

From: Dr. Faiza Khan, Interim Deputy Director of Public Health
To: Health and Wellbeing Board 25th May 2016
Subject: Addressing Obesity: Progress Report from
Local Health and Wellbeing Boards
Classification: Unrestricted
Past Pathway of Paper: None
Future Pathway of Paper: None
Electoral Division: All

Summary: Obesity is a serious and growing problem. Nearly 770,000 adults in Kent are estimated to be either overweight or obese. Moderate obesity (BMI 30-35 kg/m²) reduces life expectancy by an average of three years, while morbid obesity (BMI 40–50kg/ kg/m²) reduces life expectancy by 8–10 years. This 8–10 year loss of life is equivalent to the effects of lifelong smoking. Obesity is a key risk factor for circulatory disease, cancer and diabetes, which is a precursor to circulatory disease. In Kent, the prevalence of obesity is variable for both children and adults. Tackling obesity requires a joined up multi-agency approach across the county.

In the November meeting of the Kent Health and Wellbeing Board (HWBB) it was decided that local health and wellbeing boards would undertake a review of their action plans for addressing obesity and improving population outcomes for children and adults and a progress report should be brought to the May meeting of the Kent HWBB. This paper reports on the progress made for each locality.

Recommendations:

The Kent Health and Wellbeing Board is asked to note the progress made in addressing obesity by local HWBBs and comment on the following proposed recommendations:

- Obesity should continue to be a priority for the local HWBBs across Kent
- Tackling obesity should be integral to the prevention strategy of the sustainability and transformation plan (STP).
- A countywide partnership healthy weight group should be set up with representation from the local healthy weight groups/HWBB. The group would be responsible for monitoring the progress of the local action plans and sharing learning.

1. Introduction

Obesity is one of the greatest challenges facing modern society. The costs to the individual in terms of health and wellbeing, and to the NHS and wider economy mean that it cannot be ignored. Obesity occurs when energy intake exceeds energy expenditure over a period of time. Our present environment is obesogenic, encouraging high consumption of calories coupled with low levels of activity and this interacts with behavioural, genetic, and other factors. Inequalities feature in obesity with some population groups being particularly at risk, including those who are socially deprived, on low levels of education, have learning difficulties or are from certain ethnic groups.

Obesity has to be tackled at every stage of the life course. Obesity in pregnancy has serious risks for both mother and child. There is an increasing number of obese children who are at risk of serious conditions including type-2 diabetes, cardiovascular disease, certain cancers, lung disease and kidney failure which will follow into adulthood. Adults who are obese have a much higher risk of a number of serious conditions including diabetes, heart disease, stroke and arthritis than the general population and experts are recognising an increasing number of people with severe and complex obesity. Approximately nine years of life is prematurely lost to obesity related conditions. Obesity is forecast to cost the NHS in the region of £50bn by 2050.

The prevalence of obesity varies across Kent, with the highest prevalence rates of adult obesity in Dartford, Shepway and Swale. The highest rates for children 4-5 year olds are found in Shepway, Dartford, and Swale. The highest rates in 10-11 year olds are in Gravesham, Thanet and Dover. The Kent trend has not significantly changed in year R and year 6 for overweight, obese and excess weight in 2010/11-2014/15.

A national childhood obesity strategy is being developed and is scheduled to be published this summer. A county wide obesity strategy is also being developed and will be available after the publication of the national strategy to ensure consistency between the two.

2. Progress in local areas to date

Action plans have been developed for most areas and presented at the local HWBBs. The action plans take account of a whole systems approach to tackling obesity/excess weight and utilise four strategic themes. The strategic themes are based on key areas of evidence based actions which can be carried out to reduce levels of obesity. The themes are:

- **Theme 1** – Environmental and Social Causes of unhealthy weight. This theme recognises that action needs to be taken to tackle the wider determinants of health such as improvements to housing, the built environment and open spaces and parks.
- **Theme 2** – Give every child the best start in life and into adulthood. This ambition is enshrined in the Marmot Report and the Healthy Child Programme. It is one of the outcomes of the Kent Health and Wellbeing Strategy. An increase in the initiation and 6-8 week prevalence of breastfeeding is a key part of this strategy, as is establishing healthy eating patterns and encouraging physical activity such as active play, playground games and sports.
- **Theme 3** – Develop a confident workforce skilled in promoting healthy weight.
This theme stresses the importance of developing a confident and skilled front-line workforce who are able to raise the issue of obesity and provide brief intervention in a range of settings. This should be part of a holistic programme that supports making every contact count.
- **Theme 4** – Provide support to people who want to lose weight.
There is a need to provide a comprehensive well communicated pathway for adults and for families to access community weight management programmes. People are more at risk of becoming overweight or obese as they get older, when they experience life changes such as pregnancy or retirement, and if they stop smoking. In addition specific population groups which are particularly at risk of becoming overweight or obese include, children where one or both parents is obese, socially deprived groups or those on low income, those with low levels of education, some ethnic minority groups and people with learning difficulties. Specialist weight management should be provided as the gateway to bariatric surgery and these pathways need to be jointly developed across the health sector and include services provided as part of the South East National Diabetes Prevention Programme.

The action plans have been completed jointly by local partners that include District Councils, healthy weight service providers, community and voluntary organisations. Local specific issues have been accounted for in each of the action plans. Appendix 1 outlines the 4 themes and priority actions for each of the theme that the local HWBBs have been working towards.

2.1 Swale

An action plan has not been developed in Swale because of the potential restructuring of the local HWBB. The Swale HWBB has not met since January and therefore has not had the opportunity to review a local action plan. A meeting was held to discuss developing an action plan which was attended by Cllr Ken Pugh, representatives from Kent Public Health, Swale District

Council, Kent Community Healthcare Trust and the Community Liaison Manager. A number of actions were agreed but concern was expressed about the ability for a plan to be signed off in the time-frame because of the current status of the HWBB. (this paragraph has been sent to Cllr Pugh for comments)

2.2 **Thanet**

In Thanet, discussion points have been around identifying health champions in partner agencies' and attention to creating play spaces when decisions are made by the council's planning department. Parks and cliff walks to be promoted. Interventions' aiming to reach out to marginalised individuals and families have been identified as a priority. There is a need to consider early health notification and child protection issues when dealing with overweight children. The role played by the media, elected members, local role models and campaigns is key in the delivery of an obesity action plan.

2.3 **West Kent**

In West Kent, a comprehensive review, including a detailed mapping exercise has been carried out by the West Kent HWBB's Healthy Weight Task and Finish Group. It was supported by a wider group of colleagues, resulting in the development of the Board's Strategic Action Plan for Healthy Weight. The Sugar Smart campaign has assisted in developing positive interactions between communication and delivery teams. The Healthy Weight Task and Finish Group has joined with a pilot study being undertaken by Leeds Beckett University. The Cabinet Member for Health at Tunbridge Wells District Council is the member champion on the Healthy Weight Task and Finish Group.

2.4 **Ashford**

The Ashford Action plan reflects the activities that are being undertaken in the Ashford District aligned to the new draft Kent Healthy Weight strategy. Further work is being progressed in targeted areas of Ashford over and above those activities mentioned in the plan. This is being initiated by a local task and finish group that will support and feed into the Ashford Health and Wellbeing Board. The group is looking at innovative ways of reaching out to people in the most deprived population groups who are less likely to change behaviours. This will include audit mapping of existing services and effective engagement with the local communities to co-design tailored programmes that target groups will be eager to be involved in. Healthy weight is one of the Board's key priorities.

2.5 **South Kent Coast**

South Kent Coast CCG and Local HWBB have made tackling unhealthy weight a key priority for joint work over the next few years. South Kent Coast's 'Prevention and Self Care Strategy' and its health inequality strategic

work are prioritising reducing the levels of childhood obesity and are working closely with Public Health to improve outcomes for people with hypertension and long term conditions. Dover and Shepway District Councils are working up robust plans for increasing the level of physical activity and engaging the population in making healthy lifestyle choices. The South Kent Coast, Healthy Weight Strategy is currently in draft form and will be published in 2016.

2.6 **Canterbury**

In Canterbury, key partners have completed the action plan framework. The Local Children's Partnership Group have convened an obesity sub group with membership across the partners to take forward the agenda.

2.7 **Dartford, Gravesham and Swanley (DGS)**

DGS, HWBB has secured Local Government Association facilitation for a half day workshop to discuss cross cutting themes in the obesity agenda. Board members will identify a champion in their organisation and demonstrate how this agenda will be taken forward corporately. Opportunities for Councillors/role models to raise the profile in the media across DGS will be prioritised. Consideration on the contribution from planning/licensing will be given by the District Councils.

3. **Recommendations**

The Kent Health and Wellbeing Board are asked to note the progress made in addressing obesity by local HWBBs and comment on the following recommendations:

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Appendix 1

Health and Well-being Boards across Kent have been mapping local activity against the following themes, In addition they have also identified baseline activity, desired outcomes, partners required to deliver the priority, timescales and any funding implications.

Theme 1: Take action on the environmental and social causes of unhealthy weight (ES)

Priority – Improve food standards in all settings (ES1)

- Actions – ES 1.1 Provide public education including knowledge and skills across all age ranges
ES 1.2 Increase access to nutritious and tasty food
ES 1.3 Provide training for front-line staff and identify champions
ES 1.4 Implement mass coverage campaigns e.g. sugar reduction campaign/C4L/one you

Priority – Increase levels of physical activity in all settings (ES2)

- Actions – ES 2.1 Increase usage of leisure, sport and recreational facilities
ES 2.2 Increase use of the natural environment including parks, public rights of way and natural open spaces
ES 2.3 Implement Kent Active Travel Strategy
ES 2.4 Identify and mentor people who are inactive
ES 2.5 Implement mass coverage campaigns e.g. sugar reduction campaign/C4L/one you

Priority – Reduce social isolation (ES3)

- Actions – ES 3.1 Local authorities should work with partners and communities to create safer homes and environments
ES 3.2 Local authorities should work with partners and communities to develop healthier environments including Healthy Towns

Priority – Create healthier environments (ES4)

- Actions – ES 4.1 Undertake health impact assessments on major new builds
ES 4.2 Use planning and licensing powers to create healthier environments
ES 4.3 Reduce adult absenteeism caused by unhealthy weight

Theme 2: Give every child the best start in life and into adulthood (BS)

Priority – Pregnancy and the first year of life (BS.1)

- Actions –
- BS 1.1 Increase the number of women who have a healthy weight prior to and throughout pregnancy
 - BS 1.2 Provide specialist support for all women with a BMI of 30 and above
 - BS 1.3 Increase the number of eligible women who apply for Healthy Start
 - BS 1.4 Increase breastfeeding initiation rates in all maternity services
 - BS 1.5 Set a baseline and a Kent target for continuation of breastfeeding at 6-8 weeks
 - BS 1.6 Train all health visitors to support parents and carers to responsive introduction of complimentary foods to their babies

Priority – Early Years and Preschool (BS.2)

- Actions –
- BS 2.1 Ensure consistent messages in line with Government guidelines are provided by all those working with this age group
 - BS 2.2 Commission a variety of training opportunities for practitioners around healthy lifestyles as part of an integrated model
 - BS 2.3 Develop and implement policies that cover healthy choices in play, learning and in snack and meal provision
 - BS 2.4 Health visitors to provide advice and support about healthy weight when children are weighed and measure at 2 ½
 - BS 2.5 Promote the UK Physical Activity guidelines for under 5's and ensure physical activity is embedded in all settings

Priority – Young Children (Key Stage 1&2) (BS.3)

- Actions –
- BS 3.1 Deliver a whole-family and whole-school approach to promote healthy eating and physical activity, to achieve or maintain a healthy weight
 - BS 3.2 Embed physical activity and physical literacy into cross-curriculum delivery
 - BS 3.3 Provide targeted support to schools which have the highest populations of children who carry excess weight
 - BS 3.4 Provide complete care pathways for the treatment of child obesity, reflecting the provision of services that are based on need and evidence based practice
 - BS 3.5 Develop school based interventions that reduce stigma associated with obesity in children

Priority – Young People (11-19 years) (BS.4)

- Actions -
- BS 4.1 Provide 11-19 year olds with information and encouragement about the benefits of a healthy diet and physical activity with additional life skills
 - BS 4.2 Identify and support those overweight, to achieve a healthy lifestyle in Early Help settings

BS 4.3 Deliver a whole-school approach to promote healthy eating and physical activity and ensure appropriate physical activity opportunities are available (and taken up) outside competitive or school sport offerings

BS 4.4 Young people to have access to complete care pathways for the treatment of obesity

BS 4.5 All relevant staff to have the capacity and knowledge to provide appropriate advice/brief intervention especially to those at risk of weight gain

Theme 3: Develop a confident workforce skilled in promoting healthy weight (SW)

Priority – Training for front line workforce (SW.1)

Actions – SW 1.1 Develop MECC programme that includes building confidence and ability to give advice on healthy weight

SW 1.2 Identify key staff to be trained in MECC and motivational interviewing

Priority – Identify train and mentor Champions (SW.2)

Actions – SW 2.1 All partners to identify locality champions for healthy weight within their organisations

SW 2.2 Provide training and mentoring programme

Priority – Work with voluntary sector and other organisations to identify peer supporters/buddies (SW.3)

Actions – SW 3.1 Provide training and mentoring for community champions

Theme 4: Provide support to people who want to lose weight (SP)

Priority – Universal provision (SP.1)

Actions – SP 1.1 Healthy Living Pharmacies to offer lifestyle support

SP 1.2 Locality National Child Measurement Programme Groups to provide interventions linked to the measuring timetable

SP 1.3 Engage with communities to maximise assets

SP 1.4 Front line staff to signpost to refer for physical activity and healthy eating programmes

Priority – Primary Care (SP.2)

Actions – SP 2.1 Target groups already being seen at practice-on registers or new patients

SP 2.2 Target patients with a BMI >28 with a strong family history of diabetes or have hypertension

SP 2.3 Identify patients with non-diabetes hyperglycaemia for diabetes prevention

SP 2.4 Prioritise physical activity solutions to obesity-related conditions

Priority – Family Support (SP.3)

- Actions –
- SP 3.1 Implement the children and young people's healthy weight pathway
 - SP 3.2 Children's Centres, Early Help, Health Visiting and School Nursing services to provide advice and support
 - SP 3.3 Increase uptake of family weight management programmes

Priority – Adult programmes (SP.4)

- Actions –
- SP 4.1 Implement a strong adult weight management pathway
 - SP 4.2 Make use of the range of community options for example health trainers, weight management courses, NDPP, exercise referral, commercial programmes and provide support for maintaining changes
 - SP 4.3 Provide specialist weight management programmes with lifetime follow up to ensure maintenance of behaviour change

Priority – Specific groups (SP.5)

- Actions -
- SP 5.1 Provide lifestyle interventions in areas of highest prevalence/deprivations
 - SP 5.2 Provide lifestyle interventions for people with poor mental health
 - SP 5.3 Make reasonable adjustments and proactive targeting of protected groups with disabilities including easy read materials
 - SP 5.4 Ensure that people from black and Asian ethnic origin are offered advice and support
 - SP 5.5 Ensure that provision is tailored to the needs of male participants as they are under-represented