

# Healthy Weight Strategy

Health and Wellbeing Board

Date: 11<sup>th</sup> September 2013

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Author: Acting Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

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## 1. Purpose and Reasons

- 1.1 To inform the Health and Wellbeing Board (HWB) about the Healthy Weight Strategy which has been refreshed and extended to cover the period 2013-2015.
- 1.2 Swindon Borough Council, local NHS partners and other key stakeholders across Swindon have an ambition to reduce child and adult obesity in order to improve health and wellbeing, reduce costs to social services and the NHS, and support a growth in the local economy. This updated strategy is part of the process of working towards this ambition.
- 1.3 Targets on the proportion of children aged 4-5 and 10-11 years who are overweight or obese are part of the national Public Health Outcomes Framework.

## 2. Recommendations

The Board is recommended to:

- 2.1 Recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group that they approve the Healthy Weight Strategy for 2013-2015
- 2.2 Raise awareness of the importance of achieving and maintaining a healthy weight within their individual organisations
- 2.3 Acknowledge the current action plan and activity underway to achieve the aims of the strategy.

## 3. Detail

What is obesity?

- 3.1 Being overweight or obese is caused by an energy imbalance between what we eat and what we do. Healthy eating and physical activity go hand in hand to achieve a healthy weight.
  - 3.2 Weight is often classified using the Body Mass Index (BMI), which calculates the amount of excess body fat in relation to a person's height. For adults, underweight is defined as a BMI of less than 18.5; overweight is defined as a BMI of over 25; and obesity is defined by a BMI over 30. Presently there is debate about the definition of childhood obesity and the best way to measure it in
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England. For public health programmes, such as the National Child measurement programme NCMP and the Health Survey for England, the British 1990 growth reference (UK90) charts are used.

## Background

- 3.3 An obesity strategy was first published in Swindon in 2004 in response to guidance from the NHS (National Service Frameworks for Coronary Heart Disease (2001) and Diabetes (2002), and the NHS Cancer Plan (2000) and a Chief Medical Officers Annual report in 2002. These highlighted obesity as an important risk factor for a number of chronic medical conditions and premature death in adults. The Chief Medical Officers report recommended a co-ordinated and comprehensive response from health and local authority services and across government, together with the co-operation of the food, sports and leisure industries to tackle the problem.
- 3.4 Since the development of an obesity strategy in Swindon and in other areas across England, obesity prevalence has plateaued for children and adults. Obesity rates are still considered to be too high in adults and children and we are aiming to reduce the prevalence in Swindon.

## Healthy Weight Strategy

- 3.5 The Healthy Weight Strategy outlines:
- 3.5.1 the causes of obesity, which is due to an energy imbalance between what we eat and how active we are
  - 3.5.2 the evidence as to whether certain groups are more at risk of becoming overweight
  - 3.5.3 the consequences of obesity: it can increase both the likelihood of some chronic diseases such as type 2 diabetes and premature death. It can also increase risk during pregnancy.
  - 3.5.4 the national and local context both in terms of the prevalence of overweight and obesity and initiatives that are underway to address this.
- 3.6 Data from the National Child Measurement Programme for the 2011/12 school year for Swindon shows:
- 3.6.1 24.0% of 4-5 year olds were overweight or obese, with 9.9% obese
  - 3.6.2 35.9% of 10-11 year olds were overweight or obese, with 19.2% obese
- 3.7 The strategy sets out a vision and rationale for co-ordinated multi- agency action to achieve a healthy weight in Swindon, identifying where integration of other strategies is necessary. An integral part of achieving the vision is delivery of the

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Active Swindon Strategy. Moving forward the focus will be on encouraging people in Swindon to achieve a healthy lifestyle recognising the interaction between what we eat, how active we are, whether we smoke and drink. Services will be co-ordinated to promote and signpost other initiatives to support people more holistically.

3.8 The aim of the strategy is to encourage people in Swindon to reduce obesity and maintain a healthy weight creating:

- an environment that encourages people to live active and healthy lives
- an ethos of taking responsibility for the health of yourself and your family with support when needed
- communities where a healthy lifestyle is seen as desirable and the norm
- an understanding of what works most effectively at an individual, community and population level by including effective evaluation and learning from others.

3.9 There are 4 key objectives:

3.9.1 To deliver a range of evidence based policies and programmes across different settings that reflect the needs of people at different points in the life course to:

- develop a less obesogenic environment
- prevent obesity
- manage obesity

3.9.2 To link to other strategies such as Active Swindon, Children and Young People's Plan, and One Swindon

3.9.3 To tackle the inequalities in health outcomes in relation to obesity by targeting services appropriately

3.9.4 To monitor progress related to targets as part of an on-going action plan to ensure activity and investment is effective and meeting local need.

3.10 The Healthy Weight strategy for Swindon will complement and add to those population interventions developed by the Department of Health such as Change4Life, as well as implementing national initiatives locally where appropriate. As well as targeting different stages of life, activity for Swindon will also:

- be targeted via a range of different settings
- ensure that all levels of need are met via pathways to care
- focus on prevention as well as diagnosis and treatment

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- reflect the whole community including those with physical or learning disabilities
- link to other strategies to ensure working stronger together applies to achieving healthy weight in Swindon

3.11 The strategy will be delivered via partnership working and engaging with local communities. Local initiatives will also be monitored and evaluated for effectiveness.

## Consultation Process

3.12 The consultation process on the draft strategy ran from March to July 2013. Consultation events were held with both stakeholders and members of the public. A draft version was widely circulated for comment, and the Swindon Children's Trust Board, Swindon Youth Forum and Great Western Hospital all considered it at appropriate meetings. The consultation questions were:

- What is important for people to achieve and maintain a healthy weight?
- What should the vision be for Swindon?
- What is currently going on that's not included in the strategy?
- What should we stop doing?
- How can we best link to other strategies and initiatives?
- What activity will have the greatest impact on obesity to achieve a step change?

3.13 Feedback from the consultation process is summarised in the Healthy Weight Strategy - Appendix three.

## **4. Alternative Options**

4.1 Not to support the Healthy Weight Strategy for Swindon

## **5. Implications, Diversity Impact Assessment and Risk Management**

### Financial and Procurement Implications

5.1 There are no direct financial or procurement implications arising from development of the strategy. Planned work as outlined in the action plan is covered by existing budgets or will go through appropriate Swindon Borough Council approval processes. The current public health grant allocation funding which covers both child and adults weight management programmes, NCMP, physical activity programmes, healthy schools and other initiatives as outlined in the strategy is £330,500.

5.2 Any service reviews or service requirements as a result of this strategy will be reviewed and a business case developed accordingly.

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## Legal and Human Rights Implications

- 5.3 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

## All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.4 There are implications for improving health and wellbeing, as a result of implementing the strategy through reduced levels of obesity, increased levels of physical activity, healthy eating and nutritional quality of people's diet.
- 5.5 There are positive implications for sustainability through increased uptake of active modes of travel (linking with the Local Transport Plans).
- 5.6 There should be no significant staffing or other implications arising from this report

## Links to One Swindon, Strategic Objectives, Plans and Policies

- 5.7 This links directly to the One Swindon priorities of 'Everyone is enjoying sports, leisure and cultural opportunities and, 'living independently, protected from harm, leading healthy lives and making a positive contribution.
- 5.8 It also will help deliver the corporate priorities of 'Together, find new ways to reduce vulnerability and improve health for all' and 'Work with people and families to help them fulfil their potential'. The latter is particularly pertinent as obesity can lead to bullying, social isolation and further health problems and supporting people to achieve and maintain a healthy weight can significantly improve quality of life.

## Diversity Impact Assessment

- 5.9 The strategy includes a diversity impact assessment. No adverse or significant issues were found.

## Risk Management

- 5.10 No specific risks have been identified at this stage for this report, however not addressing issues around the potential increase in levels of obesity is likely to have a negative impact on health outcome.

## **6. Consultees**

- 6.1 The Board Director Finance, Revenues, Benefits and Property (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

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## 7. Background Papers

7.1 None

## 8. Appendices

1. Healthy Weight Strategy 2013-2015 (as pdf attachment)
2. Summary of Action Plan