

# A healthier weight for Gloucestershire

**Sue Weaver, Lead Commissioner (GCC)**  
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Everyone in Gloucestershire enjoying the benefits of a healthy weight

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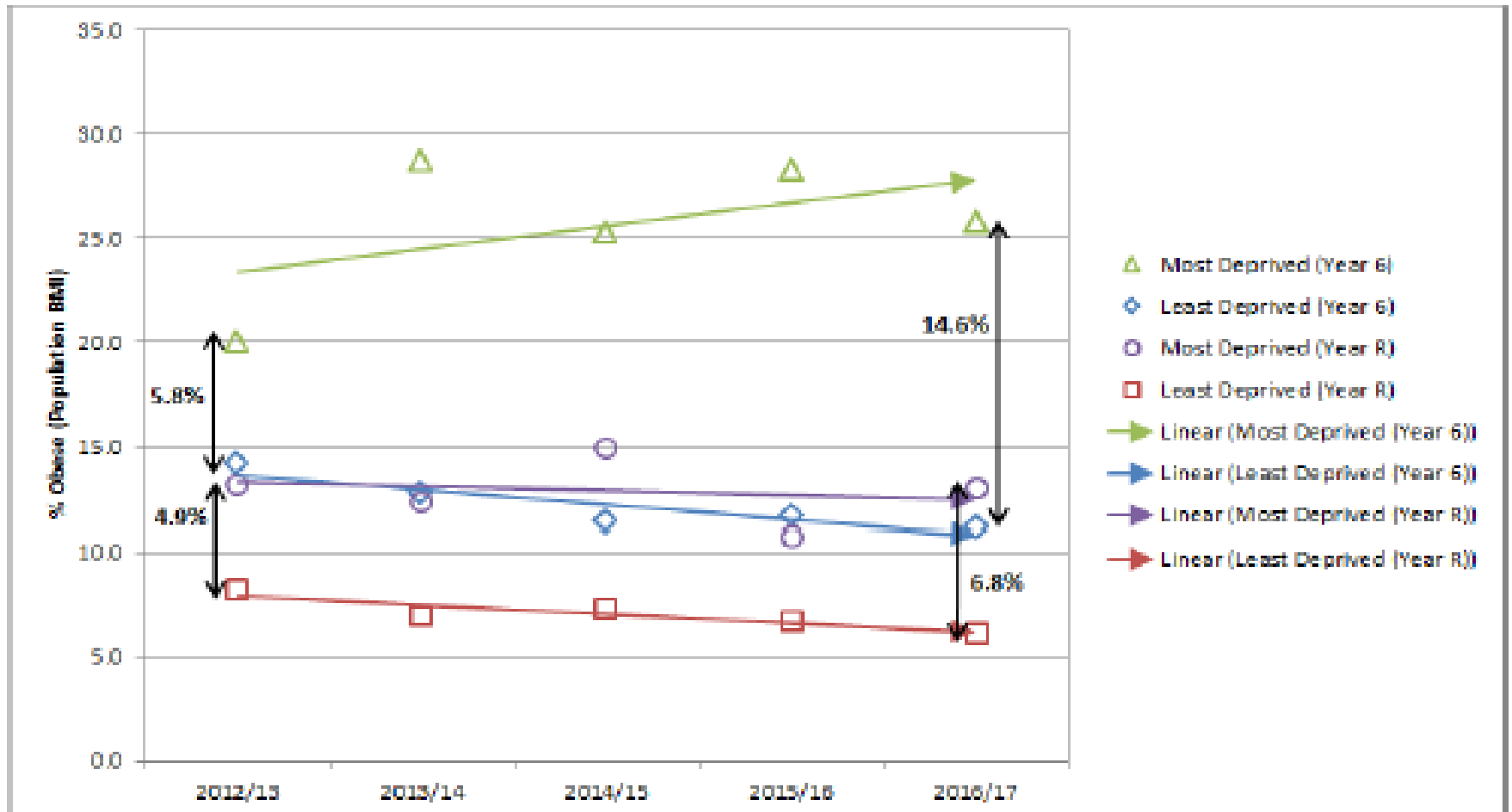
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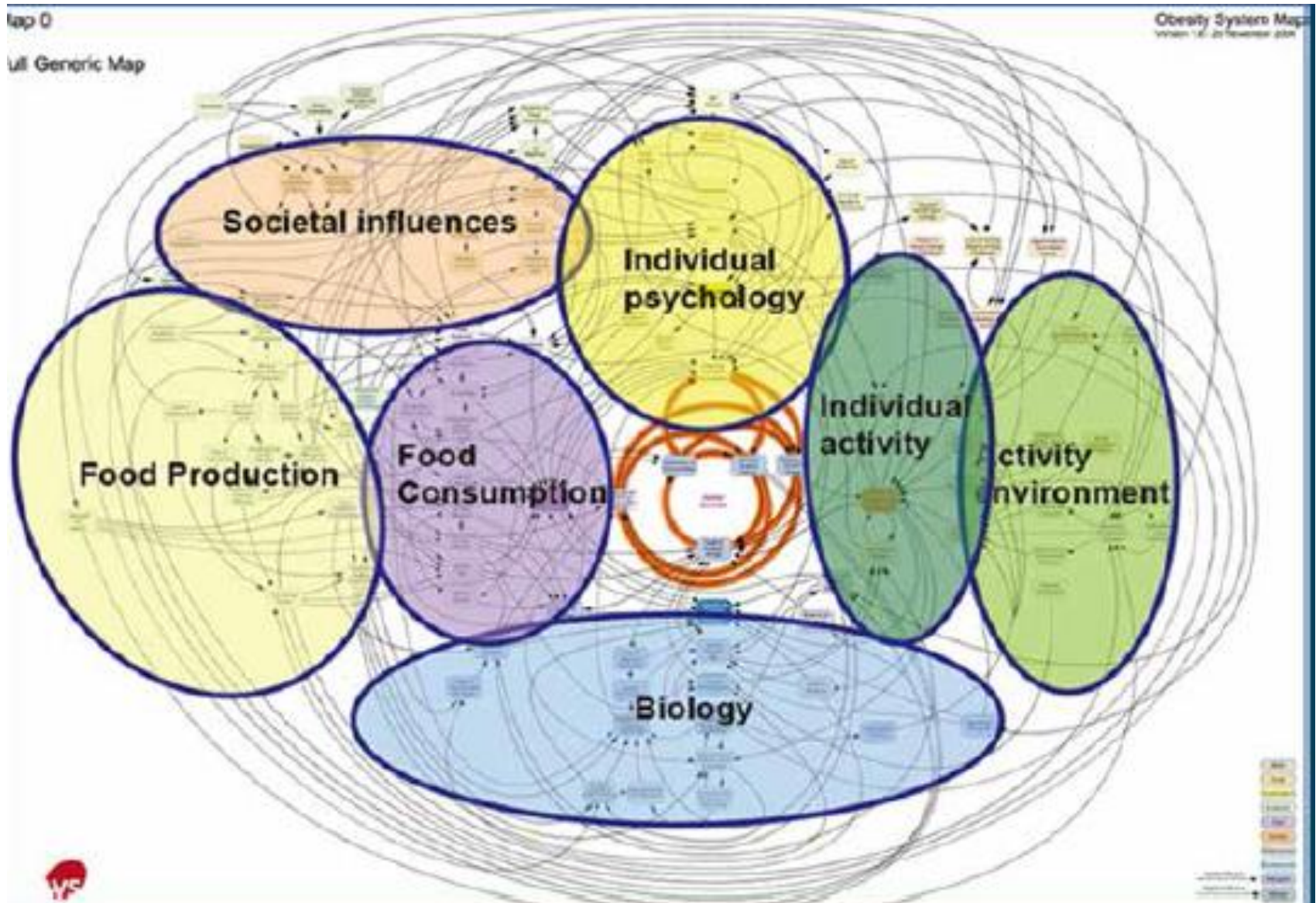
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**The first place in the country to reduce childhood obesity levels?**

# Why do we need a different approach?



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## What works?

- Systems methodologies advocated by World Health Organisation and Public Health England
- **Amsterdam:** from 2012 to 2015 obesity prevalence reduced from 8% to just over 6%
- **Victoria (Australia):** RCT and economic evaluation underway – early signs of a reduction in childhood obesity levels in intervention communities

# How does this differ from what we're doing now?

From...

**Top down control**

**Generalised solutions**

**Individual isolated actions**

**Linear cause and effect**

**Commissioning interventions**



...to

**LA holds ring,  
communities = partners**

**Tailored solutions to  
local contexts**

**Integrated aligned  
action, system as whole**

**Adaptive approach as  
system changes**

**Joining the dots, mobilising  
assets, embedding in policy**



# What have families told us?

*“It’s a struggle! We’ve been struggling for a while... like some months we struggle to put gas & electric on!”*

*“Universal credits- you’ve got to make it last you the month so you simply can’t buy fresh food on that first week to last you 4 weeks!”*

*“You’re having to fill your freezer full of stuff you know you shouldn’t really be eating but you HAVE to go with the cheapest solution so you get a meal every day”*

*“Everyday is just stressful! Kids- they always want something different, literally never want the same thing! Then the kids fighting, physically fighting each other, its constant!”*

*“I have many a break down.... At night time you plan all these things and you get to the following night and you think- I’ve failed, I’ve failed it all!”*

# Key components of the required approach

- **Community engagement and facilitation**

Community 'leaders' engage in  $\geq$  two group sessions to develop systematically identify local causes (local map)

- **Community-led actions**

Whole community session(s) to review the causal map, identify current actions, assets and gaps

Design and implement community-led action to reduce risk-factors

Form community action groups to take ownership of proposed actions

- **Backbone organisation / working group**

Uses a collective impact approach - a local 'backbone' organisation to take responsibility for fostering, supporting and monitoring the community-led actions and tracking and providing feedback to the community

# Translating this opportunity in Gloucestershire

- Developing capacity in systems working and leadership
- Coterminous public sector organisations
- Culture of asset based community development
- Strong working relationships to build from
- Culture of place-based working
- Building a detailed and nuanced understanding of local barriers
- **Many** countywide and local assets to build on / align with
- Opportunity to collaborate as part of World Health Organisation Global Obesity Centre 'Choose Health Community'

## Where can GHWB make a difference?

- Strong leadership: use collective influence to embed action on healthy weight across our business and to engage wider partners in the agenda
- Framing the issue: as a collective responsibility and opportunity
- Long-term commitment: to systems working, adopting an action learning approach
- Resourcing: capacity enable the robust coordination, facilitation, review and reflective action

# Questions for the Board

- Views on the statement of strategic intent including the appetite for the proposed shift towards whole systems working
- Agree delegated leadership to the countywide Prevention and Self-Care Board