

# Gloucestershire Health and Wellbeing Board

<b>Report Title</b>	Healthy weight – statement of strategic intent (draft)
<b>Item for decision or information?</b>	Information, discussion and decision
<b>Sponsor</b>	Sarah Scott, Director of Public Health, Gloucestershire County Council
<b>Author</b>	Sue Weaver, Lead Commissioner (Health Improvement), Gloucestershire County Council
<b>Organisation</b>	Gloucestershire County Council
<b>Key Issues:</b>	
<p>‘Healthy lifestyles’ is one of seven priorities of the new Joint Health and Wellbeing Strategy, with ‘healthy weight’ identified as the initial area of focus.</p> <p>The proposed statement of strategic intent within this document has been prepared by the healthy weight working group. It sets out our proposed approach to reducing obesity within the wider population at the same time as providing weight management support to individuals and families already affected.</p> <p>This agenda is broad and complex. All the evidence points to the need for a long-term, system-wide approach that makes obesity everybody’s business. This document sets out how we might move forward within current resources, building on the good work that is already in place and setting out priorities for action over the next 2-3 years. It also outlines the case for moving towards a whole systems approach and highlights the resource implications for delivering such an approach at scale.</p>	
<b>Recommendations to Board:</b>	
<ol style="list-style-type: none"> <li>1. Review and discuss the statement of strategic intent</li> <li>2. Discuss the proposed shift from the current programme delivery model towards whole systems delivery and give an indication of its preferred way forward, acknowledging that delivering a whole systems approach at scale will require further capacity</li> <li>3. Agree delegated leadership to the countywide Prevention and Self-Care Board</li> </ol>	
<b>Financial/Resource Implications:</b>	
Further capacity is required to deliver for whole systems delivery.	

# Healthy Weight – draft statement of strategic intent

## 1. Introduction

### 1.1 Complex problem that goes beyond ‘individual responsibility’

Obesity is caused by a complex interaction of factors including economic, social, environmental and psychological influences. These include: exposure to ‘obesogenic’ environments; poverty; social norms around eating and physical activity; and living with a disability, a mental health problem, chronic stress or a history of trauma. Health promotion approaches aiming to persuade people exposed to these factors to change their behaviour will not work – steps must be taken to tackle the ‘root causes’ of obesity to make healthier choices the easier choices.

### 1.2 Costly to individuals, health and care services and the wider economy

People living with obesity are at increased risk of a range of health issues, including diabetes, heart disease, stroke, cancer, mental health problems and musculoskeletal problems. Overall obesity (BMI  $\geq$  30) reduces life expectancy by an average of three years and severe or morbid obesity (BMI  $\geq$  40) by eight years. In addition, obesity adversely affects people’s self-esteem, mental wellbeing and life chances.

Beyond the impact on individual health, wellbeing and life chances, reducing obesity is essential for future sustainability of our health and care system, and our local economy.

### 1.3 Local priority

Reducing obesity (‘healthy weight’) and ‘physical activity’ are strategic priorities in the new Joint Gloucestershire Health and Wellbeing Strategy (2019-29).

There is already a considerable amount of obesity prevention activity underway in Gloucestershire including commissioned interventions and community-led activities. [A snapshot of current healthy weight activities and services is given in Appendix 1]. However, despite ten years of local effort (and in line with the national picture) there has been no reduction in obesity levels and obesity-related inequalities are increasing. We need to work differently and evidence shows that whole systems working can be effective. This takes an iterative place-based approach to understanding and addressing specific social, economic and environmental ‘root causes’.

Gloucestershire County Council was one of four Local Authorities participating in the national ‘whole systems obesity’ programme (2017-19), working with national and international experts to develop tools to support Local Authorities to implement this approach. The approach set out in this document builds on this learning. It was developed by the local healthy weight working group and has been informed by critical review of published evidence, engagement with national and international experts and with local stakeholders, communities and families. It scopes out in broad terms how we propose to build on existing good practice to move towards a more systematic approach to obesity prevention and identifies key priorities for action over the next 2-3 years.

## 2. Where are we now?

### 2.1 Obesity among adults

61.4% of adults in Gloucestershire are estimated to have an excess weight (overweight or obesity). This value is in line with the national rate (62.0%). There is significant in-county variation with Gloucester having the highest prevalence (66.3%) and Cheltenham the lowest (58.1%). Approximately 120,000 adults in Gloucestershire are living with obesity.

### 2.2 Obesity among children

We now have ten years of high quality local data on childhood obesity levels.

Figure 1: Prevalence of obesity in Gloucestershire (vs England) in reception and year 6 (2007/8 – 2017/18) (Source: National Child Measurement Programme)

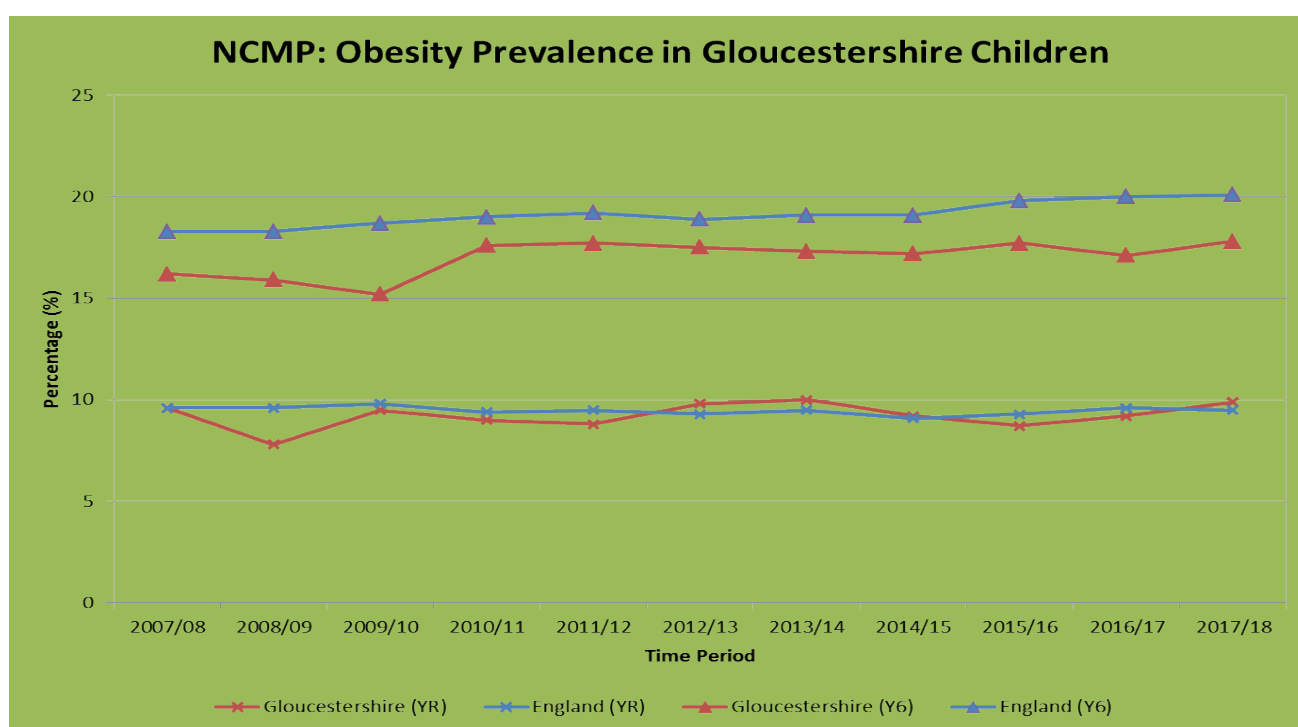


Figure 1 above shows that 10% of 4-5 year olds in Gloucestershire are affected by obesity. This is **significantly higher** than the national rate (9.5%). In line with national trends, obesity levels in this age group have been stable since 2007/08 when monitoring began. In 2017/18 the prevalence of obesity among 4-5 year olds was highest in the Forest of Dean (11.6%) and lowest in Cheltenham (8.8%).

Among our 10-11 year olds the prevalence of obesity is 17.8%. This is **significantly lower** than the national rate (20.1%) but in line with national trends there has been a gradual increase since 2007/08 when monitoring began. Gloucester has the highest prevalence (21.1%) and Cotswolds the lowest (13.5%).

The prevalence of severe obesity among 10-11 year olds in Gloucester City is 5%. This is the highest in the South West region and **significantly higher** than the national rate of 4.2%.

## 2.3 Health inequalities issue

Levels of obesity among children are strongly associated with deprivation. In Gloucestershire, in line with national trends, obesity levels among children living in the most deprived areas are almost double the rate in the least deprived areas.

Figure 2: Trends in the prevalence of obesity in Gloucestershire among reception and year 6 pupils by deprivation quintile (2012/13 – 2017/18) (Source: National Child Measurement Programme)

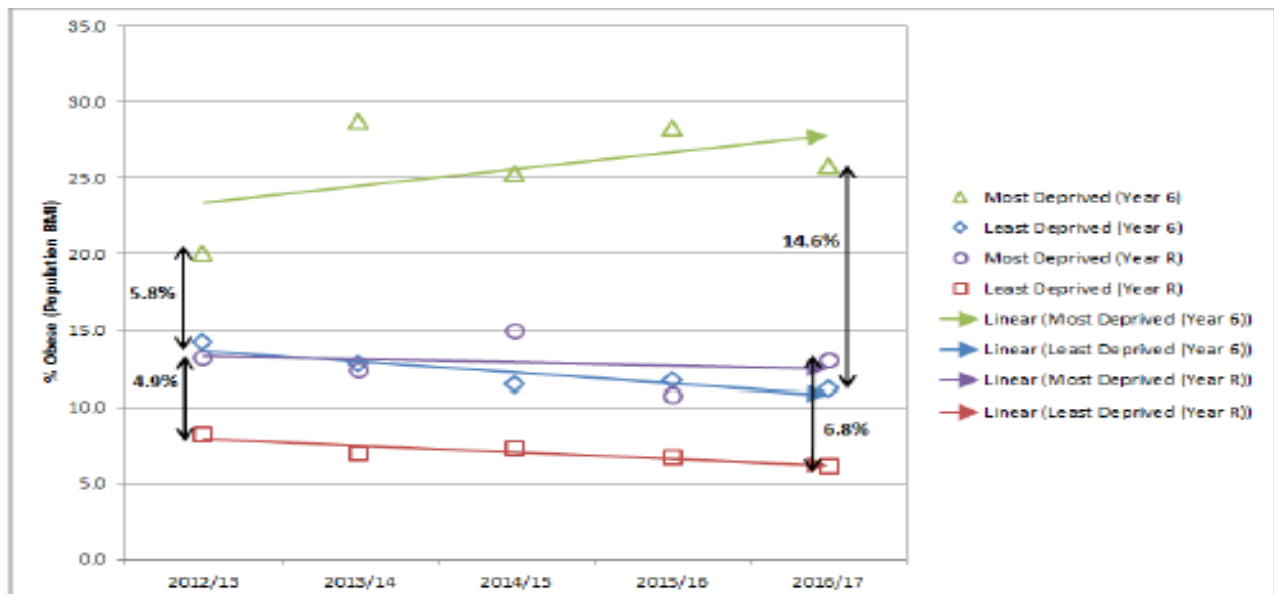


Figure 2 above shows that the inequality gap has increased over the last five years, particularly among 10-11 year olds.

## 3. Where do we want to get to – our vision and ambitions for healthy weight in Gloucestershire

### 3.1 Vision

We want everyone in Gloucestershire to enjoy the benefits of a healthy weight.

### 3.2 Ambition

The local ambition is to achieve a significant, sustained reduction in the level of obesity and a significant reduction in the inequalities gap by 2030.

In line with the national ambition we want to halve the prevalence of childhood obesity over the next ten years.

Health inequalities will be the critical thread and our success will be gauged by measuring how well those who are most affected by obesity-related health inequalities are doing.

## 4. How will we get there?

### 4.1 Approach – long-term commitment to whole systems working

Given current prevalence rates and the multiple causes of obesity, it is unrealistic to expect significant reductions in population levels in the short-term<sup>1</sup>. A long-term approach that makes obesity everybody's business is needed. Systems methodologies are advocated by the World Health Organisation (WHO) and Public Health England (PHE) and have demonstrated significant reductions in childhood obesity levels in Amsterdam (Netherlands)<sup>2</sup> and Victoria (Australia)<sup>3</sup> after around five years of implementation.

Systems-working is an asset-based approach that aims to engage the whole community in making healthy choices the easier choices (especially for children). It is designed to accommodate the interdependencies between different elements of complex systems and their adaptive nature. This is fundamentally different from traditional top-down programme management approaches, which reduce things to independent building blocks and assume linear cause-and-effect relationships.

The evidence around how to deliver a whole systems approach is still emerging but our participation in the national programme has given us a framework for local implementation. [NB: This outlines key steps to follow but does not identify specific actions or interventions as these must be locally determined through systematic engagement with partners and communities].

We are currently trialling this approach on a small scale in Podsmead (Gloucester) under the 'Food and Families' project. This involves working closely with the community to co-create an action plan to address local barriers to eating healthy food.

There is an exciting opportunity for Gloucestershire to collaborate as a 'test site' for the World Health Organisation (WHO) Global Obesity Centre 'Choose Health Community'. This would enable us to learn first-hand from world leaders in whole systems obesity implementation.

### 4.2 High level objectives

The priority for realising our vision for the county is around prevention, not weight management, but we still need to acknowledge that there is a population already affected by obesity that needs weight management support to reduce their health risks.

Delivering our vision will require members of the Health and Wellbeing Board to use their collective influence to embed action on healthy weight across our business and to engage wider partners in the agenda, paying attention to the following two high level objectives.

#### **Priority 1: Preventive action to reduce obesity at population level**

This requires a countywide whole systems approach including locally determined action to:

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<sup>1</sup> Public Health England (2019) 'What Good Healthy Weight for all Looks Like' <https://publichealthmatters.blog.gov.uk/2019/07/25/health-matters-whole-systems-approach-to-obesity/>

<sup>2</sup> Obesity Policy Research Unit (2017) What can be learned from Amsterdam Healthy Weight programme to inform the policy response to obesity in England? <https://www.ucl.ac.uk/obesity-policy-research-unit/sites/obesity-policy-research-unit/files/what-learned-from-amsterdam-healthy-weight-programme-inform-policy-response-obesity-england.pdf>

<sup>3</sup> Allender, S. (2016) Whole of Systems Trial of Prevention Strategies for Childhood Obesity: WHO STOPS Childhood Obesity. <https://www.ncbi.nlm.nih.gov/pubmed/27854354>

- Tackle obesogenic environments; working across settings (e.g. early years, schools, workplaces, hospitals, leisure) and neighbourhoods to improve access to affordable healthy food and supports physical activity
- Address economic barriers to eating well and active living e.g. poverty, worklessness and debt
- Build skills, confidence and new social norms around eating and physical activity e.g. cooking skills, budgeting, family meals and active travel
- Mitigate known risk factors among specific population groups e.g. psychological factors (anxiety, stress, depression, ACEs), parental obesity, smoking cessation and infant feeding methods.

## **Priority 2: Weight management support for people already affected by obesity**

Providing evidence-based weight management support through co-commissioning healthy weight care pathways including:

- Community-based ('tier 2') and specialised ('tiers 3 and 4') weight management support for adults, including pregnant women with a BMI  $\geq$  30
- Community-based ('tier 2') and specialised ('tier 3') weight management support for children with a BMI  $\geq$  91<sup>st</sup> percentile
- Building capability and confidence across front-line services to support people affected by obesity to access appropriate weight management support
- Action to reduce obesity-related stigma

### **4.3 How will this be taken forward?**

#### **4.3.1 Priorities for action within current resources**

Within current officer resources and budgets we propose to build on and strengthen work that is already underway including delivering the following priorities over the next 2-3 years. The scale and speed at which these priorities can be progressed will be determined by the level of available resource.

#### **Prevention**

- **Podsmead Food and Families project:** we will continue the small scale whole systems work with Podsmead community to develop local capacity and experience and whole systems implementation and to understand the impact of action to improve the food environment.

Meanwhile at county level we propose the following action:

- **Schools and colleges:** work with GHLL and wider partners to review and strengthen the healthy weight offer in schools and colleges
- **Gloucestershire Healthy Workplace Accreditation scheme:** finalise the accreditation framework and support local employers to achieve accreditation (target number to be agreed). This includes alignment to ICS staff health and wellbeing and continuing to work with Gloucestershire Hospitals NHS Foundation Trust to support obesity prevention among nurses
- **Early years settings:** work with partners to map and review the effectiveness of current healthy weight activity and identify priorities for development
- **Gloucestershire Food Strategy:** work with partners to support the development of the local food strategy including proposals for Gloucestershire to become a Sustainable Food County
- **We Can Move:** continue to support the implementation of the programme including opportunities to embed and align with wider healthy weight activity

- **Healthy weight in other policies:** we will seek to maximise the use of the available planning and licensing to improve the food and physical activity environment through the new Gloucestershire Health and Planning Framework
- **Deliver against new national hospital food standards:** a specific requirement within the NHS Long Term Plan (LTP).

## Weight management

- **Adult weight management services:** complete a costed options appraisal for strengthening adult weight management services and implement proposed improvements to meet key gaps including lowering the eligibility threshold for specialised support
- **Children’s weight management services:** pilot and evaluate community based weight management services (Gloucester and Forest of Dean) and commission specialist support for children with severe obesity. Develop a costed business case for substantive community provision
- **Building weight management capacity in front-line services:** establish a programme of training in ‘brief healthy weight interventions’ for primary care and other front-line staff
- **Service integration:** work with mental health and learning disability services to integrate healthy lifestyles and weight management into care and support
- **Deliver against LTP requirements for weight management support:** access to weight management services in primary care for adults with BMI 30+ and type 2 diabetes or hypertension; very low energy diets for people with severe obesity and type 2 diabetes; and treatment for up to 1,000 (national) children per year for severe obesity-related complications

### 4.3.2 Implementing a whole systems approach at scale

The activity outlined above will make some inroads but it remains a programme management approach. If we want to deliver change at scale and reduce obesity levels sustainably within our county then this will require a different way of working.

Implementing a whole systems approach at scale requires dedicated capacity to build and support systems capacity and networks in ‘intervention communities’ (a ‘train the trainer’ type approach). Trained local ‘catalysts’ are supported to bring different parts of their local system together to co-create locally tailored action plans based on a clear understanding of specific local causes and assets. Central to this approach is engaging more widely than our traditional partnerships, in order to involve all those who have the ability to influence the local causes of obesity.

Ongoing contact with the system is needed to understand what is working, what isn’t and how the system is changing, so that local action can be adapted to accordingly. Though this way of working requires some upfront investment it ultimately delivers efficiencies through joining up existing assets and embedding healthy weight into policies and programmes, rather commissioning new interventions. Such an approach could initially be tested in one or two districts depending on the level of resource available.

### 4.4 How will this be monitored?

There is currently no agreed approach to monitoring whole systems delivery and we are part of a regional working group led by Public Health England and Bristol University to develop an evaluation and monitoring framework for local areas to use.

Meanwhile the following indicators will be used to monitor local outcomes and capture the learning.

- Obesity prevalence among 4-5 year olds and 10-11 year olds
- Gap in prevalence between 10-11 year old children living in deprivation decile 1 and 10
- Pupil Wellbeing Survey (PWS) indicators (diet and physical activity)
- Numbers of accredited healthy settings e.g. workplaces and evidence of impact
- Numbers of adults and children accessing weight management services (total and by age group, gender, ethnicity and deprivation) and outcomes (weight loss, health improvement)
- Qualitative data - stakeholder and community feedback and case studies to understand what is working well and how the system is adapting so the local response can adapt accordingly.

## **5.0 Conclusions**

This document sets out how we might move the healthy weight agenda forward within current resources, building on the good work that is already in place and setting out priorities for action over the next 2-3 years.

The successful delivery of this agenda and the healthy weight commitments within the LTP are dependent on the willingness of system leaders to commit to a long-term, action learning approach and on the Health and Wellbeing Board using its collective influence to embed action on healthy weight across their business.

The Health and Wellbeing Board is invited to discuss the proposed shift from the current programme delivery model to whole systems delivery and to give an indication of its preferred way forward, acknowledging that delivering a whole systems approach at scale will require further capacity.



## Appendix 1: Existing healthy weight activity and opportunities for alignment

This section provides a snapshot of some of the activities already contributing to the healthy weight agenda as well as opportunities to strengthen our overall approach through effective alignment with other strategic priorities. [It is **not** intended to be comprehensive or to reflect all of the work that's being delivered by partner organisations and communities].

### Preventive action to reduce obesity at population level

- **Gloucestershire Healthy Living and Learning Framework (GHLL):** Gloucestershire's well established healthy schools programme includes explicit action to support healthy eating and physical activity in schools including delivery of The Daily Mile
- **We Can Move:** Gloucestershire Active Partnership's programme to get 30,000 inactive people active. This model combines systems thinking, behaviour change methodology and social movement building and is an opportunity to transfer learning as well as directly supporting healthy weight
- **Health and Planning Framework:** In development. Brings together health and planning to enable planners to make best use of existing levers to improve food and physical activity environments
- **Gloucestershire Food Strategy:** Scoping phase. Potential to include ambition for Gloucestershire to become a Sustainable Food County
- **Gloucestershire Air Quality and Health Strategy:** Includes action to encourage and enable active travel and public transport use
- **Gloucestershire Healthy Workplace Accreditation Scheme:** In development. Supporting employees to support staff health and wellbeing including healthy eating, physical activity and weight management support. Linking with ICS workforce health and wellbeing agenda.
- **Gloucestershire Better Births Programme:** Explicit action on prevention includes the new 'First 1001 Days Programme', which offers healthy lifestyles support for women in vulnerable circumstances to manage their weight during and after pregnancy and to reduce the risk of their child developing obesity in the early years
- **Gloucestershire Oral Health Plan:** Action on reducing sugar to be developed
- **NHS Long Term Plan:** Local response in development.
- **Food and families project:** A place-based, whole systems test and learn project, working with Podsmead community to co-create interventions to address local barriers to eating healthy food including improved access and food skills
- **Gloucestershire Hospitals NHS Foundation Trust Health and Wellbeing Strategy:** including action to support the health and wellbeing of patients, staff and the wider community. Includes a specific project (in development) to support staff to maintain a healthier weight, based on the findings of qualitative research undertaken with nurses across Trust sites to explore barriers and facilitators
- **'Inclusive Growth' plans:** In development. Action on skills and adult education; employment and worklessness; poverty, income and debt, have the potential to lift families out of poverty, thereby reducing their risk of developing obesity. Includes links to the Local Industrial Strategy

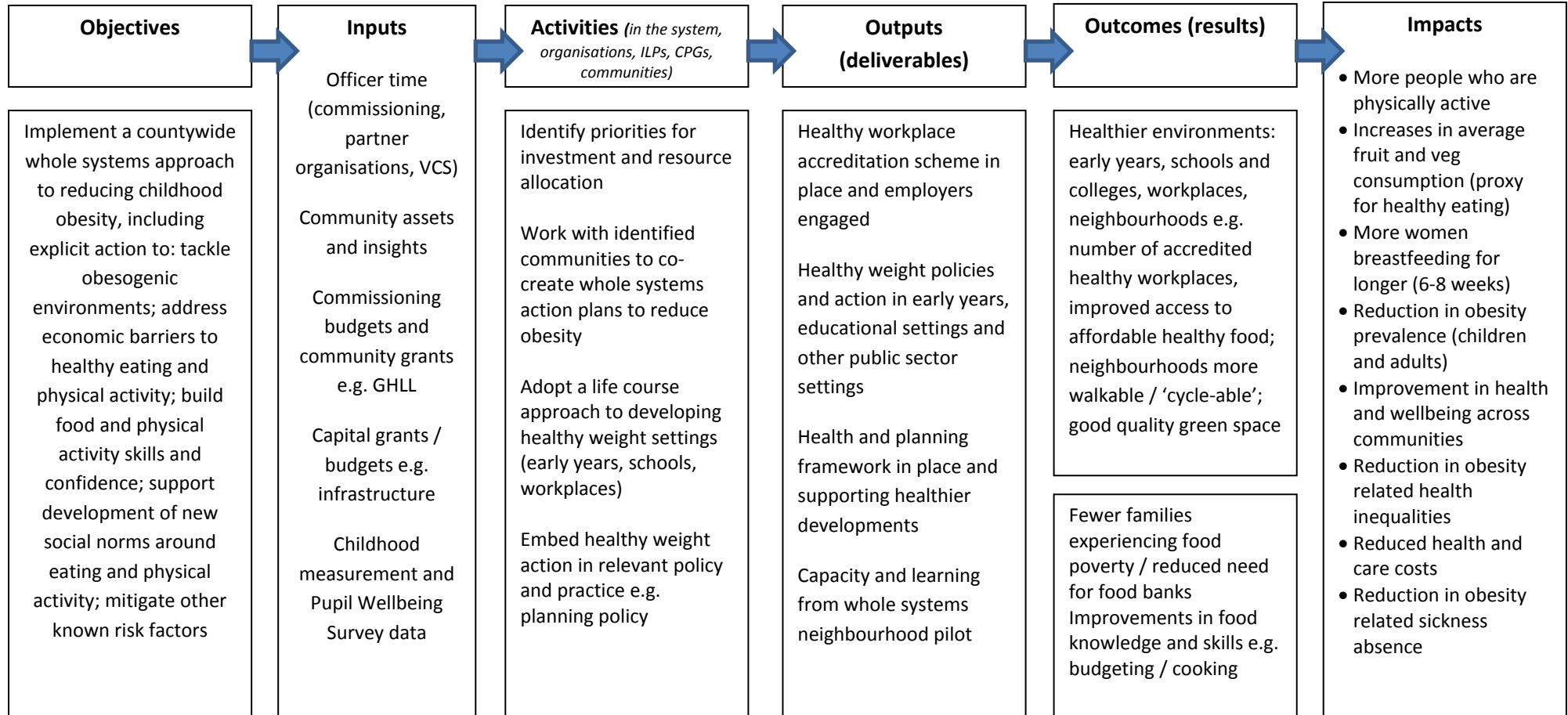
### **Weight management support for people already affected by obesity**

- **Targeted weight management referral options for adults:** Services are in place including tier 2, 3 and 4 services (adults) and this provision is included in G-Care across clinical pathways (current eligibility criteria are *below* NICE thresholds for tier 2 [BMI 27.5] and *above* NICE thresholds for tier 3 and tier 4 [BMI 40+])

- **The National Diabetes Prevention Programme:** in place across the county offering alternative weight management support for people with non-diabetic hypoglycaemia
- **Weight management support for pregnant women:** The countywide Healthy Lifestyles Service has invested in a midwife to develop systems and pathways to improve access to weight management support during pregnancy and post-natal
- **Weight management services for children with obesity:** GCC and the CCG are working with children and families to developing a pathway of weight management support including community based support and a specialist service for children with severe obesity. This will go live later in the year.
- **NHS Long Term Plan:** Local response in development. Includes explicit activity around delivery of weight management support to adults and children.

## Logic model – preventive action to reduce obesity at population level

**Vision and ambition:** We want everyone in Gloucestershire to enjoy the benefits of a healthy weight. Our ambition is to achieve a significant, sustained reduction in the prevalence of obesity and a reduction in the gap in obesity levels between people living in the least and most deprived areas of the county by 2030



### Enablers

H&WB influence and leadership

Prevention and Self-Care Board influence and leadership

Healthy Weight Working Group

Community buy-in

## Logic model – weight management support for people affected by obesity

