

**DRAFT**

**Kent**

# **Healthy Weight Strategy**

**Version 11**

<b>Version</b>	<b>11</b>
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“We are a sport-loving nation but we are simply nowhere near as active as we should be. Promoting active lifestyles is the simple answer to many of the big challenges facing our country today. It can save us money and ease the burden on public services.”

Andy Burham

Health Secretary – 13/08/09

**The Healthy Weight Strategy for Kent has 7 elements:**

- Children, healthy growth and healthy weight
- Promotion of healthier food choices
- Building physical activity into our lives
- Creating incentives for better health
- Personalised advice and support
- Using opportunities in the KCC Regeneration Framework
- Making our messages more effective through social marketing

## Introduction

Everyone wants to be healthy and maintaining a healthy weight is an increasingly important part of this aspiration.

In the past messages have tended to emphasise the health risks of being overweight or obese but many people do not relate to these. People nowadays tend to see the issue much more as one of fashion, body image and lifestyle choice. It may become a health issue when it leads to complications that are diagnosed as a medical condition.

Avoiding excess weight is much more difficult than it used to be. Changes in society and the way we live all conspire to make it far easier to put on weight than to lose it.

Our daily lives are far less physically active than they were, even in the recent past. Our jobs are less physically demanding, we drive rather than walk or cycle, and we spend far more of our leisure time in front of a TV screen or computer monitor.

We have far greater access to food, 24/7, and much of it is “fast” or “convenience” food with high fat, salt, and/or sugar content that is often hidden amongst other ingredients. We eat out far more often than previous generations and it is therefore more difficult to know exactly what is in the food we are consuming. Ready meals and processed food are often bought instead of home cooking from fresh ingredients and again the contents of the food may be difficult to control or understand.

Alcohol consumption has been rising steadily and this also contributes to people finding it difficult to manage their weight. The alcohol content of drinks has increased over time and with a single glass of wine containing 120 calories or more (alcohol’s calorie content being second only to pure fat in the average diet) the amount of exercise required to maintain a healthy weight also increases significantly with increased levels of alcohol drinking.

Biologically our bodies are programmed to store food as fat when there is an excess so that we do not starve when it is scarce. However, food is very rarely scarce in our society and losing any excess is hard.

Kent and Medway have the highest prevalence of obesity in the South East region and is above the national average.

Many people feel pressured by the media and advertising to be thin but this can be very difficult to achieve because of all the factors that conspire against people reaching their aspiration to have a healthy weight. This can in turn lead to a sense of failure, giving up and resignation that nothing can be done.

People who are disadvantaged by their economic and social circumstances often have greater difficulty in acting on the advice they receive or taking up the opportunities to live healthier lifestyles than others. This does not mean that their aspirations for themselves and their families are any less ambitious but they may

face greater barriers to achieving them. We must make sure that we understand these increased difficulties and work with people to overcome them or risk an increase in health inequalities between the poorer and the better off in Kent.

We should be trying to support the efforts people want to make for themselves and providing healthier opportunities for them to live the type of lives they wish to lead. We should use our resources to help people achieve their aspirations and support their choices by providing the environment, the economic conditions and the opportunities they need.

Kent has a very good record of doing just that but there is still more we can do.

Only 28% of Kent residents consume at least 5 portions of fruit and vegetables a day with only 21% in Swale and Dartford.

### **Government momentum**

The Department of Health strategy “Healthy Weight, Healthy Lives: a Cross-Government Strategy for England” was published in 2008 following a Foresight Report on tackling obesity.

The “Foresight Report – Tackling Obesities: Future Choices – Project Report (2007) gave a comprehensive analysis of obesity and its causes. Whilst the basic issue is simple and straightforward - obesity is caused by an imbalance between energy input (what we eat and drink) and energy output (physical activity and exercise) - the relationship between the two is very complex involving many social and individual factors.

**Healthy Weight Healthy Lives** identified five major themes which taken together aim to tackle the obesity problem:

Children: healthy growth and healthy weight

Promoting healthier food choices

Building physical activity into our lives

Creating incentives for better health

Personalised advice and support

As a result major government initiatives have recently been launched including:

**Change 4 Life** is a major national campaign to tackle obesity across the whole population by increasing people’s awareness and giving practical examples of how activity and healthier lifestyles can be incorporated into busy lives.

**Fit as a Fiddle** is designed to improve the health of older people. Funded by the Big Lottery Fund it is delivered by Age Concern and their partners including local authorities and Primary Care Trusts.

**NICE** (The National Institute for Health and Clinical Excellence) also publishes guidance on best practice to treat and prevent obesity.

All across Kent we also have many initiatives aimed at these priorities.

**Children: healthy growth and healthy weight:** *Early prevention of weight problems to avoid the “conveyor belt” effect into adulthood.*

A healthy start to life and helping children keep a healthy weight is probably the most effective way to prevent adult obesity. Lots of evidence shows that overweight children are much more likely to grow into overweight adults.

Good nutrition is especially important for children to maintain a healthy weight and this can start as the baby is developing during pregnancy. Once born the best way to give children a healthy start and avoid problems is breastfeeding for at least the first 6 months.

The West Kent PCT Strategic Commissioning Plan has targets to:

- Reduce obesity among primary school age children.
- Increase the percentage of infants breastfed at 6-8 weeks from 39% to 41% by 2011

Eastern and Coastal Kent PCT has commitments to:

- Reduce the rates of obesity, particularly children
- Increase breastfeeding rates of infants breastfed at 6-8 weeks to 80% by 2013

The Kent Agreement has a target to:

- Reduce Reception Year obesity amongst children

As children grow up good habits can be supported through early years and schools but, as Jamie Oliver discovered, unless these are continued at home they may have little effect. Children’s Centres, Surestart schemes and Healthy Living Centres all help parents understand how important good eating habits are and how to cook nutritious meals on a budget.

The Healthy Schools Programme emphasises all aspects of healthy living for children, including diet and exercise.

Some of what's happening in Kent –

Breastfeeding initiatives across the county to improve infant nutrition

Walk on Wednesdays in Thanet that has increased the percentage of children walking in one area from 48% to 80%

Healthy Schools 100% engaged across the county– helping all schoolchildren understand healthy eating and the importance of physical activity including the 2 hours PE and school sport target

Thousands of school children across the County involved in the Kent Schools Games programme

Physical activity classes for children in Maidstone

Swale have a number of sports and leisure schemes aimed at school children and families such as Skip to be Fit, Don't Sit-Get Fit, MEND, and Bus club

**Promoting healthier food choices** – *reducing the consumption of foods that are high in fat, sugar and salt and increasing the consumption of fruit and vegetables*

More and more of the food we eat is prepared in some way before we buy it. Whether from fast food outlets or microwaved at home, fewer meals are prepared and cooked from fresh ingredients than in previous generations. The skills and knowledge associated with home cooking are no longer as extensive as they were. Convenience often outweighs nutritional value in the food people choose.

Unfortunately convenient food is rarely very healthy food. It is often very high in calories and can contain large quantities of ingredients that we should eat sparingly, especially fat, sugar and salt. Whilst as an occasional treat this is fine a diet featuring large proportions of “junk” food can cause numerous problems that include putting on weight. Such a diet is also highly unlikely to include sufficient fruit and vegetables.

Alcohol consumption is also a significant contributor to many people's calorie intake. As alcohol consumption levels continue to grow, taking enough exercise to counteract the effects is more difficult.

Some of what's happening in Kent –

Refurbishment of school kitchens and strict dietary requirements for school meals improving nutrition in schools.

Bien etre project in Dover and Nord Pas de Calais helping families and children improve their diets.

House campaign (for 13-19 year olds), attracting young people to access a variety of health advice including healthy eating.

Community chefs in deprived areas demonstrating healthy eating on a budget and how to avoid unhealthy food choices.

Veg Bag schemes in East Kent and allotment projects

In Tunbridge Wells Food 4You, Grow It, Cook It, Eat It, and Looking 4Ward with Food all help people understand how to choose and cook a healthy diet.

The Kent Alcohol strategy will be launched in October 2009

**Building physical activity into our lives – *getting people moving as a normal part of their day***

Many people are far more sedentary than in the past. Working lives require less physical effort as computers replace machinery. Heavy industry has declined massively. Labour saving devices in the home have put paid to much of the physical graft of housework. Cars are much more common and walking and cycling are not part of most people's day to day lives as they used to be. Lifts are obvious in public buildings, stairs are often hidden. Children play indoors on games consoles and less outside in physically active games. In addition everyone is very busy and trying to fit in an allocated time for exercise can be very difficult.

Taking exercise doesn't have to be about donning lycra and pumping iron at the gym. Physical activity can include gardening, walking to work, using the stairs, housework and DIY, anything that causes moderate physical exertion.

Some of what's happening in Kent –

The Kent Cycling Strategy designed to increase the number of people cycling and other transport initiatives to promote walking and cycling

Countryside Access Improvement Plan that emphasises the use of Kent's green spaces for active recreation including Green gyms, walking, cycling and riding.

Naturally Active has attracted over 400 people in Dartford and Gravesham

Health Walks that regularly attract hundreds of people across Kent to walk for leisure.

ActivMobs – working with people in communities to help them develop physical activity that fits into their particular lifestyles.

Get Active Feel Alive initiative in Canterbury

Don't Sit, Get Fit programmes in Dartford and Gravesham

Free swimming for the over 60's in East Kent districts

**Creating incentives for better health** - *Increasing the understanding and value people place on the long-term impact of decisions.*

Most people aspire to be healthy, for themselves and their families. They may have celebrity role models that are slim and fit. Many people are now also very aware of what they should and shouldn't do to reach this aspiration. But somehow it is too difficult to change how they live to achieve what they want.

Fast food, cigarettes, alcohol, watching TV (singly or in any combination) can give an almost immediate feeling of satisfaction to those that enjoy them. In contrast public health messages have often focussed on things that are hard to do, need people to change their habits and customs drastically within busy lives and show rewards only after prolonged periods of effort. Helping people to understand why they should change what they do requires much more than giving them information. We have to be much more in tune with the way people live their lives and the opportunities and barriers to healthier living this presents. We must talk to people in more sophisticated so they can make use of information and knowledge in ways that make sense to them.

This approach which includes the principles of Social Marketing has been shown to be very successful in reaching people in initiatives such as Activmobs and HOUSE.

Some of what's happening in Kent –

Health Trainers – assisting and supporting healthy living for individuals and communities in Kent.

MEND (Mind Exercise Nutrition ...Do it!!!) healthy lifestyle programmes for children and families across North Kent and expanding elsewhere in the county.

Shape Up weight management programme in Sevenoaks

Health Action Gravesham offers cooking sessions with dietary/nutrition advice, a physical activity instructor for those in sheltered accommodation and residential homes and a young people's programme that works in schools, after school and out of school times running weekly swimming sessions.

**Personalised advice and support** - *Complementing preventative care with treatment for those who already have weight problems.*

Achieving a healthy weight is not easy and many people will need help even when they are strongly motivated. There are a number of treatments, some of which, like gastric banding, involve surgery, that can help people lose weight but individual support and assistance can be critically important for people to succeed in the longer term.

Some of what's happening in Kent –

The Expert Patient Programme helps those with long-term conditions learn from the experience of others

Pharmacy weight-management programmes

GP Lifestyle referrals

The Brighter Futures group supports people aged over 75 in poor housing or on low incomes with services delivered by volunteers including exercise classes and healthy lifestyle advice

Telehealth and Telecare – the Whole Systems Demonstrator project

Health Trainers

Get S.O.R.T.ed in Sevenoaks

Why Weight Plan – Sevenoaks

NHS Life Checks (Vascular Screening)

Brighter Futures

All of this activity means that a lot is already being done across the county to respond to the challenges issued by the government in “Healthy Weight, Healthy Lives”. Unfortunately the sheer size of the problem means we need to do more. This does not necessarily mean spending a lot more money, but it does mean supporting the successful ways of helping people manage their weight to prevent the more expensive consequences of not doing so.

## The Facts and Figures

Obesity and issues of over-weight are set to become the major cause of premature death and avoidable illness in the near future.

- The National Child Measurement Programme for 2006-2007 reported that 23% of reception year children and 31% of those in Year 6 were obese or overweight.
- It is forecast that by 2020 20% of boys and 33% of girls will be obese if current trends are maintained.
- Life expectancy at birth will also be less than their parents for children born now, for the first time for over 100 years.
- Only 38% of men and 27% of women are physically active at the recommended levels.

Being obese or over-weight markedly increases the chances of suffering a number of life threatening and debilitating conditions such as:

Type 2 diabetes  
High cholesterol  
Sleep apnoea  
Coronary heart disease  
Hypertension  
Stroke  
Osteoarthritis  
Gout

The amount of disease associated with obesity is estimated to cost £ 4.5 billion per year for treatment, cost of premature death and sickness absence. These figures are set to rise dramatically if present trends continue.

The overall cost of inactivity and its effects are estimated at £8.2 billion. If all sedentary people took light exercise, like walking, rates of Coronary Heart Disease could decrease by 14%.

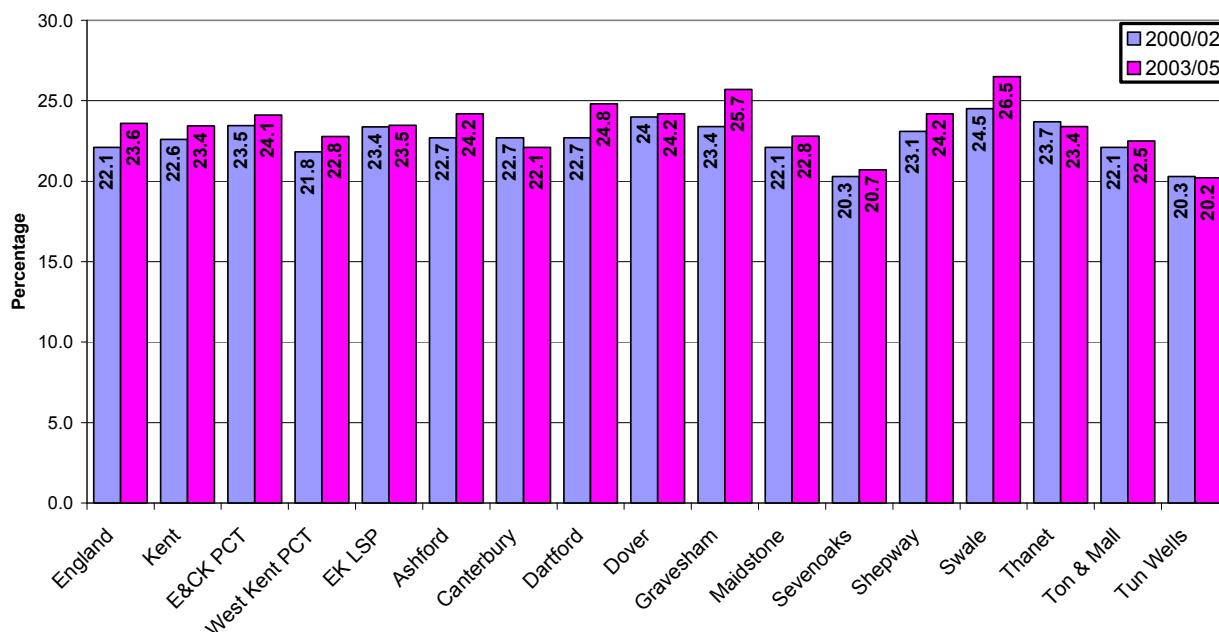
The NHS spends £3,000 every minute on combating illness which could be prevented by physical activity. A modest increase in physical activity amongst older people could cut hip fractures by one per cent, saving us more than £200 million a year. A 20 per cent increase in cycling would save the NHS more than £50 million in treatments.

### **The Kent Picture:**

- Between 20% – 25% of the population is obese (taking a Body Mass Index of 30 as a measure).
- Kent and Medway have the highest prevalence of obesity in the South East region and is above the national average.
- The prevalence of obesity and overweight combined is marginally lower than the national average.
- Rates of obesity are increasing amongst all social classes although there is greater prevalence in areas of deprivation.
- Only 28% of Kent residents consume at least 5 portions of fruit and vegetables a day with only 21% in Swale and Dartford.

The chart below shows the estimated proportion of the Kent population who are obese by local authority and PCT area taken from the ONS synthetic estimates of lifestyle behaviours. Swale and Dover are estimated to have the highest adult obesity rates. There is also a strong relationship between obesity and deprivation in Kent with higher levels of deprivation related to higher levels of estimated obesity.

## Synthetic Lifestyle Estimates for Obesity in Adults for 2000/02 & 2003/05



Source: Kent Public Health Observatory – Kent Agreement 2

These figures are the most recent published by the Department of Health derived from the Health Survey for England. We are awaiting more up to date information but expect that new figures will show a further deterioration.

The percentage of adults (aged 16 or over) who are obese (BMI>30) across Kent has risen during the period 2000-2002 and 2003-2005 to 23.4%.

Highest prevalence figures are seen in Swale, Gravesham and Dartford. Lowest prevalence figures are in Sevenoaks and Tunbridge Wells.

The national estimate is derived directly from the Health Surveys for England and therefore is not a synthetic estimate.

### The Future

Tackling obesity is now a major priority in public health and a great deal of activity has been focussed by KCC, the PCTs and the District Councils in Kent on the issue. The KCC Select Committee on obesity reported in 2006 and made 13 detailed recommendations. Recommendations concerning obesity have been incorporated into the Joint Strategic Needs Assessment for Children and Young People and many actions to address obesity by KCC and district councils are described in the Health Inequalities Action Plan.

However, with increasing rates of overweight and obesity despite local and government initiatives more action is required.

The DPH Annual report 06/07 recommended:

- The wide range of good practice being undertaken in Kent be sustained and evaluated so as to develop intermediate indicators which assure us that, over time, the good practice will impact upon the prevalence of obesity in Kent. While Kent is delivering on national targets and has funded many innovative pilots, particularly in areas of deprivation, it is important to assess the probability and degree of these providing a positive change to predicted future health patterns.
- As the PCTs are committed to investing in obesity prevention, the expected attributable morbidity prevented should be estimated and evaluated for outcomes.
- The benefits of effective partnership working be calculated and expressed in consolidation of existing partnerships and development of new ones to address the wider determinants of health and their impact on obesity.
- As we broaden our evidence-based practice to ensure that the most effective interventions are supported and resourced we estimate the effects of each on specific segments of the target population.
- We develop with our partners' common aims and objectives, and ensure that we benchmark the shared information, knowledge and resources and set targets for improvement.
- Kent's commitment to improving our population's health through development and investment in changing our 'obesogenic' environment to reduce levels of obesity in children and adults, be summarised in plans and population targets.

Kent is already recognising the importance of promoting good diet and exercise in its strategies and policies.

The KCC Framework for Regeneration "Unlocking Kent's Potential": In designing communities, we will encourage walking and cycling and healthy leisure activities such as sport and the enjoyment of the countryside.

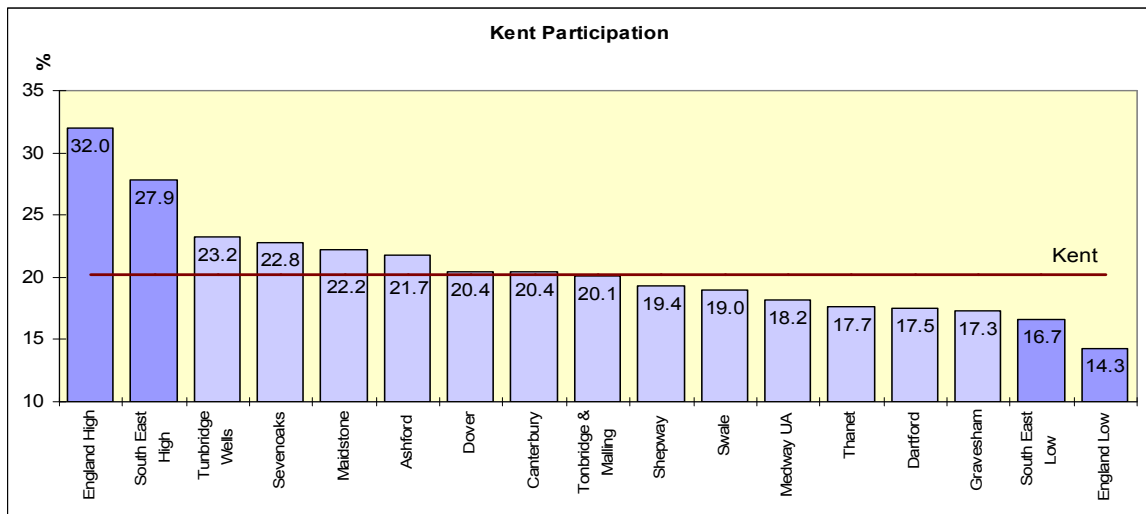
### **The Kent Agreement**

The Kent Agreement also has a clear focus of attention on weight management and obesity.

Tackling obesity and weight issues are reflected in the latest Kent Agreement where a number of indicators are designed to promote interventions that help people achieve a healthy weight. These include:

**National Indicator (NI) 8: Adult participation in sport and active recreation.**

**Active People Survey – baseline information by district**

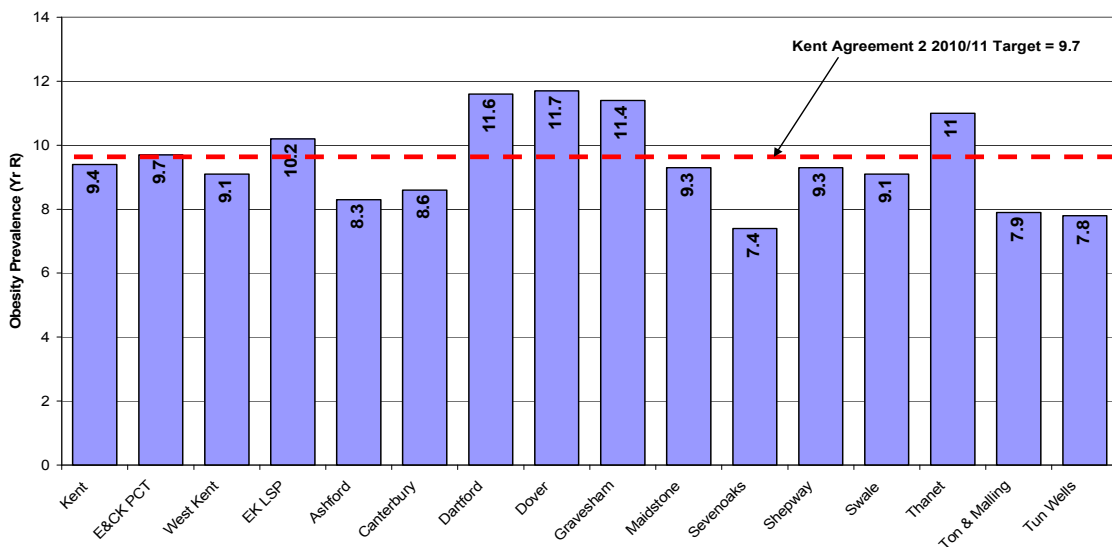


Source: Kent Public Health Observatory – Kent Agreement 2

The Kent Disability Sport Strategy builds on the enthusiasm of people with disabilities to engage in sport and active leisure when it is made accessible and inclusive. Research suggests that whilst there is a greater prevalence of obesity amongst adults with disabilities (24.9%) than the general population (15.1%) weight loss within this group can be as dramatic as within any other, given the right advice and support. The Kent Outdoor Pursuits Disability Project is now working with 7,000 people with disabilities and offers dedicated support and tuition in an increasing variety of sports and activities.

**NI 55: Reception year obesity**

**Childhood Obesity in Reception Year by Area - Baseline year 2006/07**



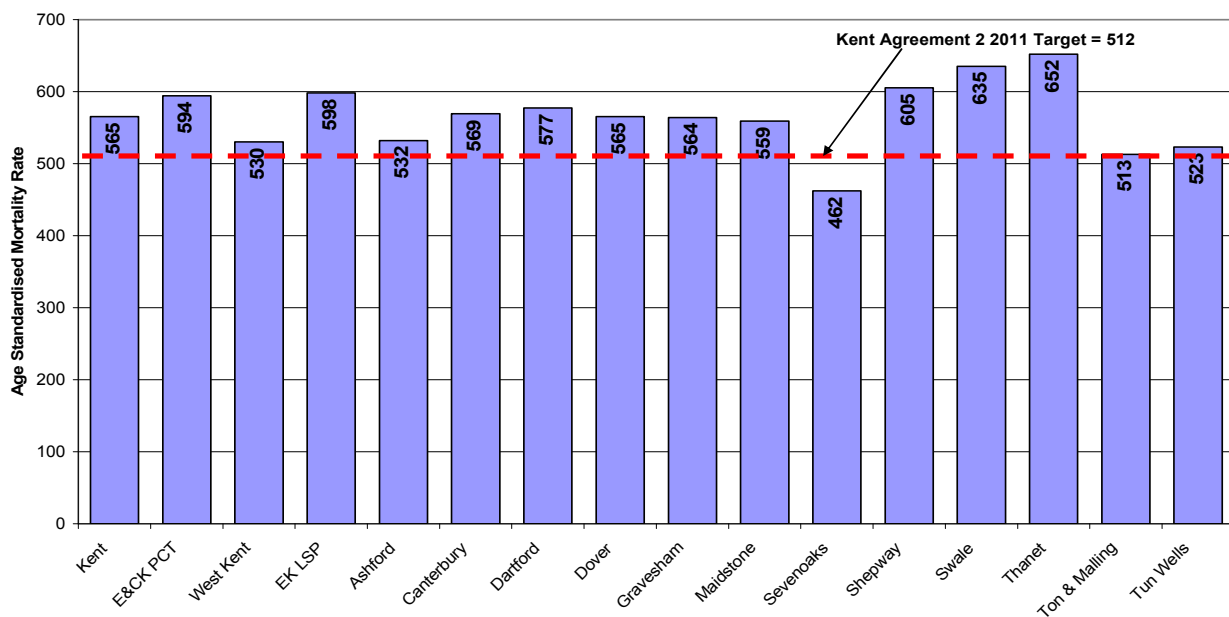
Source: Kent Public Health Observatory – Kent Agreement 2

The national prevalence in obesity for reception year children is slightly higher than the Kent prevalence at 9.9%. However, the South East Coast SHA area prevalence is lower at just 8.5%.

*Please note that the recording of this data in its first year was difficult (particularly with parents and children opting out of being measured) the prevalences above are indicative as compliance rates were not always high (e.g. Swale only had a 26% compliance rate, so, the prevalence figure above is based on only a quarter of the population that could have been measured and therefore could go up when more children are measured).*

**NI 120: All age, all cause mortality**

**Directly Age-Standardised All Age All Cause Mortality - Baseline year 2006**



Source: Kent Public Health Observatory – Kent Agreement 2

The age standardised rate for all age all cause mortality for England is higher than that of Kent at 591 per 100,000.

The rate is South East Coast SHA area is slightly lower than Kent at 549 per 100,000.

**Get Active South East** is part of a regional framework designed to increase levels of physical activity and promote opportunities presented by the 2012 Olympics and their legacy. This plan complements those of KCC and others that use the impetus of the Olympic Games to raise the profile of physical activity and sport for all.

In Kent – **Get Active in Kent** adds a local dimension to the regional programme and Change 4 Life to promote sport and active recreation.

Kent is a Beacon Authority for sport and has leading initiatives around the 2010 Olympics and its legacy.

In addition both PCTs and their partners have a clear focus on health inequalities including partnership projects aimed at weight management.

### **Monitoring and Evaluation**

The implementation and development of actions on obesity will be monitored through the 12 district based Health and Wellbeing Partnerships or Health Action Teams with the Public Health Board giving strategic oversight.

The **Kent & Medway Public Health Observatory** brings together data and information from a range of sources such as PCTs and Local Authorities to provide a comprehensive picture of issues such as obesity across the area. The information and analysis the Observatory provides will be major benefit to understanding how obesity is affecting the people of Kent.

Other information will be gleaned from initiatives such as the National Vascular screening programme which includes the EK Vascular initiative which will target prevention in areas of greatest need with a focus on smoking and obesity through vascular and Triple Aim screening.

The key Kent Agreement Targets will be monitored through the various subgroups of the Kent Partnership including the Public Health Board.

References:

DH - Healthy Weight Healthy Lives (2008)  
KCC Select Committee Report on Obesity (2006)  
Kent JSNA Children and Young People (2008)  
KCC Health Inequalities Action Plan (2007)  
Kent DPH Annual Report (2007)  
Get Active South East (2008)  
Kent Lifestyle Survey (CHSS 2005)  
Kent Disability Sport Strategy (KCC 2008)  
A Healthy Weight Strategy for Kent (2008)

NICE Clinical Guideline CG43 Obesity (2006)

NICE Public Health Guidance:

Four commonly used methods to increase physical activity (2006)  
Maternal and child nutrition (2008)  
Physical activity and the environment (2008)  
Promoting physical activity in the workplace (2008)

NICE Guidance – how planning can influence healthy choices.

Children and Young persons plan and JSNA