Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Shaping Up!

A Strategy to support residents of Bath and North East Somerset to achieve a Healthy Weight.

2010 – 2013

Acknowledgements

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Introduction

A strategy was initially developed in B&NES in 2005 and refreshed in 2007. Since then, obesity has climbed the national public health agenda. In 2008 the Department of Health produced "Healthy Weight, Healthy Lives: A Cross-Government Strategy for England".[1] This document outlines the problem facing England in relation to obesity and sets out what the government intends to do. This version of the Shaping Up renews our commitment in Bath and North East Somerset to tackling the causes and effects of obesity and uses current and recent guidance to inform our work.

Obesity is a major public health concern. In England currently nearly a quarter of adults and one fifth of children in England are obese. Rates of obesity are increasing and The Foresight report[2] predicts that nearly 60% of men, 50% of women and 25% of all children could be obese by 2050 if we continue on the current trajectory. 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 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.

Body Mass Index (BMI), a measure of weight in relation to height, is used to identify levels of obesity within a population. Crude BMI is less accurate for children, as they are still growing so the measurement is adjusted to allow for age, gender and height. BMI is an indicator of health and should be used with

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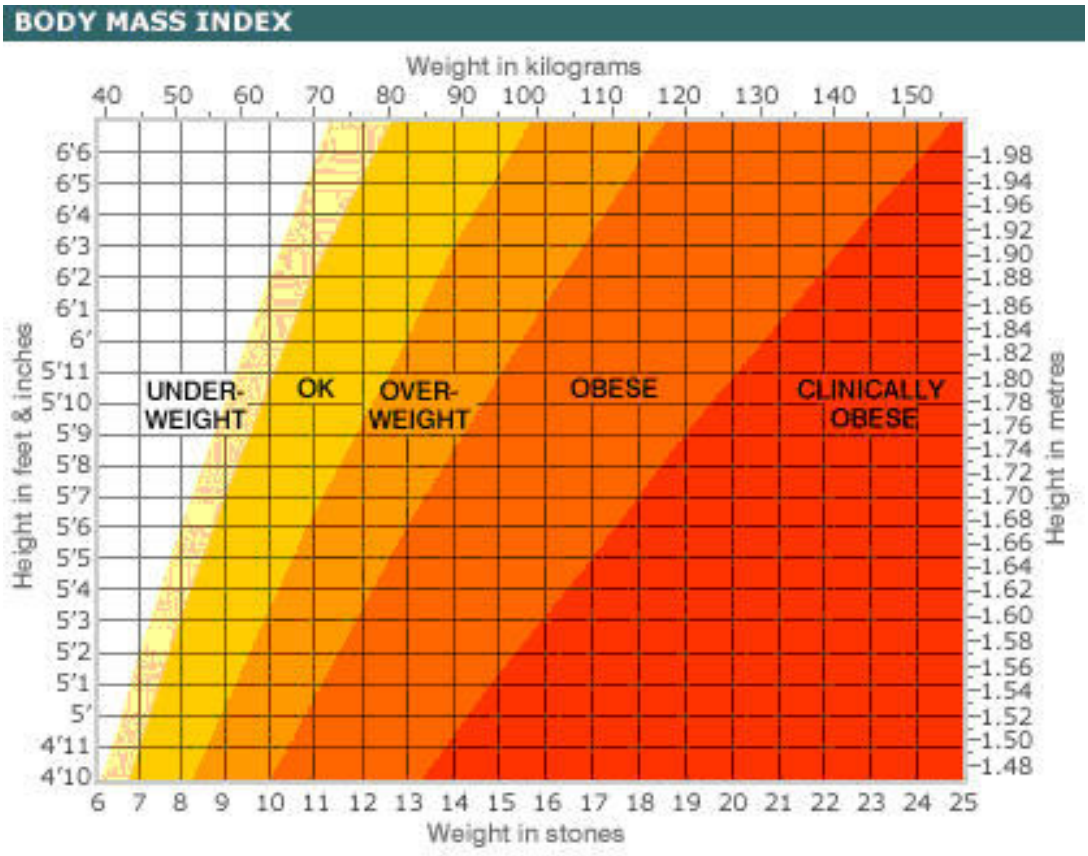
[1] Healthy Weight, Healthy Lives: a Cross-Government Strategy for England Department of Health (DH) (2008) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378

[2] Tackling Obesities: Future Choices www.foresight.gov.uk (2007)

caution when exercised when used for individuals. Clinical judgement is necessary to assess individual's weight where there is concern.



The causes of obesity are complex; factors include biology, behaviour, culture, environment and socio-economics. Personal responsibility is a factor in weight management and focus on behaviour change can have an impact. We must also acknowledge the role of environment in the increase of obesity. 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. Our physical environment has increasingly led to our dependence on cars to get to out of town shopping centres and supermarkets. In addition, there is more pressure on our green spaces, a culture wary of letting children walk or cycle to school and less opportunity to incorporate physical activity into our everyday life.

Our eating habits have also changed enormously. Fewer people cook meals from scratch, relying on high sugar, high fat foods. We eat out more and portion sizes have increased. Alcohol has become a normal part of many people's everyday live all of which contribute to more calories consumed. For many people in areas of socioeconomic deprivation, it is difficult to access good quality, fresh food and for some the basic skills of vegetable preparation are unfamiliar. People rely on cheap, energy-dense food to feed their families and convenience stores are the places people shop for their families. It is increasingly difficult for people to remain a healthy weight and where people who are economically deprived live, the task is even harder.

With this in mind, the Foresight report demonstrates that policies and small scale interventions aimed at individuals are inadequate in themselves at reversing the current trend. In order to make an impact on obesity rates, a bold, whole system, population based and sustained approach is required.

The scale of the problem in B&NES

The scale of the problem in B&NES broadly reflects the national picture. 21.5% of adults are considered to be obese, slightly less then the average in England of 24.2%.[3] The same health profile reports that only 12.5% of adults are physically active (that is active for 30 minutes 5 times a week). Only 21.2% of B&NES residents, compared to 11.6% nationally, are active at least 3 times a week for 30 minutes according to the active people survey from Sport England in 2008/9.[4] This is a significant decline from 23.8% of people recorded in 2005-2006.

In B&NES it is estimated that £45.8 million will be spent by the NHS in 2010 on disease related to overweight and obesity, set to rise to £49 million in 2015.

In B&NES in 2008/9 the National Child Measurement Programme (NCMP) showed 7.9% of reception and 13.4% of year 6 children were obese. However, whilst we compare favourably to the national obesity rates of 9.6% in reception and 18.3% in year 6 and the regional rates of 8.9% in reception and 16% in year 6. Significantly, the rates of children who are overweight in reception is 16.5%, higher then the regional rate of 14% and the national rate of 13.2%. This could either be a sign of a reducing obesity rate *or* a worrying indicator of future problems. Combining these figures shows that 24.4% of children at reception are either overweight or obese, that is the equivalent to 1 in 4. We must not be complacent as this is too many overweight and obese children, whose health will be affected as they grow into adults.

[3] Health Profiles 2010 www.healthprofiles.info
[4] www.sportengland.org

Aim

The aim of the partnership in Bath and North East Somerset is:

To improve the health of local people through a reduction in obesity and in the promotion of healthy lifestyle behaviours which achieve and sustain a healthy weight.

The aim will be supported through the development of 5 themes.

- Promoting and providing a healthy environment, making healthy choices easier
- Promote Self Care, prevention and early intervention
- Provide treatment for adults and children who are overweight and obese.

In order to achieve this we need to ensure we have a solid infrastructure. In order achieve this we will

- Develop and use the intelligence and data.
- Build an effective workforce.

Population Priorities

Obesity is an issue which can cross social boundaries. The population of B&NES is relatively affluent and yet, has high and growing rates of overweight and obesity. We need to ensure that we address the needs of all people and work across the PCT, local authority, private and voluntary sector to ensure the needs of all residents of B&NES is addressed. However, rates of inactivity and obesity are higher amongst people who are economically disadvantaged.

The strategy for addressing obesity must take all of these factors into consideration when determining priorities for action.

The whole population will be prioritised through universal prevention (see appendices). The universal approach will involve tackling the wider determinants of health and illness and require the cooperation of partners from a wide range of sectors.

We also need to ensure that we target our prevention at people who are at most risk of becoming overweight and obese. We must help the inactive become more active, we must target people at the time when they are most at risk of weight gain and help prevent the overweight going on to become obese.

Therefore, targeted preventative activity will be centred on specific points in the life cycle:

- **New and expectant mothers**, who at this time in their lives are most at risk of gaining weight, as well as their decisions affecting the health and weight of their unborn children and infants, and often their partners as well. Breastfeeding protects the child against obesity in later life, and helps mothers reduce their weight postnatally.

- **Early Years and School aged Children**, in order to affect children we need to support the entire family to make lifestyle changes that will be long term and will set behaviour patterns that will stay with the children as they grow into adults and become parents themselves.

- **Middle aged adults** who are perhaps beginning to accept weight gain as an inevitable part of ageing, and who can make real changes on their immediate health outcomes by making changes to their lifestyle now.

Targeted prevention activities must always prioritise those from lower socioeconomic groups. This is because they are more likely to be overweight or obese and physically inactive. They will also have less access to gyms, healthy food outlets, bicycles, are least likely to breastfeed and may well have high levels of stress and low levels of self efficacy.

We must provide weight management services for all who are overweight and obese and need help in reducing their weight. These services must be accessible and patient centred. They need to focus on behaviour change; practical skills to help maintain any weight loss and be a combination of healthy eating and physical activity.

Finally, we will provide specialist clinical services for those who have not lost weight through conventional dieting and exercise. We will ensure that the psychological factors are also addressed and that people receive the help and support they need to achieve weight loss and maintenance.

Promoting and providing a healthy environment, making healthy choices easier

We need our environment to support us to be healthy. We need healthier choices to be the easier choice to make. This involves all partners in Bath and North East Somerset, alongside colleagues in National, regional and sub-regional organisations working together. This will extend to partners outside of the public sector such as developers, retailers and employers this work strand will involve work between a number of agencies in B&NES.

- We will advocate for the needs of the residents of B&NES to ensure that health and specifically healthy weight, is full considered in policies and plans for B&NES
- We will promote active travel, increasing the numbers of journeys walked and cycled.
- We will improve access to sport and leisure facilities, particularly amongst people in our priority groups.
- We will improve access to healthy food for everyone in the community
- We will support and promote healthy schools
- We will support breastfeeding and challenge the culture to ensure women who want to can breastfeed for longer.

Promote self care, prevention and early intervention.

For both staff and the public, discussing the sensitive issue of weight can be difficult. Many frontline staff are unclear of what they can do to help and which services are available for those that need it. Both staff and the public are confused by BMI measurements (especially for children) and what being overweight or obese means in terms of their health. Parents often underestimate their own children's weight; particularly those parents who are overweight

themselves. Most people over estimate how much physical activity they do and under estimate how many calories they consume.

Increasingly people's family and friends are overweight whilst simultaneously being surrounded by unobtainable images in the media of extreme slenderness and often underweight people, particularly women.

There needs to be an objective measure for people to understand what a healthy weight is and how to achieve it. We need to ensure advice on weight is consistent and supportive. People need to be able to identify for themselves when weight is an issue.

Losing weight can be extremely difficult and people may find themselves locked into a cycle of endless dieting and weight regain. Preventing weight gain is a sensible precaution for most people and they need to know what a healthy weight is and how to maintain it for themselves, without endless interventions from professionals.

- We will continue with the National Child Measurement Programme and follow up letters to all parents so that any issues with children are identified early.
- We will implement the health checks programme for those over 40, ensuring that accurate information is available for people to take action as required.
- We will promote self care, encouraging people to regularly weigh themselves and take steps to address any weight issues early on.
- We will encourage health professionals to talk to patients about their or their children's' weight.

Provide Treatment for those who are overweight or obese.

For people who are already overweight or obese, there needs to be provision for them to help them lose weight. For some, this will be education, lifestyle adjustment and self care. Other people may have longer term needs or underlying psychological or physical health problems that need to be addressed. Children too may be at different points in the spectrum and need to have their needs addressed in a sensitive manner.

Services need to be rooted in the social and cultural norms of people and communities, reflecting achievable aims, appropriate person-centred levels of support and long term behaviour change.

- We will review service provision, providing evidence based services for adults and children
- We will ensure that services are a range of interventions across the tiers (see appendix 2)
- We will ensure there is a pathway on which sits services at different levels of intensity, which makes clear when there is need for action and is simple for a range of clinicians to use.
- We will ensure all services are non-judgemental, person-centred accessible and based upon NICE guidelines
- Services will be monitored by commissioners to ensure they are effective and value for money.

Developing the intelligence and data

We need to ensure we have up to date information from our service providers, GPs and other partners. We need to collect the right data and use it to inform commissioning and performance management, to deliver better and more appropriate services and to be able to demonstrate how effective our programmes are and indeed, if they are effective at all. We also need to make use of existing data and market segmentation information to inform our programmes and work areas.

- We will continue to collect, analyse and disseminate data from the breastfeeding initiation, health visitor first visit and 6-8 week check, school meals uptake and NCMP to inform our work and target services
- We will collect data from service providers enabling effective monitoring of services as well as contributing to our understanding of the situation in B&NES
- We will use the Healthy Foundations market segmentation principles to inform the work how we target people and communities.
- We will ensure that monitor performance of service providers in order to ensure we reduce rates of obesity in B&NES

Building an Effective Workforce

A range of agencies work to reduce overweight and obesity in the population. We need to identify the key partners and ensure they are included in any stakeholder group. We also need to identify who else can contribute and ensure their skills are developed in order to give clear and consistent advice to people. We need to ensure that there is an active network of people, with good communication between them who can deliver the work. We will ensure they are supported to do this through good quality information, training and resources.

- We will establish a commissioning group to ensure that people who commission relevant services are communicating effectively
- We will establish a stakeholder group to ensure that different service providers, clinicians and the wider public health workforce are communicating with commissioners and each other
- We will publicise the care pathways so all potential referrers are clear about service provision in B&NES and use feedback from stakeholders to continuously improve the pathways.

- We will ensure that training is available so that the workforce is competent to deliver the work
- We will ensure that all information we produce is clear, concise and consistent

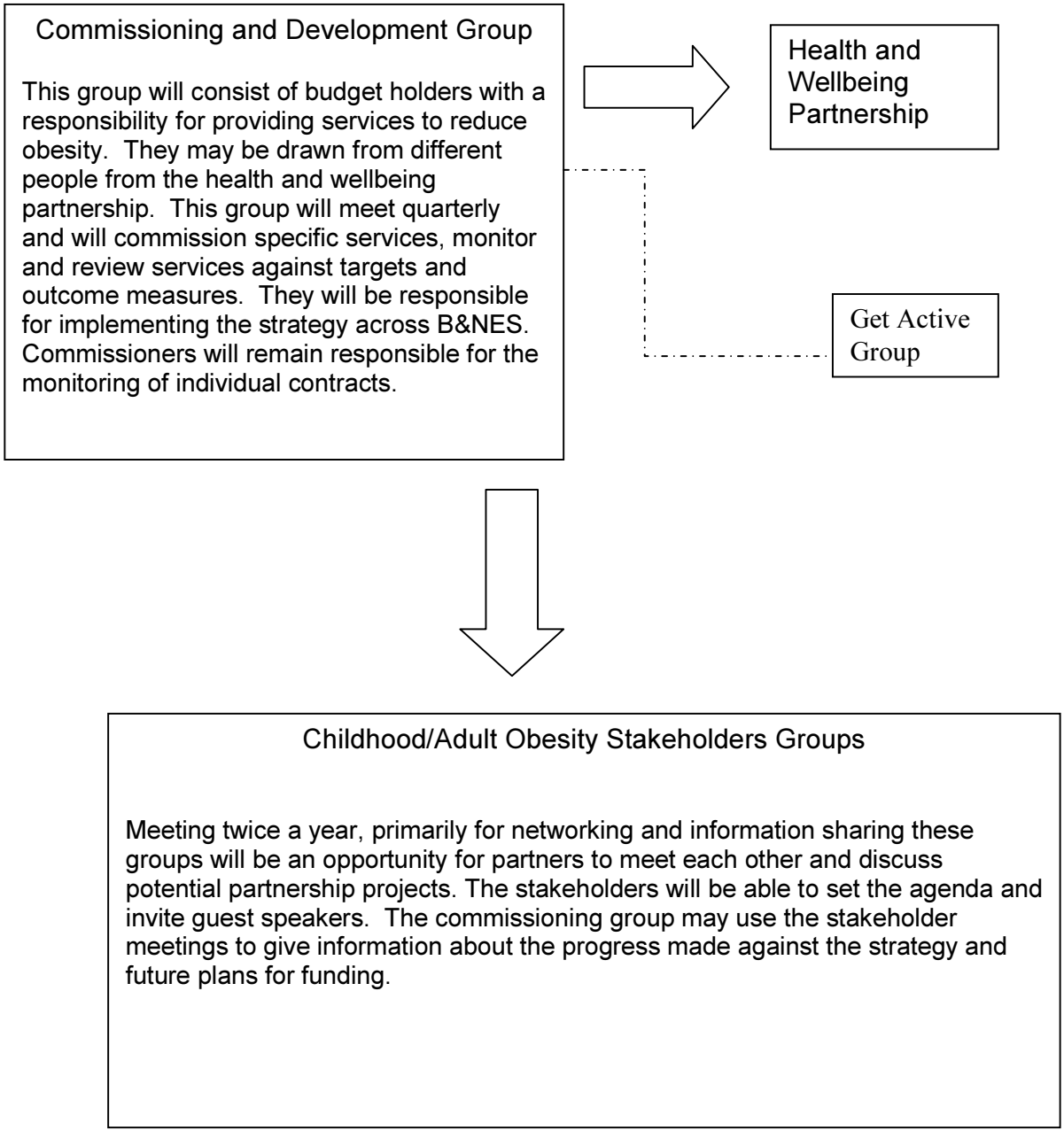
Principles

The strategy will be progressed with consideration to the following key principles:

- The Health and Wellbeing Partnership will lead the healthy weight strategy.
- The strategy will generate specific actions for implementation which will be refreshed annually.
- Actions will be developed, prioritised and agreed through a multi-agency partnership.
- Agreed actions will be based on reliable up-to-date evidence and guidelines.
- Monitoring and evaluation is an integral part of all work.
- Key links to other strategies will be identified and actively pursued.
- Key staff groups and influential partners will be involved in the further development and implementation of the strategy.
- Successes of the partnership will be publicised and celebrated

Governance

This strategy sits within the framework of the health and wellbeing board. The governance structure will ensure that there is accountability in the delivery of the strategy with people contributing in the most effective forum. There are links and crossovers with the Get Active strategy and governance structure with many issues being pertinent to both groups. In order to avoid duplication of work and recognising that many participants from the Get Active commissioning and developing group will also sit on the obesity strategy group, the physical activity work is delegated to the get active group with public health commissioners providing the link between them. There will be a report presented to the obesity group from the get active group.



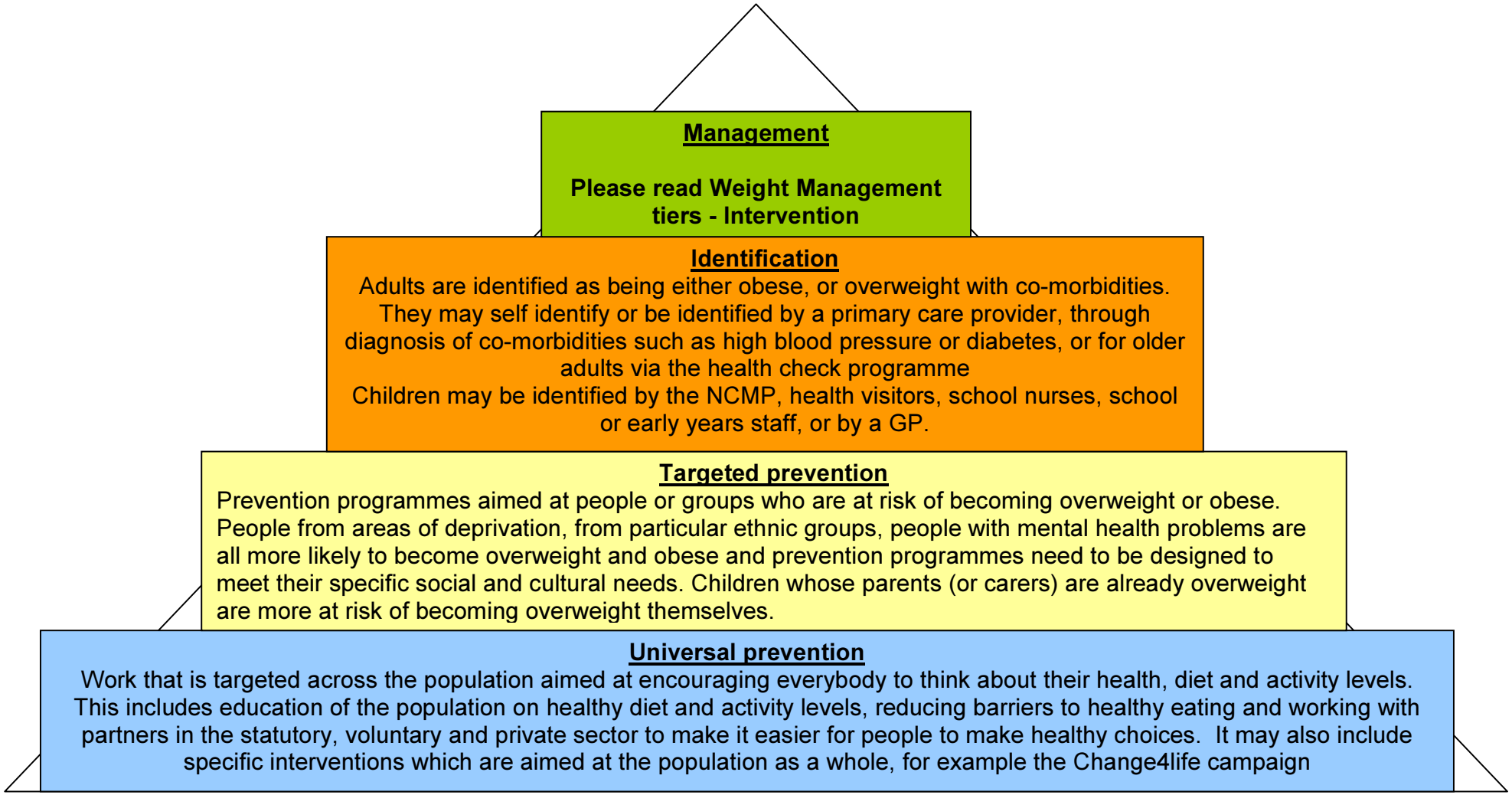
Targets and performance monitoring

The table below shows the different targets to which the healthy weight strategy contributes to, reflecting the whole systems approach required to address the obesity problem. This section of the strategy is particularly vulnerable to change and will be refreshed annually to reflect new targets.

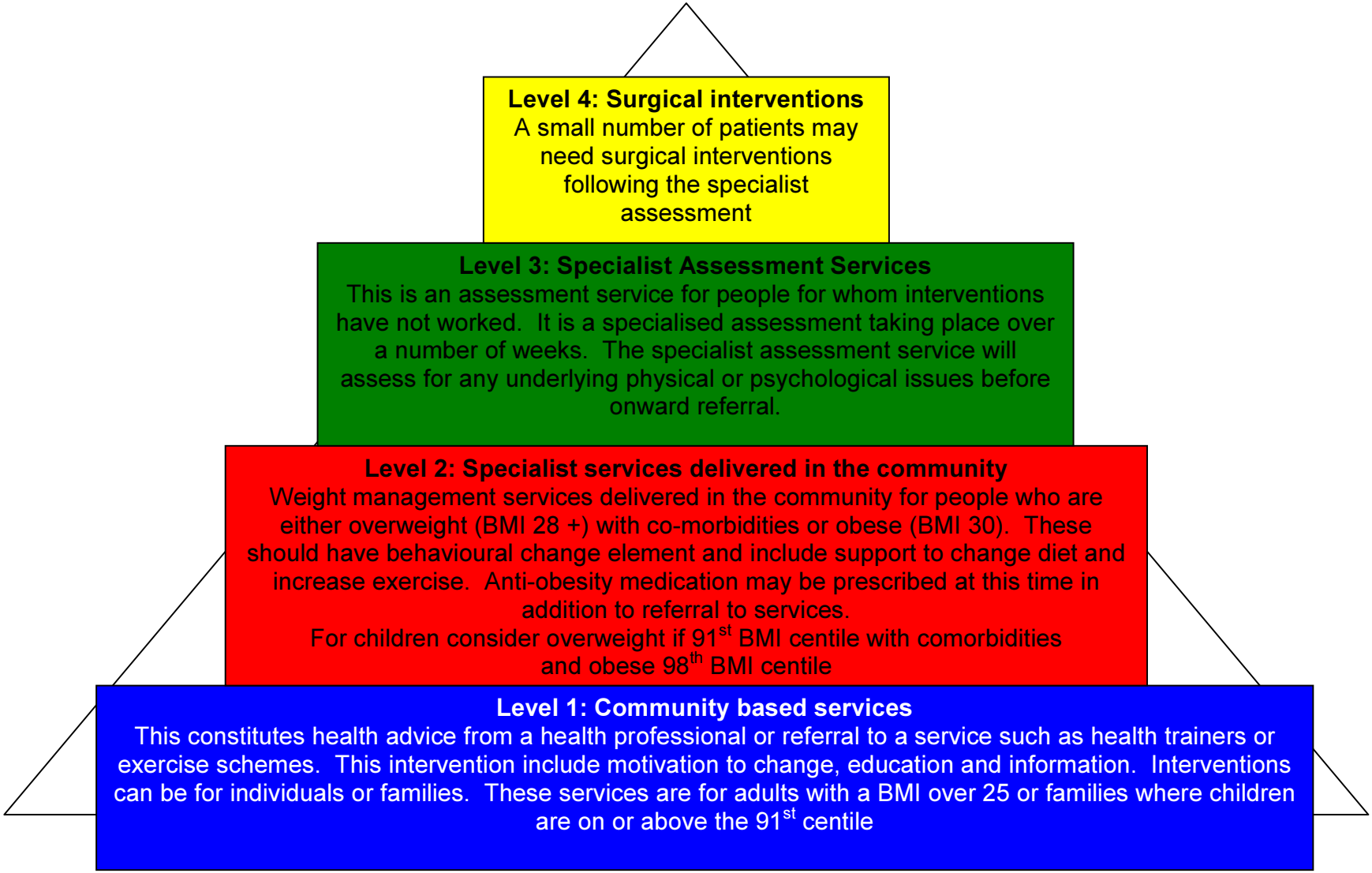
Responsibility for the targets will continue to sit with current owners but those owners will be encouraged to fully engage with the strategy and stakeholder groups in order to work across the partnership to achieve those targets and work towards improving the health of people in B&NES.

Stronger Communities	NI 8 Adult participation in sport
Children and Young People	NI 53 Prevalence of breastfeeding at 6 – 8 weeks from birth (NHS Vital Sign) NI 55 Obesity among primary school age children in Reception Year (NHS Vital Sign) NI 56 Obesity among primary school age children in Year 6 (NHS Vital Sign) NI 57 Children and young people's participation in high-quality PE and sport PSA 12 Improve the health and wellbeing of children and young people NI 52 Uptake of school meals
Adult Health and Wellbeing	NI 119 Self-reported measure of people's overall health and wellbeing NI 120 All-age all cause mortality rate NI 121 Mortality rate from all circulatory diseases at ages under 75 NI 122 Mortality from all cancers at ages under 75 NI 124 People with a long-term condition supported to be independent and in control of their condition NI 137 Healthy life expectancy at age 65
Local economy	NI 175 Access to services and facilities by public transport, walking and cycling NI 176 Working age people with access to employment by public transport (and other specified modes) NI 177 Local bus passenger journeys originating in the authority area
Environmental Sustainability	NI 198 Children traveling to school – mode of travel usually used

Appendix 1: Healthy Weight Tiers – Prevention

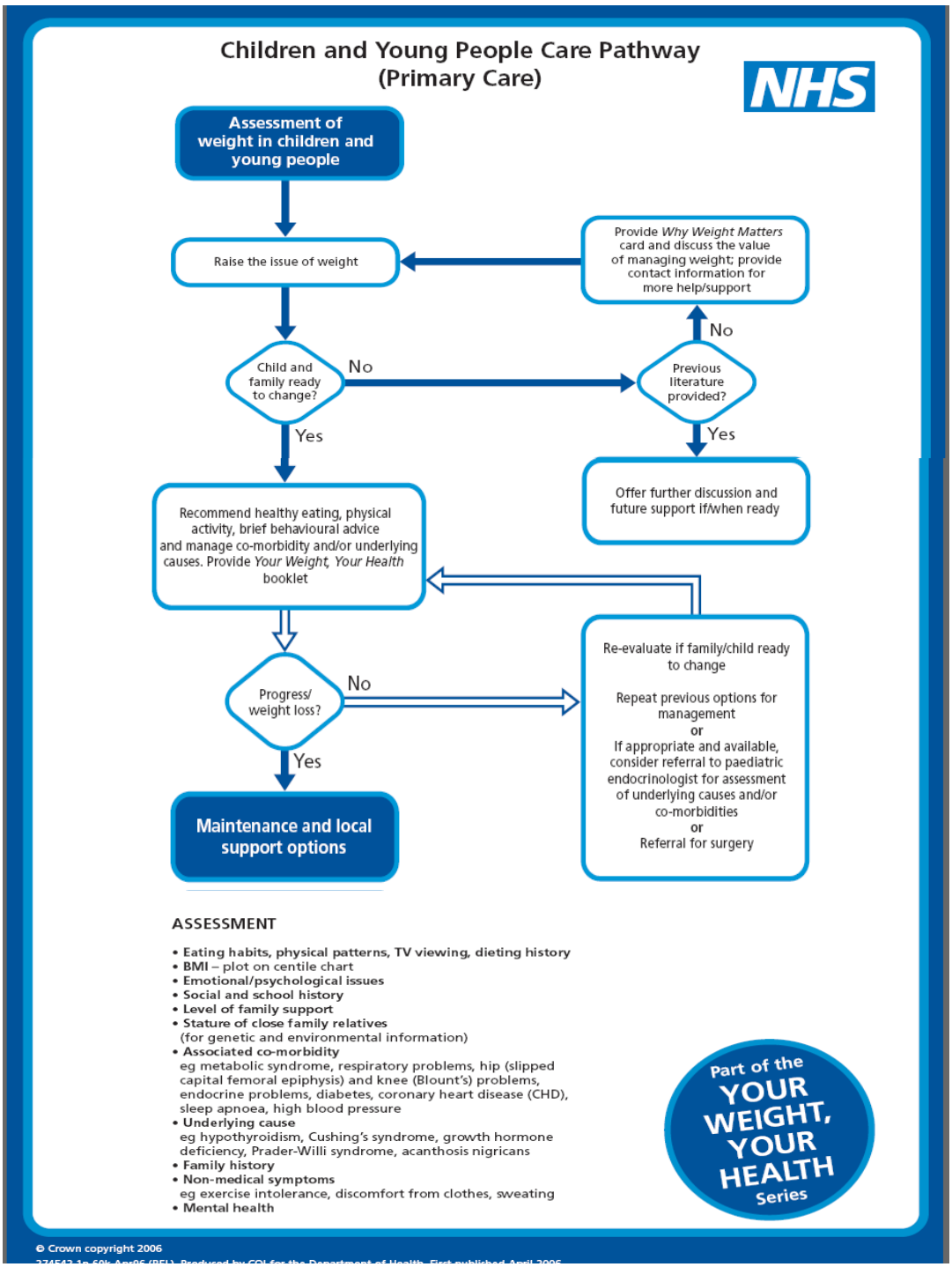


Appendix 2: Healthy Weight tiers – Intervention



Appendix 3: Children and Young People's Care Pathway

This is the pathway from healthy weight, healthy lives. A local children's pathway is in development.



Appendix 4: Linked Strategies

Within Bath and North East Somerset there is a wide range of activity taking place to effect change in the areas with the highest rates of obesity. To this end there are a number of important strategies which link to this document. The following list is not exhaustive but highlights the key strategies in B&NES which play a crucial part in combating the rising rates of obesity.

Regional Spatial Strategy
Core Strategy (currently at options stage)
Green Space Strategy
Green Infrastructure Strategy
Infrastructure Delivery Plan
Joint rights of way improvement plan 2007 - 2011
Local Food Production Strategy
Planning Obligations Supplementary Planning Document
B&NES Sustainable Community Strategy
B&NES Get Active Strategy
B&NES Play strategy
B&NES Breastfeeding Strategy (under development)
Wiltshire Maternity Services Strategy & Action Plan
B&NES Cultural Strategy
Children's and Young People's Plan
Healthy Child Programme
B&NES Sustainable Modes of Travel to School Strategy (SMoTSS)