the transport plan includes opportunities for individuals and families to travel sustainably and contributing to climate change and traffic calming agenda
- Strengthen partnership with Planning Department to influence the need for residents to be physically active as a routine part of their daily life on new planning applications.
- Invest in training for planners (urban, rural and transport), architects and designers on the health implications of local plans.

- Create environments which support health promoting behaviour.
- Work with Leisure and Tourism, parks and allotments and open spaces to create opportunities for physical activity
- Work with providers of public transport to promote the benefits of travelling sustainably - linking walking and cycling routes with public transport networks
- Work with planners to improve access to food retail outlets and the feasibility of restricting the number of fastfood outlets
- Ensure there is a good supply of resilient, well-managed, maintained and fit for purpose green spaces and playing pitches that meet the needs of the community they serve as well as safeguard against the loss of open space and recreational facilities.
- Maximise on opportunities for integrating walking and cycling routes with art and culture and world heritage sites



## OUTCOME FRAMEWORK: ALL OLDER PEOPLE ARE A HEALTHY WEIGHT

### Outcome & Indicator

**Outcome:** All Older People are a healthy weight

#### National Indicators:

PHOF Excess Weight in Adults (Active People's Survey)

PHOF % of physically active and in active adults (Active People's Survey)

PHOF - Number of people on diabetes register aged 17+ (QOF)

PHOF/CCG - Mortality rates caused by diseases considered preventable (ONS Data)

PHOF - Injuries due to falls in persons over 65

PHOF/CCG - Hip fractures in persons aged over 65

**Population:** Adults aged 65+

### Data issues/gaps:

Poor data quality for measuring prevalence rates as data underreported, locally and nationally.

Need to develop age specific local indicators for diet and Physical activity levels

Poor physical activity data for adults - active peoples survey - small sample.

Need to capture local voice.

Mapping of all service provision in the area needs to be undertaken to identify gaps and areas of duplication

Developing indicators which link obesity and sickness absence.

Explore suitable indicators for measuring the built environment, food and dietary choices, active transport and outdoor space usage.

Local indicators for measuring use of outdoor space and parks.

Neighbourhood profiles showing trends dietary behaviour, activity levels and unhealthy weight prevalence need developing.

Measuring longer term outcomes (6/12 months for commissioned services).

Capturing data from partners organisations which demonstrate behaviour change

Developing prevalence rates for lifestyle risk factors and NHS Health Check

Developing indicators for measuring wellbeing and obesity

### BASELINE

Over half (58.7%) of adults in B&NES are estimated to be overweight or obese, although this is significantly lower than regional and national figures.

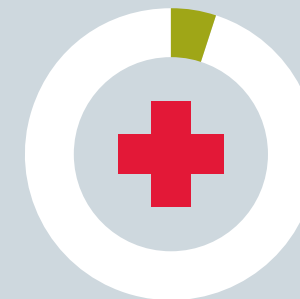
Rates of recorded obesity are rising in adults in B&NES but are lower than national rates.

Older age brings greater threats of coronary heart disease, stroke, diabetes, cancer, arthritis and obesity.

### Obesity Key Facts:



The number of people who are over 75 is projected to **increase by over 3,000** people (20%) in B&NES



Emergency hospital admissions for accidents in over 65s made up **5% of all emergency admissions** for this age group, with 61% of these being for falls

### Partners

Sirona - Healthy Lifestyle Service

Counterweight

Bath University

NHS and Social Care

Public Sector workforce leads

Local businesses

Voluntary sector organisations

Parks and open spaces

Sports Clubs

Sports and Active Lifestyles

Dietitians

GP Practices (Diabetic Nurses, NHS Health Check Leads)

Community Nursing (district nursing/OTs)

Physios

CCG Commissioners

Public Protection - Environmental Health

Regeneration

Planners and developers  
Transport leads

NHS England Specialist Commissioners

Endocrinologists

Falls Clinics

Residential/care settings

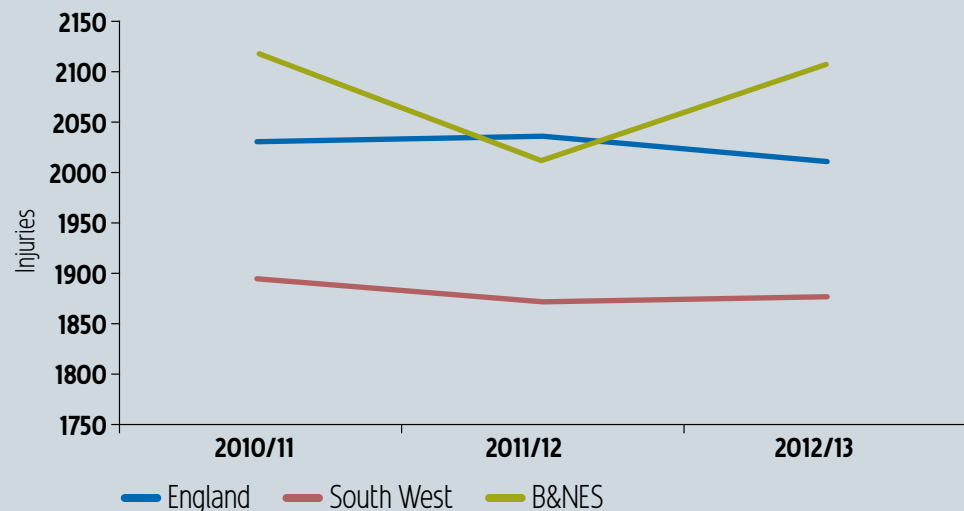
Active Ageing Health Visitors

Leisure Contractors

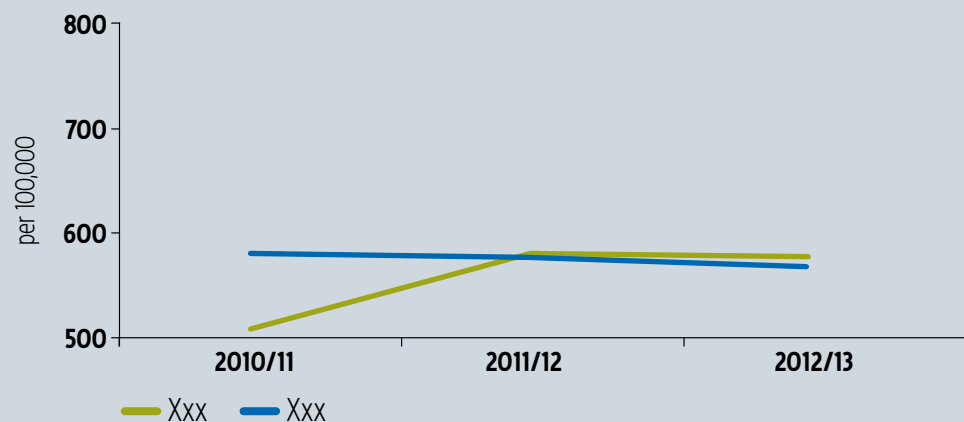
## OUTCOME FRAMEWORK: ALL OLDER PEOPLE ARE A HEALTHY WEIGHT

### BASELINE

Injuries due to falls in person aged over 65



Hip fractures in persons aged over 65 – standardised rate per 100,000



### Story behind the baseline: (examples of contributory factors)

#### Diet Key Facts

More than 1 in 10 sheltered housing tenants are likely to be at risk of malnutrition (approx 200 in B&NES). Hospital admissions for malnutrition have increased significantly between 2004-6 and 2009-11, but this may relate to improved diagnosis.

Malnourished elderly people run a dramatically increased risk of fracturing their neck of femur, usually by falling due to a lack of strength 17

Older people are often at increased risk of food poisoning and malnutrition; they experience major transitional life events and suffer from medical ailments, which can all affect their food purchase, preparation and consumption behaviours. This in turn can influence their overall health and wellbeing 6

An estimated 70,000 premature deaths in the UK could be avoided each year if UK diets matched nutritional guidelines



Malnutrition affects 23% of people under 65. This increases to 32% over the age of 65.

Those who are admitted to hospital over the age of 80 are twice as likely to become malnourished than those under the age of 50



In 2006, the estimated cost of malnutrition to the NHS was £7.3 billion a year 10

## OUTCOME FRAMEWORK: ALL OLDER PEOPLE ARE A HEALTHY WEIGHT

### Story behind the baseline: (examples of contributory factors)

#### Physical Activity - Key Facts



**30% of 65-74 year-olds** and **less than 15% of adults aged 75 and over** reported any exercise lasting at least ten minutes during four weeks 5

Older people are not sufficiently active 17 and often fall well below the levels of physical activity recommended to attain healthy aging

A common form of physical activity provision for older people is the community or leisure centre-based group exercise programme 22. Adherence to group based programmes can be as high as 84% 23. However, there is little evidence that such rates are achieved in long-term programmes (≥ 1 year) even though this is necessary for sustained health benefit.

Project OPAL 2627 found that in a sample of 125 males with a mean age of 77.5 years, and 115 females with a mean age of age 78.6, the number of steps walked per day and the amount of moderate to vigorous activity were significantly lower in participants from more deprived neighbourhoods

#### Listening to the public and service users

\*\*No age specific data available on JSNA

**A holistic integrated weight management pathway for the whole population which includes prevention, an ethos of taking personal responsibility for the both the health and wellbeing of the family and individuals with the offer of specialist support when needed**

#### Current good practice in B&NES

- A Multiagency working group is established to review the adult weight management pathway and provision of existing services
- An established weight management exists for adults with an unhealthy weight. Current commissioned activity includes:
- A single point of access integrated lifestyle hub delivered by Sirona Care and Health.
- Universal prevention programmes include:
  - Community based cookery activities targeting specific groups:
  - Bath City Farm: mental health service user volunteering projects to improve cooking skills and food growing
  - Cookery programmes for social housing tenants delivered Curo
  - Wellbeing walks coordinated by Sirona Care and Health
  - Feel Good Foods recipe food box scheme for adults with learning difficulties
  - A pilot between Age UK and Chew Valley Secondary School has been launched to engage older people in

*schools to share knowledge and skills around cooking and food skills.*

- Curo Housing offers lunch club/dinner and dance in Chew Valley for retired residents
- Sirona Care and Health is piloting a Cooking for One course with the Active Ageing Health Visiting service

Tailored weight management support is available for overweight/obese individuals

#### ● Tier 1

- 1:1 six week programme with a lifestyle Advisor
- Diabetes education programme

#### ● Tier 2

- Slimming on referral scheme - 12 week group based weight loss programme with a commercial provider (Weight Watchers, Slimming World), Counterweight) or
- Referral to 6 month Counterweight weight management programme delivered in 16 GP practices by nurses
- Referral to a dietitian

Specialist weight management is funded by the NHS England and the Clinical Commissioning Group. Current services for severely obese patient with complex health problems include:

#### ● Tier 3

- multidisciplinary service for individuals delivered by the RUH

#### ● Tier 4

- Bariatric Surgery service

## OUTCOME FRAMEWORK: ALL OLDER PEOPLE ARE A HEALTHY WEIGHT

### ● Tier 5

- *Post-operative weight management service*

### Recommendations to address Gaps/Needs Identified

- Review and develop an improved prevention self care offer which includes the promotion of online tools and social media
  - *Adults who have had a health check*
  - *Diabetic patients*
  - *Dementia prevention pathways*
- Create a weight management care pathway to ensure a single inclusive pathway based on client need and evidence based practice. Develop in partnership with the NHS and the community and voluntary sector.
- Work with partners to embed weight management support within existing social care pathways
- Provide necessary adaptations and carer support for severely obese people to help improve their quality of life
- Continue to provide effective services for those at risk of unhealthy weights, ensuring that commissioned interventions include psychosocial aspects of being overweight.
- Improve access to weight management programmes for :
  - *People suffering from poor mental health*
  - *Those with a physical or learning difficulty*
  - *Residents who are from a Black or minority ethnic background*
- Review and create a sustainable model for cooking skills for adults or single occupant households

- Develop community outreach model for health check scheme to screen residents who don't access a GP.
- Engage more people in communal activities associated with food such as cooking and growing can contribute to community cohesion and social engagement.
- Integrate weight management pathways

### Controlling exposure to and demand for consumption of excessive quantities of high calorific foods and drinks

### Current good practice in B&NES

- New 5 Year Local Food Strategy and multiagency steering group launched in 2014 to ensure everyone can access good quality, safe, affordable food and enjoy a healthy diet, with more locally produced food that sustains the environment and supports the local economy.
- Eat Out Eat Well retailer accreditation scheme- developed to support reward food outlets to offer healthier options
- Participation in national Change4Life Social Marketing campaigns to promote healthy eating messaging including 5 A day
- Delivery of Nutrition programmes for businesses delivered by Public Protection

### Recommendations to address Gaps/Needs Identified

- Through the delivery of the local food strategy:
  - *Improve the nutritional quality of food provision in local hospitals and residential care settings.*
  - *Improve access to a healthy and affordable diet prioritising social housing tenants.*
  - *Support more people to access, afford and choose good quality, healthy food can enhance the consumption of good food and improve dietary health.*
  - *Seek opportunities for more people to develop skills in food growing and cooking will equip them with the knowledge, skills and confidence to prepare healthy meals.*
- Greater promotion of national Change4Life programme to deliver key messaging on the dangers of sugary and caffeinated drinks and portion sizes/oversnacking locally
- Increase the availability of affordable fruit and vegetables in neighbourhoods of high need.
- Reduce diet-related inequality by focusing services on low-income residents
- Review Cooking skills provision for adults or single occupant households

## OUTCOME FRAMEWORK: ALL OLDER PEOPLE ARE A HEALTHY WEIGHT

**Increasing opportunities for and uptake of walking, cycling, play and other PA in our daily lives, reducing sedentary behaviour.**

### Current good practice in B&NES

New 5 year physical activity strategy: Fit for Life

Established Fit for Life Executive Board and implementation sub groups with a focus on active ageing

Procurement and proposed modernisation of local council owned leisure facilities

Investment in a range of preventative and community based Tier 1 and Tier 2 interventions including:

#### Prevention:

- Free cycle training for Adults commissioned by council
- Group led wellbeing walks delivered by Sirona Care and Health
- Development of the Odd Down Cycle Circuit to increase community activities – such as silver cycling for older people
- Mass Participation sporting events for example, sport relief mile, half marathon, Tour of Britain
- Development of the Odd Down Cycle Circuit to increase community activities
- Sport England funded Triactive programme – free activities for adults to increase walking, cycling and improve outdoor fitness for the inactive
- AGE UK funded chair based seated exercise, Tai Chi, guided walks, Fit for the future physical activity programme

- Commissioned Tier 2 twelve week community based exercise on referral scheme offering:
  - **Community Activators** - This programme offers 1:1 support from home/community
  - **Facility-based Pathway** - 12 weeks of subsidised access to a leisure centre with support from a member of the Passport to Health Team
  - **Community Group Exercise Pathway** - 12 weeks free access to community group exercise sessions currently taking place in Timsbury, Radstock, Chew Stoke, Keynsham, Twerton and Odd Down. These sessions are offered indoors and outdoors as walking, cycling or simple circuit-based exercise

- Macmillan funded structured exercise programme for cancer survivors
- Lottery funded wellbeing community activator programmes for older people and/or their carers
- Bath University research study to develop a 12 month intervention to reduce sedentary behaviour in older people (REACT)
- University of West of England mapping current physical activity provision for older people
- Bath University published Promoting physical activity in older adults: A guide for local decision makers

### Recommendations to address Gaps/Needs Identified

- Through the delivery of the Fit for Life Strategy
- In partnership with the NHS review and develop an improved prevention self care offer which includes the promotion of online tools and social media for

- priority groups including those with long term conditions (diabetes, mental illness cardiovascular disease)
- Modernise leisure facilities and increase opportunities for activities to make them more attractive to people with disabilities/long term conditions
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- Promote activities which are holistic and combine improved mental wellbeing and exercise



## OUTCOME FRAMEWORK: ALL OLDER PEOPLE ARE A HEALTHY WEIGHT

- Continue to support the B&NES Inclusive Sport and Physical Activity partnership to improve opportunities and access to sport and physical activity for those with disabilities

### Increasing responsibilities of organisations for the health and wellbeing of their employees.

#### Current good practice in B&NES

- Investment has been made in training local authority and Sirona voluntary sector service' staff in evidence based lifestyle programmes and raising the issue of weight:
  - *The local authority holds the training license for Counterweight to enable practice staff to raise the issue of weight with patients and provide weight management support.*
  - *Annual training sessions held for staff undertaking health checks so they are confident in raising the issue of weight*
  - *A NHS/LA working group has been established to develop a coordinated approach to train frontline staff in Making Every Contact Counts (Health Visitors, School nursing)*
  - *RSPPH Level 2 and Level 3 Nutrition training on offer to businesses*

#### Recommendations to address Gaps/Needs Identified

- Promote healthy eating in workplace pre-retirement programmes
- Secure investment and deliver a coordinated training

programme of 'making every contact count' for frontline staff working in the public and voluntary sector care settings.

- Enable all staff working in health, social care and the voluntary sector to have increased confidence in:
  - *raising the issue of weight*
  - *competencies to deliver/refer to weight management interventions where appropriate*

### Influence decision making and policy making to change the environment we live in to facilitate healthy behaviours.

#### Current good practice in B&NES

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- Newly Developed transport plan for Bath and Keynsham
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- Procurement of new leisure facilities contract
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#### Recommendations to address Gaps/Needs Identified

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- Invest in training for planners (urban, rural and transport), architects and designers on the health implications of local plans.
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- Maximise on opportunities for integrating walking and cycling routes with art and culture and world heritage sites

## References

For more information on local statistics quoted in this report please visit the

Bath and North East Somerset Joint Strategic Needs Assessment Wiki page at [www.bathnes.gov.uk/jsna](http://www.bathnes.gov.uk/jsna)

1. Foresight (2007) Tackling obesity: Future Choices- project report. Government Office for Science.
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4. Gattineau M, Dent M (2011) Mental Health and Obesity London: National Obesity Observatory (NOO)
5. Gattineau M, Mathrani S (2012) Alcohol and Obesity: an overview London: NOO
6. [http://www.alzheimers.org.uk/site/scripts/news\\_article.php?newsID=2150](http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=2150)

All the national infographics statistics

[https://www.noo.org.uk/securefiles/150225\\_1335//Making\\_the\\_case\\_for\\_tackling\\_obesity\\_reference\\_sheet\\_factsheet.pdf](https://www.noo.org.uk/securefiles/150225_1335//Making_the_case_for_tackling_obesity_reference_sheet_factsheet.pdf)

Local Statistics

<http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/obesity>