



Foreword

Our Vision for Bath and North East Somerset is for all residents to have the opportunity to have a healthy lifestyle and every child and adult is informed and supported to eat healthily and be physically active.

A healthy weight is about much more than an individual's weight or body shape. It can so often be an essential foundation for physical, emotional and social wellbeing. Like a good education or living in a strong community it can help an individual to reach their full potential in many aspects of life.

Helping people to achieve and maintain a healthy weight is a complex issue and is dependent upon partnership working with local residents and a range of agencies if we are to have a lasting impact.

Achieving a healthy weight depends on factors in every part of life: the environment we live in, our workplace, school, social life and the people around us. In Bath and North East Somerset we want to build on the good work to date, to create an environment where people have the opportunity and are supported to be a healthy weight. We also know that these influences are not the same for everyone therefore this strategy aims to prioritise those most at need.

Eating well and being physically active go hand in hand so this strategy should be read together with the Fit for Life Physical Activity Strategy and the Local Food Strategy.

We recognise that obesity is a complex issue and therefore it is essential that we continue to build on the success of the last few years if we are to make eating healthily and being active a reality for everyone.



A handwritten signature in blue ink that reads "Vic Pritchard".

Councillor Vic Pritchard
Joint Chair of Health and Wellbeing Board



A handwritten signature in black ink that reads "Ian Orpen".

Dr Ian Orpen
Clinical Chair NHS Bath and North East Somerset Clinical Commissioning Group
Joint Chair of Health and Wellbeing Board

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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 of obesity, 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.”

Simon Stevens, CEO NHS England



Executive Summary

This document describes our partnership plans to promote healthy weight and tackle unprecedented levels of obesity. A strategy was initially developed in Bath and North East Somerset 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.

At the time of writing this strategy Public Health England has drafted a new national childhood obesity strategy which is due for publication in Spring 2016. This strategy will be refreshed to reflect any changes in policy once the national strategy is published.

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 weight management pathway for everyone which includes prevention, self care and treatment
2. Increase opportunities for physical activity in our daily lives, reducing sedentary behaviour – (delivered through fit for life strategy and partnership)
3. Promote a healthy and sustainable food culture, enabling people to access affordable good food (delivered through Local Food Strategy and partnership)
4. Support organisations to promote the health and wellbeing of their employees
5. Develop a workforce that is confident and competent in promoting healthy weight

Vision and Strategic Targets

In B&NES all residents have the opportunity to have a healthy lifestyle and every child and adult is informed and supported to eat healthily and be physically active.

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 to preparing for older age.

Action is needed at all ages across to prevent the short- and long-term consequences of excess weight and to ensure that health inequalities are addressed.

Action needs to be a 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 6 and 9 years
- Young People aged 14-19
- 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

People are more likely to be a 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



Scope of the Strategy

The scope of this strategy is to provide a strategic framework for working collaboratively across B&NES focussing on actions to achieve sustainable changes in unprecedented levels of obesity.

The strategy will not consider those who are underweight or recommend actions at a national level.

Local Governance

The successful delivery of the this 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 with leads 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

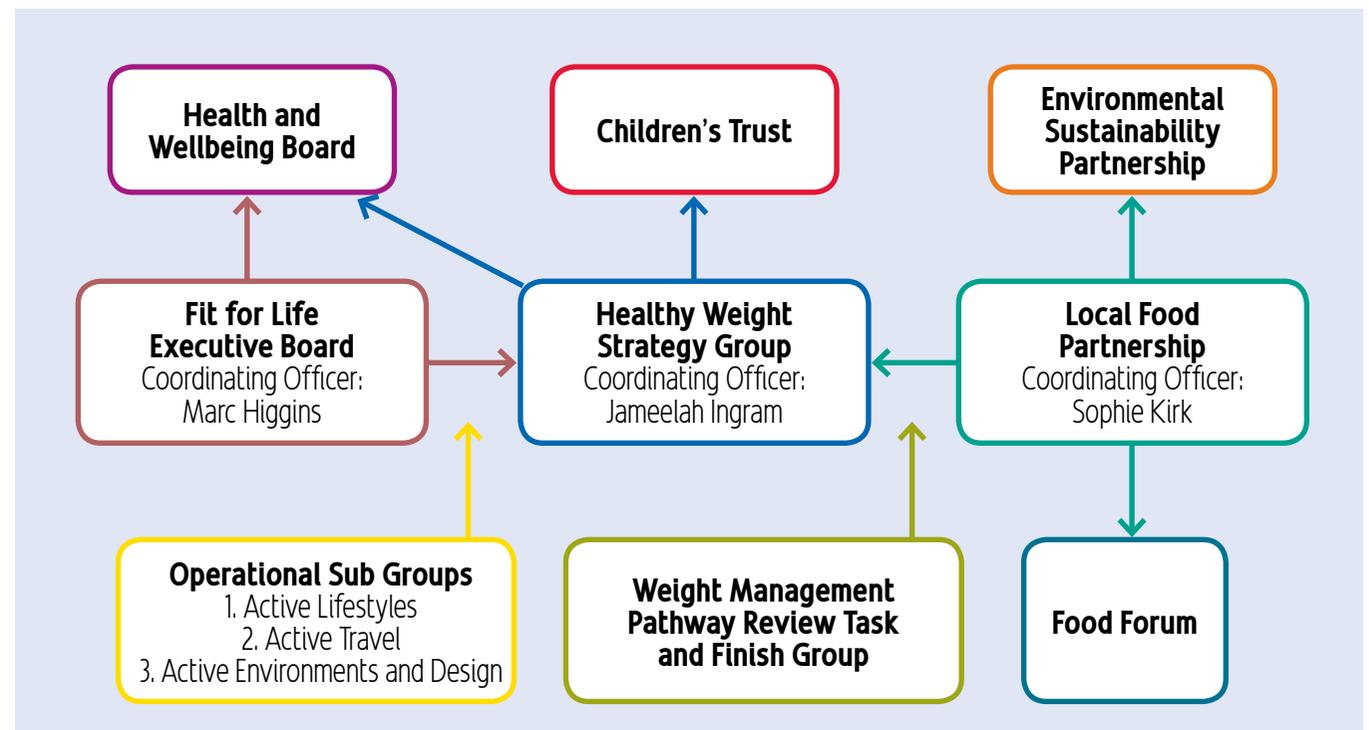
10 Sustainability - ensuring exit routes are in place for participants to ensure impacts and measures are sustained and long lasting and that work is built from the bottom up creating an asset based community development approach

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)

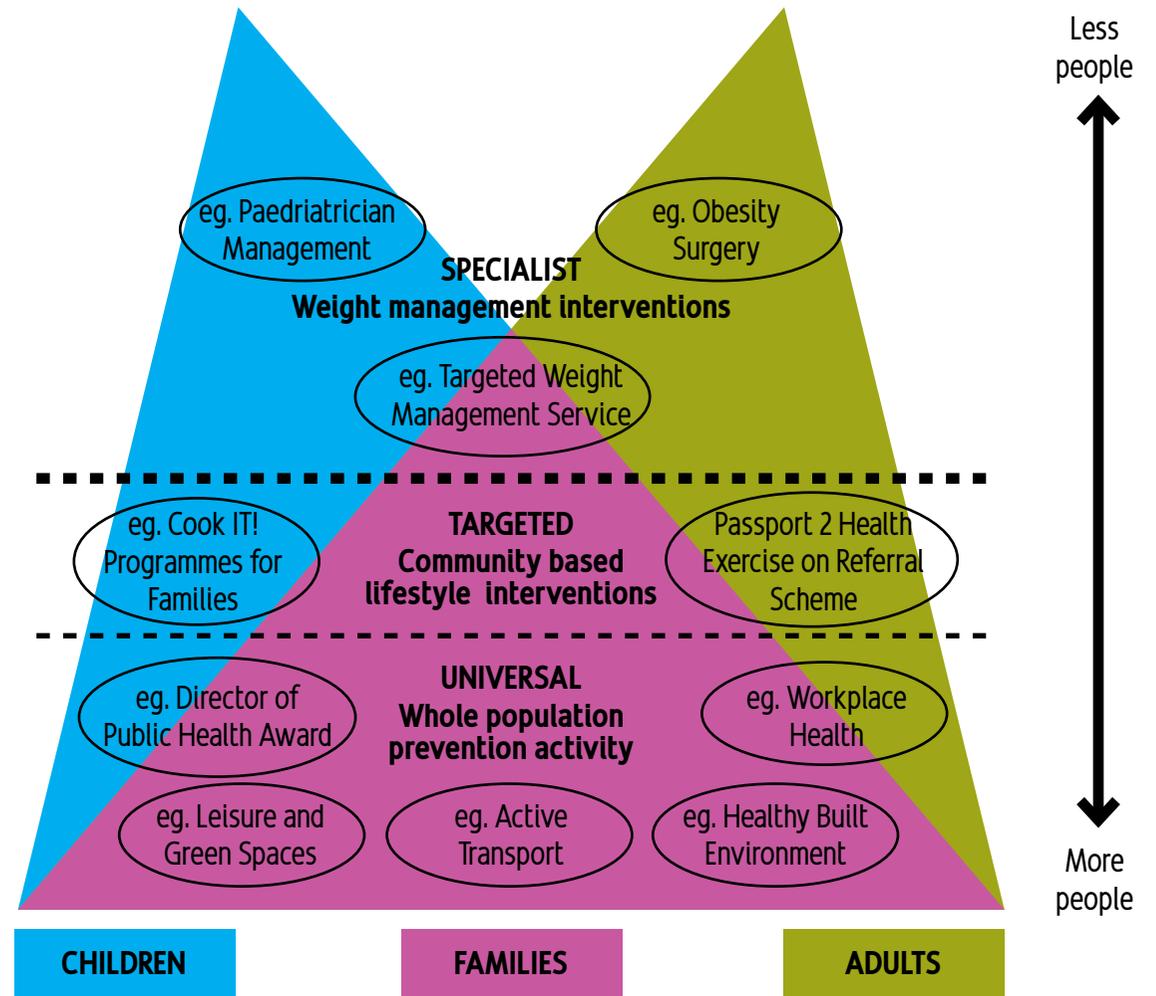


Pathway

Achievement of our strategic objectives requires action across the life course from childhood to adulthood, with a particular focus on families. Basing the framework on our objectives allows us to check that we have sufficient action in each area: universal interventions aimed at helping us all to maintain a healthy weight; and targeted lifestyle interventions to intervene early for those who need support to achieve a healthy weight. In this way, we can match our activities to our strategy and highlight gaps in our approach.

The triangles overlap because some interventions benefit both adults and children - whole families are often influenced by a targeted approach as seen in the middle of the diagram. See Appendix 2 for complete list of the current interventions at the time of writing this strategy.

Strategic Framework for Development (with some examples)



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.

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4. Support organisations to promote the health and wellbeing of their employees
5. Develop a workforce that is confident and competent in promoting healthy weight

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 educational settings 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.



The local picture

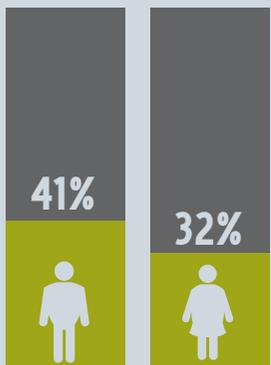
BASELINE

Obesity Key Facts:



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.



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



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

What causes obesity?

The UK diet has changed significantly since the 1950s. 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 with people unconsciously consuming more calories than the body needs. A typical fast food meal contains more than double the calories of an average British meal. Unhealthy foods are often cheaper and heavily marketed to be more appealing to the consumer. Consuming high sugar foods and drinks have shown to lead to increased weight gain. Portion size is also increasing. Evidence from several research studies how that when people are faced with bigger portions, they eat more.

Our environment plays an important role in our ability to be physically active. Nowadays fewer people have a job which enables them to be physically active with more people working in offices or sitting for long periods.

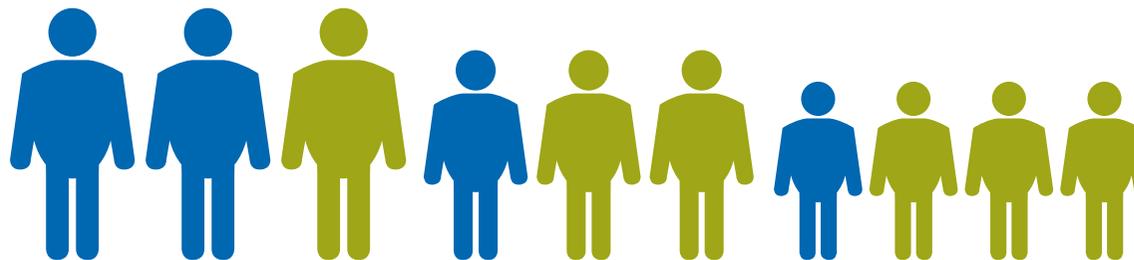
We benefit from labour saving devices in the home and rely heavily on cars to get around. This increase in car usage over the past 50 years has led to a major decline in walking and cycling.



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

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

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.

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. Economic factors also play a role in an individual's ability to choose a healthy diet or access opportunities to be more active.

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.

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)².

Diet Key Facts



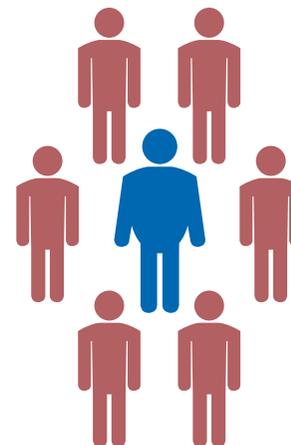
B&NES has a higher than national known level of fruit and vegetable consumption **(30% compared to 26%)**

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

Obesity affects adults



Less likely to be in employment



Discrimination and stigmatisation



Increased risk of hospitalisation

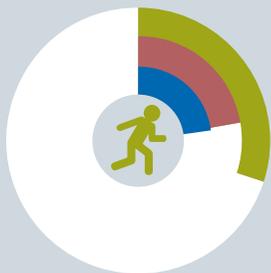


Obesity reduces life expectancy by an average of 3 years



Severe obesity reduces life expectancy by 8-10 years

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



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

Risk to health

Obesity can lead to reduced life expectancy. Adults with moderate obesity levels (BMI 30-35) have a reduced life expectancy of 3 years, while severe obesity (BMI 40-50) reduces life expectancy by eight to ten years.

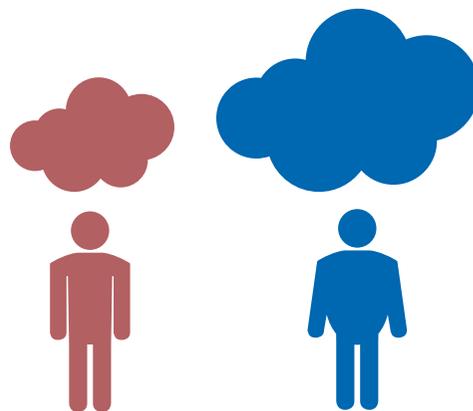
People who are overweight have a higher risk of getting type 2 diabetes, heart disease and certain cancers. Excess weight can also make it more difficult for people to find and keep work, and it can affect self-esteem and mental health. Health problems associated with being overweight or obese cost the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

Mental health and obesity

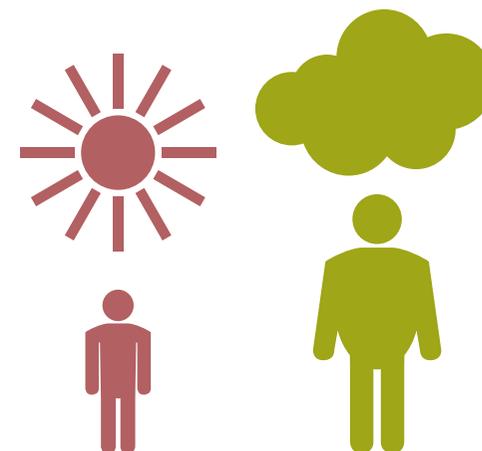
Depression, anxiety and other forms of mental illness are more common in obese individuals than in the general population. Obesity may trigger psychological issues such as eating disorders, distorted body image, and low self-esteem.

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.



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



depressed persons had a 58% increased risk of becoming obese

Economic impact of obesity

Independent research undertaken in 2015 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 1,000 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.

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



Obesity attributed days sickness **£16m**

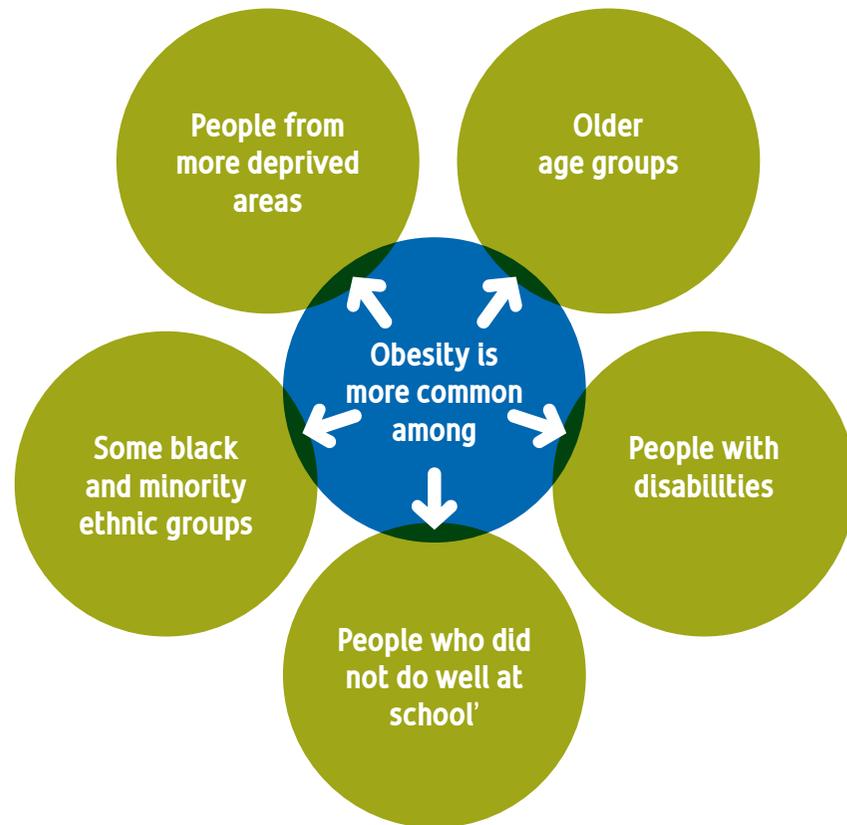
Obesity medication **£13.3bn**

Cost to NHS **£55.1bn**

Social care **£352m**

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.



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. Although the rate of obesity in children and young people is slowing down, further action is needed to address this issue.

Being overweight or obese in pregnancy, 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).



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.

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.

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



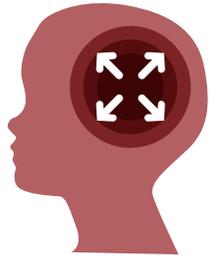
84% of babies in B&NES are breastfed at birth, higher than regionally (78%) and nationally (74%). At the 6-8 week check this rate has dropped to 65% as of Q2 2013/14, although this is still higher than regional (49%) and national (47%) rates. These rates have been relatively flat over the past few years,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

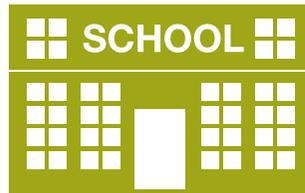
Disabilities and obesity

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

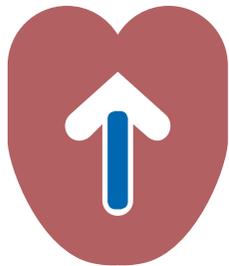
Obesity affects children and young people



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



- School absence
- Educational attainment



- 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

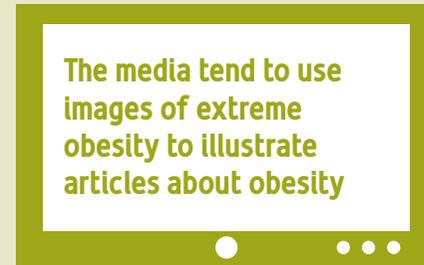
You highlighted:

- Lack of good facilities and activities for preschool aged children
- Lack of crèche facilities whilst exercising for parents
- Need for improved activities (indoor and outdoor) for young people
- Transport is the main barrier to participating in activities for older people and disabled children
- Barriers which prevent parents from encouraging physical activity in children include: fear of being judged on parenting skills, not knowing other parents or workers, cost of activities, lack of awareness of services, reacting badly to being told that their child is overweight.

Causes of obesity



- 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

Strategic Objective 1: Review and coordinate a weight management pathway for everyone which includes prevention, self care and treatment and is person centred

What we are doing now

Maternal health

Tier 2 - community based Healthy Weight service

Specialist Service - Health in Pregnancy Support Service

Early Years 0-5

Universal Services

Free Healthy Start vitamins, fruit and vegetable vouchers for families on low incomes

Brief intervention for families delivered by Health Visiting

Director of Public Health Award in early years settings

Maternal child nutritional guidance for practitioners

Start4Life campaigns

Baby Feeding Hubs across the local community

Unicef Baby Friendly Breastfeeding accreditation scheme for health visiting service

Targeted Services

Healthy Eating and Nutrition for the Really Young (HENRY) Healthy Weight Programme for Parents and core skills training for Health Visitors

6 week cookery courses for families with overweight/obese children aged 0-19

What else we will do

Maternal Health

Review commissioning and service provision of maternity and Early Years Services, providing family based parenting programmes which equip families with the skills to maintain a healthy weight

Contribute to the commissioning of maternity services ensuring healthy weight standards are incorporated

Early Years 0-5

Universal Services

Contribute to a healthy weight offer for connecting families programme

Develop a healthy weight programme of support for families postnatally

Develop targeted social marketing campaigns for specific at risk groups

Incorporate healthy lifestyle standards 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 promote key messages on healthy weight and infant feeding

Targeted Services

Review Specialist Infant Feeding Support Services

Review and improve provision of Healthy Weight programmes (Tier 1 and Tier 2) for families, ensuring they are effective and value for money

What we are doing now

5-19 Years

Universal Services

Support and promote healthy schools through the delivery of the Director of Public Health Award Scheme for educational settings

Healthy Child Programme delivered by school nurse programme

Change4Life campaigns

Targeted Services

Telephone support offered to families participating in National Child Measurement Programme who have a child who is obese

6 week cookery courses for families with overweight/obese children aged 0-19

HENRY Healthy Lifestyle parenting programme for under 5 year olds

Specialist Weight Management

SHINE community based weight management programme for children and young people aged 10-17 year olds including psychological support

Paediatric dietetic support

Adults

Universal Services

Telephone lifestyle service offering 1-1 weight management support and signposting to local services

Targeted Services

Community based cookery programmes for example:

Bath City Farm cookery programme for mental health service users

Cookery programmes for young adults and older people in supported housing

Volunteering projects to improve cooking and food growing skills

Recipe food box scheme for adults with learning difficulties

Health check for adults aged 40-74

What else we will do

5-19 Years

Universal Services

Raise awareness and increase use of care pathways

Targeted Services

Develop a school ambassador programme to promote healthy weight

Specialist Services

Improve access and availability of weight management provision for school aged children

Involve schools in the design and delivery of family based weight management programmes.

Improve access and provision for children who are severely obese with complex needs

Review access and provision of paediatric dietetic support

Adults

Universal Services

Incorporate weight management standards into commissioned service specifications for long term conditions

Explore use of new technologies and social marketing to raise the issue of healthy weight initiatives

Strengthen communications and marketing work, increasing greater awareness with specific communities

Targeted Services

Identify and work with religious leaders and community groups to ensure they have access to appropriate healthy weight information and can signpost to local support services

What we are doing now

Targeted Services

Diabetes education programmes

6 week support with a lifestyle advisor

Specialist Services

Slimming on referral scheme - 12 week group based

Commercial weight loss programme (Weight Watchers, Slimming World), Counterweight)

Counterweight online weight management pilot with Council and NHS Staff

6 Counterweight programme delivered in selected GP surgeries

Dietetic support

Specialist weight management support for severely obese clients with complex health needs - provided by the Royal United Hospitals NHS Trust Bath

Specialist Bariatric Surgery service funded by NHS England

Post-operative weight management service

What else we will do

Universal Services

Engage pharmacies in the healthy weight agenda including ensuring that local support services information be given with weight management drugs

Targeted Services

Develop healthy weight package of support for public sector workforce

Develop a healthy weight package of support for health check programme

Review weight management support for newly diagnosed diabetic patients

Improve access and availability of community based 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 or origin

Specialist Services

Review weight management support within existing social care pathways

Improve psychosocial component of commissioned specialist weight management services

Develop a strategy for supporting overweight/obese clients who have disordered eating

Review and revise specialist weight management offer for obese clients with complex health needs

Review and revise post operative weight management support for patients who have undergone NHS funded weight loss surgery

Strategic Objective 2: Increase opportunities for physical activity in our daily lives, reducing sedentary behaviour

A new multiagency 5 year Fit for Life Physical Activity Strategy was launched in Summer 2015. The local Fit for Life Executive Board and 4 subgroups (Active Lifestyles, Active Design, Active Environments and Active Travel) will lead on the implementation of this strategic objective.

For the purpose of this strategy key priorities which are most relevant in achieving healthy weight outcomes have been included. For a copy of the full strategy and action plan please visit: <http://www.bathnes.gov.uk/services/sport-leisure-and-parks/health-and-fitness/fit-life>

The Local Authority has awarded a new leisure contract to Greenwich Leisure Ltd to lead on a £17 million modernisation and refurbishment of the Council's local leisure facilities. Sites include: Bath Sport and Leisure Centre, Keynsham Leisure Centre, Culverhay Leisure Centre, Chew Valley Leisure Centre, Odd Down Playing Fields and the Bath Pavilion.

What we are doing now

Maternal Health

Through the Active Lifestyles Subgroup:

Moving on Up project , 12 week postnatal dance programme for women

Early Years 0-5 Years

Through the Active Lifestyles Subgroup:

Targeted Healthy Lifestyle Parenting Programme (HENRY) promoting play for 0-5s

Through the Active Environments Group:

Director of Public Health award in Early Years settings

Through the delivery of the Active Travel Sub Group to:

Go By Bike: community based preschool cycling activities delivered in children centres

What else we will do

Maternal Health

Through the Active Lifestyles Subgroup:

Review and improve provision of opportunity for physical activity available for pregnant women and parents/ carers of small babies / pre-schoolers

Early Years 0-5 Years

Through the delivery of the Active Environments Group:

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

Ensure there is more focus in the community on outdoor play

Through the delivery of the Active Travel Sub Group to:

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

Active Lifestyles

Promote activities which children can do independently and those they can enjoy with their family and friends

What we are doing now

5-19 Years

Through the Active Lifestyles Group:

Open Access Community play sessions run in areas of highest need

Family play inclusion workers offering tailored play support for children aged 5 to 13 and their families, SEN/disabled families prioritised

Healthy lifestyle activities delivered by Connecting Families Team for parents and children

Sport England funded try active programme to increase cycling, walking/running and outdoor fitness for 14-19 year olds

Schools Sports Partnership delivering everyday active programme of activities in primary and secondary schools

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

Director of Public Health Award

Wheels for All cycling club for adults and children with disabilities and differing needs

Through the delivery of the Active Travel Sub Group:

Go By Bike programme: delivering cycling proficiency and sporting events in partnership with schools

What else we will do

5-19 Years

The Active Environments Group will:

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

The Active Lifestyles Group will:

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

Incorporate physical activity standards in educational setting's policies and plans.

Support children and young people's settings to promote physical activity and play in and out of school hours.

Continue to ensure high quality sport and physical activity in 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)

Strengthen partnership with schools and clubs to increase participation

The Active Travel Group will:

Introduce an active travel scheme for schools

Increase opportunities for active travel for families

Increase range of community based activities for families with children with a learning or physical difficulty

What we are doing now

Adults

Through the Active Lifestyles Group:

- Group led wellbeing walks delivered by Sirona Care and Health
- Mass Participation sporting events for example, sport relief mile, half marathon, Tour of Britain, Parkrun

AGE UK funded chair based seated exercise, Tai Chi, guided walks, Fit for the future physical activity Programme

Lottery funded wellbeing community activator programmes for older people and/or their carers

Commissioned twelve week exercise on referral scheme offering subsidised access to local leisure facilities for inactive residents who are at risk of heart disease or experiencing low mood and low self-esteem

Macmillan funded structured exercise programme for cancer survivors

Through the delivery of the Active Travel Group:

- Free cycle training is offered for Adults commissioned by council

Active Environments:

- Development of the Odd Down Cycle Circuit to increase community activities
- Sport England funded Tryactive programme – free activities for adults to increase walking, cycling and improve outdoor fitness

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

What else we will do

Adults

The Active Lifestyles Group will:

Increase mass participation events aimed at engaging inactive adults

Promote activities which are holistic and combine improved mental wellbeing and exercise

Improve opportunities and access to sport and physical activity for those with disabilities

Bath University will deliver a research study to develop a 12 month intervention to reduce sedentary behaviour in older people (REACT)

Review and improve provision of physical activity programmes delivered in residential homes and day centres

Increase walking based activities

Develop falls prevention pathway to include physical activity

Promote Change4Life campaigns

Invest in additional marketing campaigns that will inform, support, empower people to make changes to their activity levels.

Increase opportunities for low level structured activity needed for obese or those with long term conditions

Review and increase provision of community based activities which attract adults aged 20-25 year olds, women, people with learning/physical difficulties and those who have a different ethnic origin than white.

Increase participation in local sports clubs

Active Environments Group will:

Review and improve availability of green spaces and playing pitches as well as safeguard against the loss of open space and recreational facilities.

Work with local housing providers to utilise and optimise their access to residents to increase options for healthy eating

What we are doing now

Adults

Active Environments:

Contribution to the development of the River Strategy

Update the green space strategy standards

Active Design

Contribution to the development of the master plan for Bath and the Placemaking through Health Impact Assessment

What else we will do

Active Environments Group will:

Increase participation in people being active in the natural environment

Protect playing pitches and outdoor opportunities for physical activity from development

Improve open spaces and play areas so they are safe stimulating and challenging for all children

Develop a well-connected multifunctional network of green infrastructure

The Active Travel Group will:

Increase the opportunities for active travel for individuals/families

Support development of residential travel plans that promote sustainable/active travel.

Active Design

Utilise active design criteria to assess pre-planning and planning applications for major developments

Incorporate active design principles in Council/NHS Strategies

Invest in training for planners (urban, rural and transport), architects and designers on the health implications of local plans

Strategic Objective 3: Promote a healthy and sustainable food culture, enabling people to access affordable good food

A new 5 year local Food Strategy was launched in Spring 2015. The local food partnership will play the lead role in coordinating the implementation of this objective.

For the purpose of this strategy key priorities which are most relevant in achieving healthy weight outcomes have been included. For a copy of the full strategy and action plan please visit: http://www.bathnes.gov.uk/sites/default/files/bath_and_north_east_somerset_local_food_strategy_0.pdf

What we are doing now

Food Provision and Access

National Healthy Start Voucher Scheme providing free milk, fruit and vegetables and vitamin supplements for low income families with children under 5

A 'Baby Welcome' scheme promoting breastfeeding in cafes and community venues

Bronze Council Catering Service Food for Life Partnership Award achieved in 61 primary schools

Local Educational Setting Food Forum supporting implementation of School Food Plan

Public Health Award scheme to support educational settings to deliver healthy eating, and food growing initiatives.

Delivery of a healthy eating accreditation scheme to support food outlets and businesses to provide healthier options

Workplace wellbeing charter to support workplaces promote healthy eating practices

What else we will do

Food Provision and Access

Increase uptake of healthy start vouchers by eligible families

Increase acceptance of food welfare vouchers at fruit and veg market stalls

Provide training opportunities for low income groups to develop skills in cookery, food growing and healthy eating

Include healthy eating criteria in all public sector food contracts

Support public sector organisations to serve food which is healthy and nutritious through healthy eating accreditation scheme

Promote healthy eating across all settings (workplace/health/commercial organisations)

Increase support to food-outlets and public environments to welcome breast-feeding

Reduce the number of outlets which offer unhealthy snack and drink in areas close to educational settings and family leisure facilities

Improve the nutritional quality of food provision in local hospitals and residential care settings

Reduce the number of new fast food outlets near educational settings

Increase the availability of affordable fruit and vegetables in neighbourhoods of high need.

Work with local housing providers to utilise and optimise their access to residents to increase options for healthy eating

Review and create a sustainable model for cooking skills for social housing tenants

What we are doing now

Support everyone to afford good quality food

Family cookery programmes delivered in educational and community venues for 0-19s

Pilot between Age UK and Chew Valley secondary school to engage older people in sharing knowledge about cooking and food skills

What else we will do

Food provision and access

Engage more people in communal activities associated with food such as cooking and growing can contribute to community cohesion and social engagement

Encourage local workplaces and business to sign up to the Responsibility Deal

Work with partners to install healthy vending machines in public buildings

Work with job centres to investigate providing appropriate information on healthy lifestyles and the services available to clients

Optimise the use of empty green spaces and provide more allotment spaces to residents for food

Support everyone to afford good quality food

Continue to support educational settings to embed healthy eating skills and education into the curriculum using whole school approach

Seek further training opportunities for residents to develop cooking and food growing skills

Co-ordinate and provide healthy eating and nutrition advice to local residents

Promote national Change4Life programme

Deliver key messaging on the dangers of sugary and caffeinated drinks and portion sizes/oversnacking locally

Reduce diet-related inequality for families, prioritising

Children from Black and Minority Ethnic Backgrounds as well as children with a physical or learning difficulty and young Families on a low income

Ensure that those residents receiving meals in inpatients or in residential settings/facilities have healthy meals in line with Food Standard's Agency guidance

Strategic Objective 4: Support organisations to promote the health and wellbeing of their employees

What we are doing now

Adults:

NHS health checks for residents aged 40-74

Commissioned service to deliver Workplace Wellbeing Charter to local businesses

Online workplace weight management pilot

Active Travel incentives for employees including:

- Roadshows
- Cycling training
- Pool Bikes
- Individualised travel plans
- Electric cars
- Improved washing facilities
- Improved cycle storage facilities

Wellbeing walks

Access to integrated lifestyles hub for weight management and physical activity support. For example:

Slimming on Referral

Exercise on referral

What else we will do

Adults:

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.

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

Increase the opportunities for workplace weight management programmes

Strategic Objective 5: Develop a workforce that is confident and competent in promoting healthy weight

What we are doing now

Maternal and children and young people

Investment in commissioned evidence based training programmes for professionals

Specialist Health in Pregnancy midwives and support staff trained in SHINE weight management programme for pregnant women

All Health Visitors and some children centre staff trained in HENRY solution focussed approach to enable them to raise the issue of weight with families and support them to make positive changes to their diet and activity levels

Sirona Health Improvement Specialists and School Nurses trained in SHINE weight management training for 10-17 year olds

Adults

Investment in training Health Check Practitioners in raising the issue of weight

'Making Every Contact Count' training pilot with public sector and voluntary staff and volunteers

Local Authority training license holder for Counterweight programme Counterweight to enable practice staff to raise the issue of weight with patients and provide weight management support.

RSPPH Level 2 and Level 3 Nutrition training on offer to Businesses

What else we will do

Maternal and children and young people

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.

Adults

Secure investment and deliver a coordinated training programme of 'making every contact count' for frontline staff working in the public and voluntary sector

Review and develop and coordinate training opportunities for staff to improve their knowledge and skills in promoting healthy weight

Measuring success and evaluation

The successful delivery of this strategy is dependent upon good data quality to be able to measure success. We will continue to collect, analyse and disseminate local, regional and national data to understand local need to inform future provision of local services accordingly.

What do we mean by the terms 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)³. 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

Pathway of current programmes as at January 2016

Level	Intervention	Maternal Health and Early Years 0-5s	Children and Young People 5-19	Adults
UNIVERSAL	Transport - improving infrastructure and promotion of walking and cycling	●	●	●
	Built Environment - creating environments conducive to health	●	●	●
	Cycling Proficiency in schools		●	
	Improving parks, open spaces and playing fields	●	●	●
	Healthy Child Programme: 0-5 and 5-19	●	●	
	Unicef baby friendly breastfeeding scheme	●		
	Director of Public Health Award	●		
	Parenting strategy	●	●	
	School Sport and PE programme		●	
	School Food Plan		●	
	School travel plans			
	Oral Health Promotion	●	●	●
	National Child Measurement Programme		●	
	Social marketing campaigns: e.g. Change4life, One You	●	●	●
	Brief Advice: Making Every Contact Counts	●	●	●
	Raising the issue of weight training	●	●	
	Hello baby - antenatal programme	●		
	Accredited nutrition training	●		
	Infant feeding hubs	●		

Pathway of current programmes as at January 2016

Level	Intervention	Maternal Health and Early Years 0-5s	Children and Young People 5-19	Adults
TARGETED	Healthy Start	●		
	Community Play/Family Support and Play workers	●	●	
	Cook It! Family based cooking skills programme	●		
	Grow it and Cook it programmes	●		
	NHS Health Check Programme			●
	Lifestyle Advisors			●
	Feel Good Foods Recipe Box Scheme	●		
	Wheels for All inclusive cycling		●	●
	Lets get healthy with HENRY: parenting and lifestyle programme	●		
SPECIALIST	Health in Pregnancy Support Service - SHINE	●		
	Teen Weight management Service (1-17 years) - SHINE		●	
	Fit Club for Families with Learning difficulties			
	Slimming on Referral - adult weight management			●
	Counterweight weight management			●
	Passport to Health: Exercise on Referral		●	●
	Specialist Dietetics		●	●
	Specialist Weight Management Clinic			●
	Anti Obesity Drug Therapy			●
	Bariatric Surgery and follow up			●

Modelling life course timeline & opportunities for making the healthy choice the easy choice

Personal Behaviour Knowledge, skills, attitude & lifestyle	Cooking skills	5 fruit & veg per day	Daily exercise	Adult education	Physical activity groups	
Self Care Information, skill, development & support	Food choices		Maternal diet		Expert patient groups	
Family & Friends	Parental skills	Active families	Walking school bus schemes		Sport & hobbies	
Local Community	School playing fields	Community centres	Workplace canteens	Commercial slimming organisations	Community group lifestyle activities	
Environment	Community safety	Supervised play spaces	Traffic schemes	Cycle ways	Available public transport	
Health Services Targeted prevention & weight management	Health visitors, midwives	School nurses, health trainers	GPs & Primary Care Teams	Obesity drugs	Gastric surgery	Care workers
	Children centres	Healthy workplace	Dieticians	Hospital Staff	Community nurses	Healthy living centres
			Leisure services	Adult education		
Public Policy Making the healthy choice the easy choice	Food advertising to children	Food labelling	Integrated public transport	Food safety	NSFs, NICE guidance	

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

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

All the national infographics statistics

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>