

HEALTH AND WELL-BEING BOARD

9 FEBRUARY 2016

IMPACT OF THE OBESITY PLAN

Board Sponsor

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Priorities

(Please click below
then on down arrow)

Older people & long term conditions
Mental health & well-being
Obesity
Alcohol
Other (specify below)

No
No
Yes
No

Groups of particular interest

Children & young people
Communities & groups with poor health outcomes
People with learning disabilities

Yes
Yes
Yes

Safeguarding

Impact on Safeguarding Children
If yes please give details

No

Impact on Safeguarding Adults
If yes please give details

No

Item for Decision, Consideration or Information

Consideration

Recommendation

1. **The Health and Well-being Board is asked to:**
 - a) **Note the delivery against the Obesity Plan;**
 - b) **Recognise the challenge of measuring the impact of the work in the short term;**
 - c) **Support the legacy work on obesity in Board members' own organisations, especially through commissioning.**

d) Consider development of a cross-system social marketing programme to further tackle obesity

Background

2. The Obesity Plan was developed in January 2013 as a result of the Health and Well-being Strategy 2013-2016 which identified Obesity as one of its four priorities. The Joint Strategic Needs Assessment in 2012 found that obesity rates for adults in Worcestershire were higher than the national average and overweight or obese adults make up over 50% of the Worcestershire population. Obesity leads to a range of health problems including diabetes, high blood pressure, stroke, cardiovascular disease and cancer, as a result, the local NHS spends over £80 million treating obesity related ill-health, and a further £60 million treating the consequences of excess weight. However, obesity is not solely a burden on the NHS: the impact on the wider economy is even higher in sickness absence, benefits and lost earnings.

3. Over the past three years the Board has supported an Obesity Action group, which includes relevant partners from organisations across the county including: the Health and Care NHS Trust, CCGs, Sports Partnership Herefordshire and Worcestershire, District Councils, Regulatory Services and University of Worcester. This group oversees the development and implementation of the operational aspects of the Obesity Plan and reports on its progress in tackling obesity to the Health Improvement Group.

4. The causes of obesity are complex and tackling obesity requires long term action across society. As a consequence of the engagement over the last three years, many of the Obesity Plan aims and actions are now embedded in mainstream services across partner organisations. The Obesity Action Group has enabled organisations to share local, regional and national examples of best practices as well as evaluations, experiences and resources to shape and influence initiatives, to tackle obesity and physical inactivity. Legacy work as a result of the Obesity Plan will ensure that this focus on obesity will continue and will help to produce a whole systems approach across the county to tackling obesity and physical inactivity.

Impact of the Obesity Plan

5. The full plan, 3 year progress report and Director of Public Health report are available as background papers.

6. The four aims of the Obesity Plan are:

- Empowering individuals to take responsibility for their own and their families' diet and physical activity habits
- Tackling the obesogenic environment
- Developing a healthy workforce
- Developing robust care pathways

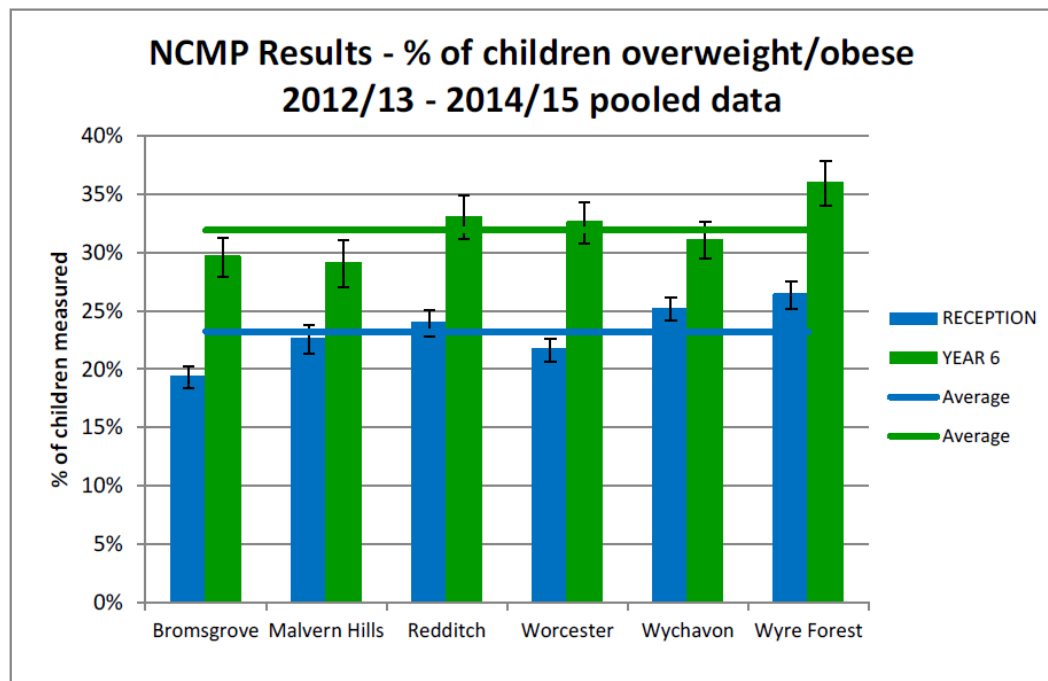
7. Although it is too soon to produce or expect hard evidence of change, the Obesity Plans actions are evidenced based and therefore output activity is such that we can be confident that the actions will reduce obesity over the longer term.

There has been a clear change in attitude about obesity, with system leaders raising the issue and regularly engaging with the obesity agenda and challenge.

8. **Estimates for excess weight in adults** in Worcestershire reported within the Public Health Outcomes Framework (PHOF) have been updated recently to include the results from the Active People Survey (APS) for the 3 year pooled period up to 2014. Questions on self-reported height and weight were added to the APS for the first time from January 2012 to provide data for monitoring excess weight in adults at local authority level. These figures now show the estimated percentage of adults that are obese and overweight to be 66.6% compared to the previous estimate of 65.5% in 2012. However, extreme caution should be exercised with these figures as they are self-reported telephone survey data and use a small sample, and therefore likely to be significant under-estimates. The most robust source of data to monitor trends in adult obesity is the Health Survey for England (HSE) but this does not give any local level information.

9. **Childhood Obesity National Childhood Measurement Programme (NCMP)**
This is robust data with every year six and reception class child in Worcestershire weighed and measured each year.

- The percentage of overweight and obese Reception children (aged 4 -5) have decreased during 2014/2015 to 22.4% bringing them to their lowest levels since measuring began. This has narrowed the gap considerably between Worcestershire and England as a whole, however, Worcestershire still has a higher percentage than England (21.9%).
- In 2014/2015 the percentage of overweight and obese Year 6 children in Worcestershire dropped to 30.7%, which is below the England average of 33.2%. Although this is promising it is too soon to say whether or not there is a sustained downward trend. The figure is in itself of great concern, with nearly 1/3 of our 10-11 year olds overweight or obese.

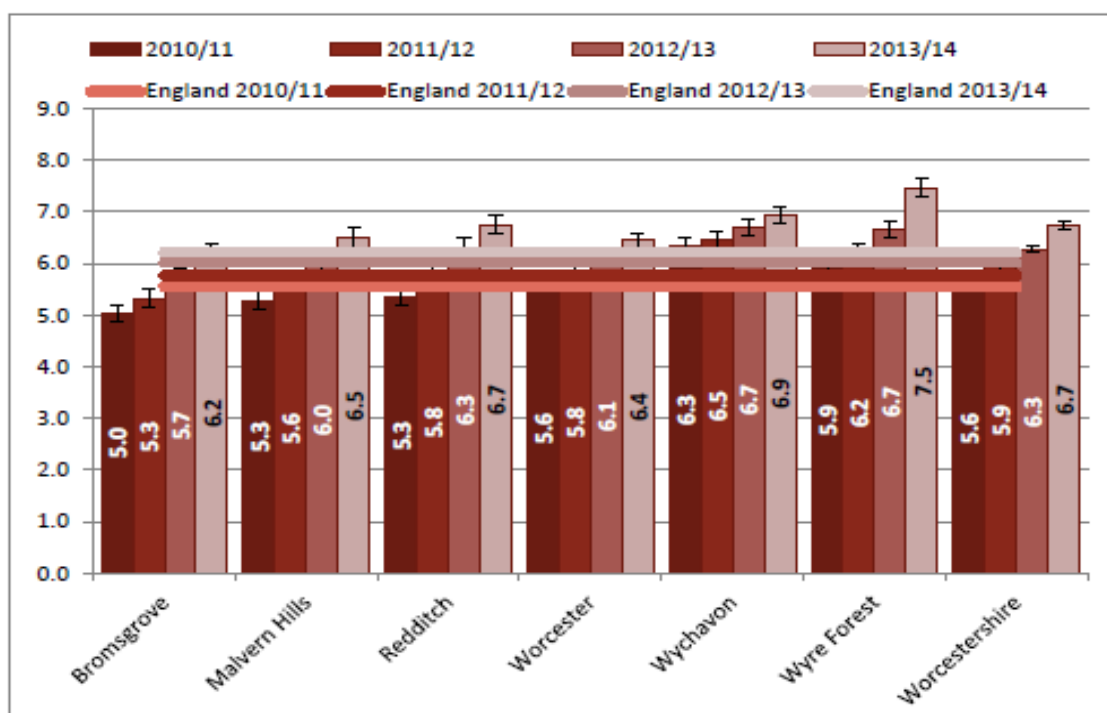


- Variation across the County reported in the Director of Public Health report shows a link between social deprivation and percentage of overweight and obese children, with those living in areas of disadvantage being more likely to be overweight or obese

10. Worcestershire rates for **breastfeeding** have increased over the last three years following the renewed focus by the Obesity Plan. However, breastfeeding initiation is still significantly lower in Worcestershire at only 70.1% compared with the national (74.3%) average. Breastfeeding rate at 6-8 weeks after birth is 45.5% which compares well with the national average of 43.8%, but this suggests more needs to be done to encourage women in the first few weeks after their babies birth

11. The percentage of people recorded as having **diabetes** registered with GP practices in Worcestershire is significantly higher than the National average at 6.7% compared to 6.2%. This reflects better diagnosis rates, which then enable intervention and management. This increase in recorded rates in recent years is notable and reflects the growing awareness of obesity by the CCGs and GPs. Five of the six districts have a significantly higher rate of recorded diabetes in 2013/14 compared to the national average with Bromsgrove as the exception. If CCGs are able to tailor self-management programmes effectively, high diagnoses rates should result in a reduced rate of obesity among this group over time.

Percentage of people aged 17+ recorded as having diabetes registered with GP practices



Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/>, May 2015

Legacy Work: Ongoing actions and outputs

12. In reviewing the impact of the plan we have identified a set of priority ongoing work as follows:

13. As a result of the Obesity Plan aim **to empower individuals to take responsibility for their own and their families' health and physical activity**;

- The campaigns planner by the Public Health team prioritised obesity and physical activity advice and information. As a result the Change for Life campaign has shown an increase to year on year to 3,830 individuals and families in Worcestershire signed up to the national campaign. This successful increase means more of our residents are receiving nationally constructed messages to encourage personal responsibility and behaviour change using education and motivational resources.
- The Health Chats training programme delivers a scaled up training offer to front line staff and to those in training. To date it has trained over 1,720 people to promote healthy lifestyles to their community or workplace. Of these, 1,000 people are community Health Champions.
- An Eating Well on A Budget programme has been developed to empower local people to eat more healthily, this upskills staff in delivering healthy eating messages to the public, including those with a disability. So far over 90 staff and volunteers have been trained across the county from a range of organisations.
- The Sports Partnership Herefordshire and Worcestershire has developed a Couch to 5k running programme to improve physical activity rates, as well as supporting school sport and physical education. So far, 753 runners have attended 28 courses from April – December 2015, of those, 552 people were new to running. A further 25 courses are planned for January to March 2016.

14. As a result of the aim **to tackle the obesogenic environment**, we are focusing on changing the practice of planners.

- A Health Impact Assessment (HIA) Group has been established, with representation from Public Health and planners from all six District Council and Licencing officers.
- We have produced a Technical Research Paper for Worcestershire and subsequent workshops, which outlined the need to re-establish the links between planning and health in order to address health inequalities that exist in the community, helping to provide a consistent and positive planning framework for health and well-being issues.
- The use of a HIA will guide policymakers to consider the positive and negative impact of their proposed policy, on health for the community and groups within that community. The HIA group has identified with District partners a planning application on which to do a pilot HIA. A countywide toolkit has been developed and will be tested in the pilot. There is close cooperation with the county planning officers group.

15. As a result of the aim **to develop a healthy workforce**, the Worcestershire Works Well (WWW) scheme is designed to support businesses to improve the

health and well-being of their employees. Improved employee health and well-being has been shown repeatedly to improve profitability and productivity.

- The scheme was awarded a Royal of Public Health, Health and Well-being Award, in 2015 which recognized its achievement in developing and implementing health promotion and community well-being strategies and initiatives.
- The scheme is currently reaching approximately 10% of the workforce in Worcestershire, through over 75 organisations actively working towards accreditation, reaching approximately 25,000 employees. A strategic board is now in place to continue to increase the number of organisations accredited to the scheme. It is chaired by the Chamber of Commerce with membership from businesses including CH2M and Southco who are both WWW accredited.

16. As a result of the aim to **develop robust care pathways** we have;

- Commissioned a Living Well Service to support adults to make lifestyle changes to improve their health and well-being. The Council has also pledged to work with the Living Well service to enable pregnant women with a BMI of 30 or more, and adults with a learning disability who have a Health Action Plan, to be referred to the service by their GP. A programme to improve referrals to this service from primary care is ongoing.
- Commissioned a Health Checks programme which presents an opportunity to promote healthy lifestyle choices to those at risk of ill-health aged 40-74 years. However, recent evidence has shown lower uptake in men and the younger age group and that lifestyle advice is not being systematically delivered. Most providers are in primary care and we will be working with them in the coming year to strengthen uptake and delivery.
- Strengthened the 0-19 year's obesity pathway which draws together front line health professionals who interact with children at different stages through life, to support a child and their family with healthy eating and physical activity advice and support. The renewed focus on obesity since the pathway's introduction in 2013 has also resulted in an increase year on year in breastfeeding initiation as well as 6 – 8 weeks after birth, which benefits both mother and infant.
- A new integrated prevention service for 0-19s is being commissioned and a reduction in childhood obesity will be a key performance indicator.
- A summary of the interventions that are now in place to support the public across the life course to tackle obesity and physical inactivity is set out overleaf;



Conclusion

17. The three year work programme to tackle obesity has been overseen by the Obesity Action Group, reporting in to the Health Improvement Group. A range of activity has taken place in the Districts and in partner organisations.

18. It is too soon to measure robustly the impact of this activity on obesity rates in the County. However, trends and engagement of colleagues across the system are promising.

19. Key areas for legacy work have been identified. However, it is important to recognise that system leaders should still prioritise tackling obesity through their own organisational priorities, since it continues to be one of the major public health challenges of the 21st century.

20. The Health Improvement Group (HIG) have recognised the achievements of the Obesity Plan and support the continued action and long term commitment required to tackle obesity and physical inactivity. The group reinforced the need to embed tackling obesity into practice across all Council and Stakeholder functions as well as using their influence to achieve change at all levels

21. This summary paper was discussed at the HIG and alongside the actions outlined above, the HIG supports the development of a social marketing platform to drive collective public action throughout the County on weight loss, through campaigns, incentives and challenges as well as recording achievements and suggests this platform requires commitment and leadership at all levels across the County. The HIG asked that the Health and Well-being Board support further cross system work on this proposal.

Legal, Financial and HR Implications

22. None

Privacy Impact Assessment

23. None

Equality and Diversity Implications

24. Equality considerations were made in respect of relevant parts of the Obesity Plan. These did not identify any potential equality considerations requiring further consideration during implementation.

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Director of Adult Services and Health) the following are the background papers relating to the subject matter of this report and will be available on the website:

- The Obesity Plan 2013-2016
- Obesity Progress Report Year Three – Presented to the Health Improvement Group 17 December 2015
- Obesity Progress Report Year Two – Presented to the Health Improvement Group 17 December 2014
- Foresight Report
- Director of Public Health Annual Report