

## Bath & North East Somerset Council

MEETING:	Healthier Communities & Older People Overview & Scrutiny Panel Meeting	
MEETING DATE:	18 January 2011	
TITLE:	Shaping Up, A healthy weight Strategy for B&NES	
WARD:	ALL	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b>		
Shaping Up, A healthy weight Strategy for B&NES		
Adult Pathways		
Children Pathway		

### 1 THE ISSUE

1.1 Obesity is a major health problem for people in Bath and North East Somerset. It is a major contributing factor for type II diabetes, cardiovascular disease, a contributory factor in hip and knee replacements as well as many other health problems. The rates are rising for both children and adults. There are a range of contributing factors in the rise in obesity and this strategy aims to address these where we can locally through preventing more people becoming overweight and obese and through the provision of treatment to those who are an unhealthy weight.

### 2 RECOMMENDATION

The Healthier Communities & Older People Overview & Scrutiny Panel is asked to agree that:

2.1 The strategy is approved for publication and implementation.

### **3 FINANCIAL IMPLICATIONS**

3.1 There are no new financial implications of this strategy. Funds are already committed to pay for treatment and prevention programmes. However, there is a substantial cost if we fail to address obesity, with more ill-health and the costs that will bring to health and social care budgets in the medium to long term.

### **4 THE REPORT**

4.1 Obesity in both children and adults is a public health risk. This has been acknowledged in the Government's white paper on public health, Healthy Lives, Healthy People.

4.2 Obesity in children is a major predictor for obesity in adults. Through the national child measurement programme we have reliable data collected every year so we can accurately report how many children aged 5 and 10 are overweight and obese. According to the 2009/10 data, 15.8% of reception year children (age 4/5) were overweight and 8.4% were obese. Amongst year 6 children (age 10/11) 13.1% were overweight and 16.7% were obese.

4.3 Obesity in adults is implicated in a range of health problems including cardiovascular disease, musculoskeletal problems and some cancers. In addition, obesity is interconnected with anxiety and depression, being both a cause and symptom. The cost of obesity is growing with the cost to the health service of treating conditions such as type II diabetes and hip and knee operations. There is a wider cost from obesity and it impacts on social care, welfare benefits, and carers to name a few. The impact is felt on business too, as days are lost to preventable conditions.

4.4 In line with guidance from NICE there are several areas for actions. We have identified we must tackle the global determinates of health and illness through working towards access to cheap healthy food for all, spaces to exercise in, active travel, and that children in particular have access to opportunities for a healthy lifestyle.

4.5 We also recognise that people must be encouraged to recognise the problem and ensure that they do what they can to look after their health and achieve and maintain a healthy weight. This is done through ensuring there is good, consistent information, that health professionals are able to screen and offer good, consistent advice and that people become equipped with the tools to make good choices.

4.6 However, for those whose weight is already causing problems we need to ensure that there are effective weight management programmes based on evidence and good practice. It is cost effective to invest in helping people lose weight than to treat the ill health caused by it. A small number of people will be eligible for intensive support and surgical intervention.

4.7 This strategy sets out our intentions of how to meet the needs of the population. We shall ensure that there is good governance through the development of a commissioning and strategy group and stakeholder events. We intend to ensure that we halt the rise in childhood obesity and help adults in B&NES become healthier individuals.

4.8 The governance of the strategy requires the formation of a strategy and commissioning group who will develop the strategy and will formulate a plan to implement the strategy through the next 3 years.

## **5 RISK MANAGEMENT**

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

## **6 EQUALITIES**

6.1 There has been an equality impact assessment undertaken.

## **7 CONSULTATION**

7.1 We have consulted with representatives of the following groups:

Other B&NES Services; Stakeholders/Partners; Other Public Sector Bodies;

7.2 Consultation has been carried out in 2 ways. Firstly, throughout the writing of the strategy, individual people were consulted for their experience, knowledge and ideas. Secondly, there was a formal consultation period followed by a meeting of stakeholders. The strategy has also been to the PEC at the PCT.

## **8 ISSUES TO CONSIDER IN REACHING THE DECISION**

8.1 Social Inclusion; Sustainability; Young People;

## **9 ADVICE SOUGHT**

9.1 The Council's Monitoring Officer (Council Solicitor) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

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<b>Background papers</b>	Shaping Up 2011 Pathways – adult and children
<b>Please contact the report author if you need to access this report in an alternative format</b>	