

ONE SWINDON HEALTHY WEIGHT STRATEGY 2013 - 2015

August 2013

Stronger Together
DRAFT

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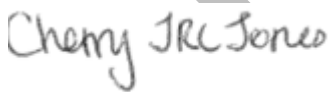
Foreword

Obesity is a national health problem which costs the NHS in Swindon £31million a year, increases costs to social services and has a negative impact on the local economy. It is caused by an energy imbalance between what we eat and what we do. Overweight and obesity affects children and adults; in Swindon one in ten 4-5 year olds and one in five 10-11 year olds are obese. Being overweight or obese can affect people's ability to make the most of their lives. It also increases the risk of illnesses such as stroke, heart disease, type 2 diabetes and dementia.

Learning about healthy eating is important from a young age to enable children to make the healthy choice the first choice when growing up. This strategy includes actions to both prevent people becoming overweight and to support people who need extra help in making healthy food choices and managing their weight. Working with partners who can contribute skills, knowledge and influence is key to achieving our strategy, together with talking to local people about what encourages them or makes it difficult to be a healthy weight. It is a healthy weight rather than an obesity strategy to capture what we are aiming to achieve in Swindon and recognises that weight can be an issue for anyone.


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 Swindon we want to build on the good work to date and the legacy of the Olympics 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 – the strategy is also about reducing inequalities and ensuring people living in particular parts of Swindon are not more likely to become ill than in other areas. Eating well and being physically active go hand in hand so this strategy should be read together with the Active Swindon Strategy which is about getting Swindon moving.

We are committed to making Swindon a great place to live, work and play. Obesity levels in Swindon are not increasing but nor are they going down. We need to work together to make eating healthily and being active a reality for everyone.



Cherry Jones
Acting Director of Public Health
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Swindon Borough Council



Brian Mattock
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1. Executive Summary

The vision

A Swindon where everyone achieves and maintains a healthy weight

The Aim

To encourage people in Swindon to reduce obesity and maintain a healthy weight creating:

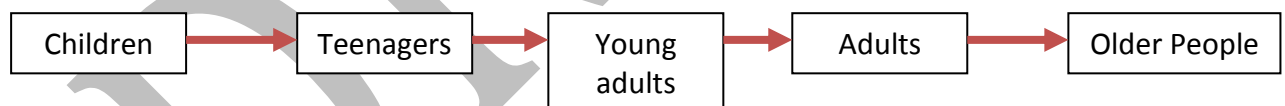
- an environment that encourages people to live active and healthy lives
- an ethos of taking responsibility for the health of yourself and your family with support when needed
- communities where a healthy lifestyle is seen as desirable and the norm
- an understanding of what works most effectively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

Being overweight 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. An integral part of achieving the vision is delivery of the Active Swindon Strategy.

Objectives

There are 4 key objectives:

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



2. To link to other strategies such as Active Swindon, Children and Young People's Plan, and One Swindon
3. To tackle the inequalities in health outcomes in relation to obesity by targeting services appropriately
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

Key targets

- Reducing obesity at age 11 years to the same level or less than the average for England (Source: National Child Measurement Programme (NCMP) data)

- Increasing the number of people physically active to 25% by 2015 (Source: Active Peoples' Survey.)

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2. Introduction

Ensuring local people are encouraged to develop and maintain a healthy weight is a key part of the role of public health. Obesity is a significant problem in today's society and predicted to become worse if nothing is done. It is linked to a range of health problems particularly in later life which reduce life expectancy and reduce quality of life.

This 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. 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.

This healthy weight strategy sets a clear picture of the consequences of obesity and the current known prevalence, establishing it as a major public health issue.

The guiding principles of the strategy are to ensure that:

- Recommended actions are based on reliable up-to-date evidence, national guidelines and targets, and address health inequalities.
- Monitoring and evaluation is an integral part of all work.
- A multi-sectorial approach is used (involving the Local Authority, NHS, other public sector, voluntary sector and private business in partnership) in developing and implementing the action plans.
- The wider community are involved in development and implementation of the strategy, to ensure ownership.
- Local communities are empowered to make positive choices regarding physical activity and healthy eating, and address the barriers to weight loss and maintaining a healthy weight.
- It reflects the One Swindon vision and Corporate Strategy.
- Links to other local strategies, policies and targets which underpin the healthy weight strategy, are recognised e.g. Health and Wellbeing Strategy, Swindon Borough Council's transport strategy, Core Strategy and Development Management Policies.
- Awareness of the risks associated with obesity and the benefits of weight loss are raised, in order to create a culture of change e.g. increased risk of heart disease, stroke and type 2 diabetes.
- Needs are addressed, identifying and acknowledging cultural, religious and gender issues and those individuals at increased risk of obesity e.g. those who have stopped smoking; people in lower socio-economic groups, particularly women.
- Training and education is developed for all staff working in healthy lifestyle services so they provide consistent advice reflecting local and national best practice and are able to signpost across health services.

Much of the focus in terms of developing and maintaining a healthy weight tends to be on tackling obesity. However for around 2% of adults gaining weight is important as they are underweight according to the Health Survey for England. The strategy recognises the importance of underweight as a public health issue but does not address it explicitly. There

are other strategies and care pathways which specifically focus on issues around being underweight.

Defining healthy weight and overweight

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^{1, 2}. 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 (see table 1).

Table 1: Classification of underweight, overweight and obesity in adults

BMI (kg/m ²)	CLASSIFICATION
Less than 18.5	Underweight
18.5 to 24.9	Healthy weight
25 to 29.9	Overweight
30 to 34.9	Obesity I
35 to 39.9	Obesity II
40 or more	Obesity III

BMI does not take into account factors such as size of body frame, proportion of lean body mass, gender and age and is not a direct measure of underweight, overweight or obesity. However it is a fairly reliable indicator of body fatness for most people and is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. Although it does not measure body fat directly it has been shown to correlate well to direct measures of body fat. If there is doubt about a person's health risk, additional assessments such as waist circumference, skinfold thickness, diet and physical activity can be carried out.

Presently there is debate about the definition of childhood obesity and the best way to measure it in England. For clinical practice the Royal College of Paediatrics and Child Health growth charts are recommended, which include BMI, for children aged 2-18 years (2012). For public health programmes, such as the NCMP and the Health Survey for England, the British 1990 growth reference (UK90) charts are used. Assessing the BMI of children is more complicated than for adults because a child's BMI changes as they mature. Growth patterns differ between boys and girls, so both the age and sex of a child needs to be taken into account when estimating BMI. Because the relationship between a child's BMI and the level of fatness changes over time, fixed thresholds such as those used for adults should not be applied to children as they would provide misleading findings. For these reasons a growth reference must be used.

Causes of Obesity

The fundamental cause of obesity is an imbalance between energy intake and expenditure, which is brought about by consuming more calories than are expended in daily life. It has been argued that obesity is a predictable response to an increasing sedentary environment with, in general, a wide availability of food³.

The relationship between energy intake and expenditure may be influenced by genetic, social, cultural, psychological, environmental and economic factors. It is likely that obesity is the result of a combination of factors including³:

- Lifestyles becoming increasingly sedentary. The number of hours spent watching television has increased and a more automated lifestyle (increased use of domestic appliances and the motor car, and more sedentary occupations) has reduced the amount of physical activity incorporated into daily life^{4,5}.
- Alcohol is associated with increased risk of obesity as many people are not aware of the calories in alcoholic drinks and alcohol consumption can be linked to an increase in food intakeⁱ.
- Children in particular are becoming less active with only 32% of boys and 24% of girls aged 2-15 years in England in 2008 meeting the Chief Medical Officer's recommendation of a minimum of 60 minutes of at least moderate intensity physical activity each day⁶. For girls this varied by age from 35% at aged 2 to 12% at aged 14.
- The UK diet has been changing significantly since the 1950s in terms of both the types and amount of food consumed. There is an increased availability of energy dense convenience foods and an increase in food eaten outside the home.
- The high energy density of many convenience foods (a typical fast food meal contains more than one and a half times as many calories as an average traditional British meal) means that people often unconsciously consume more calories than the body needs. Studies show that there is a tendency to overeat on high fat diets, a phenomenon called 'high-fat hyperphagia' or passive over-consumption of fat³. Consuming high sugar foods and drinks has been shown to have a similar effect. Another factor is that portion size is increasing. Evidence from several research studies shows that when faced with larger portions, people eat more³.

There are a number of factors that seem to predispose an individual to obesity and certain groups are known to be more at risk of obesity than others.

- Obesity is more common in some minority ethnic groups and less common in others⁷. Women of black African, black Caribbean and Pakistani origin have marked higher obesity prevalence rates than those in the general population. Chinese women have significantly lower obesity prevalence rates. Men from minority ethnic groups have markedly lower obesity prevalence rates than those in the general population, with the exception of black Caribbean and Irish men where there was a higher incidence. These differences may be the consequence of genetic, cultural or socio-economic factors or more likely, some combination of all three⁸.
- Obesity prevalence is greatest among those of low socio-economic status. The Health Survey for England shows that in 2011, the prevalence of obesity increased with increasing levels of deprivation for both men and women. 22% of men and 19% of women in the least deprived quintile were obese, rising to 25% and 30% respectively in the most deprived quintile. However, the pattern was reversed for the prevalence of overweight, which was highest among both men and women living in the least deprived areas⁹.

- There is little detailed evidence on whether people who are lesbian, gay, bisexual or transgender are more likely to be overweight or obese. However some studies show a higher prevalence of obesity amongst lesbians than heterosexual women¹⁰. Theories as to why this is include the impact of stress, different exercise patterns and childhood sexual abuse although this has not been widely researched.
- There is conflicting evidence connected to diet related to intake in low income groups. Studies in the USA have shown that those who live in low income neighbourhoods have less access to reasonably priced healthy food than in more affluent areas³. This poor diet may lead to obesity. However a low income diet and nutrition survey published in England by the Food Standards Agency in 2007 did not find any direct link between dietary patterns and incomes, food access or cooking skills¹¹.
- There is some national evidence¹² that the prevalence of obesity is increased amongst people who have a disability or limiting long term illness (LLTI), particularly with the four most prevalent disabling conditions in the UK: arthritis, back pain, mental health disorders and learning disabilities. This is thought to be due to reduced mobility, the effects of medication, and difficulties in accessing exercise opportunities. People with a learning disability are more likely to be underweight or obese than the general population¹³, with an increased risk at a younger age and with some types of learning disability such as Downs Syndrome. People who suffer from both obesity and common mental health disorders may also face particular risks to health and well-being, as it is likely that the conditions may perpetuate each other⁴¹.
- Analysis of NCMP data for Swindon showed that the prevalence of obesity was higher in schools located in the most deprived areas compared to those located in the least deprived areas. This is also reflected nationally¹⁴.

Consequences of Obesity

Obesity is an important risk factor for known chronic medical conditions and premature death in adults. In addition to the physical consequences of obesity the psychological and social consequences of obesity are immense.⁴ There is good evidence of an association between childhood obesity, chronic medical conditions and psychological consequences¹⁵ (Table 2).

Table 2: Physical, Psychological and Social Consequences of Obesity^{4,15}

CONSEQUENCES	ADULTS	CHILDREN
PHYSICAL	Non-insulin dependent diabetes mellitus Raised blood cholesterol Coronary heart disease Stroke High blood pressure Osteoarthritis Gall bladder diseases Ovarian cancer, breast cancer and cancer of the colon Infertility Increased anaesthetic risk Respiratory disease and sleep apnoea Pregnancy complications Surgical complications Increase premature mortality Avoidance of physical activity	Type II diabetes mellitus Raised blood cholesterol Adverse changes in left ventricular mass Increased blood pressure Development of asthma and worsening of pre-existing asthma Abnormalities of foot structure Persistence into adulthood and predisposition to the medical problems of adulthood Early puberty onset Avoidance of physical activity
PSYCHOLOGICAL	Depression Guilt, anger, frustration and low self esteem Eating disorders	Low self esteem, and depression Disordered eating, bulimia, negative self image
SOCIAL	Stigma Breakdown in relationships Potential for altered health behaviours Discrimination Isolation Employment difficulties Days lost from work Lack of participation in sport	Poor school performance Bullying Can lead to poor school attendance Lack of participation in sport

Obesity significantly increases the risk of death at any age¹⁶ however the risk of death is influenced by the individual level of physical activity with physically fit obese individuals having lower mortality risks than otherwise unfit obese individuals¹⁷. For young adults the risk of mortality for someone with a BMI of 30 is 50% higher than that of someone with a BMI in the normal range (20-25). For those with a BMI greater than 35 this risk is doubled⁵.

Based on international literature it is estimated that women who are obese are 12.7 times more likely to develop type 2 diabetes and 1.3 times more likely to experience a stroke than

non-obese women. Obese men whilst having the same increased risk for stroke as women, are 5.2 times more likely to develop type 2 diabetes⁴ (Table 3).

Table 3: Estimated increased risk for the obese of developing associated diseases⁴ compared to people of a 'healthy weight'

DISEASE	RELATIVE RISK* FOR WOMEN	RELATIVE RISK FOR MEN
Type 2 diabetes mellitus	12.7	5.2
Hypertension	4.2	2.6
Myocardial infarction	3.2	1.5
Cancer of the colon	2.7	3.0
Angina	1.8	1.8
Gall bladder diseases	1.8	1.8
Ovarian cancer	1.7	-
Osteoarthritis	1.4	1.9
Stroke	1.3	1.3

*relative risk is used to compare risk in 2 different groups of people

In Swindon according to Quality Outcome Framework data 2011/12 recorded by GPs, there are 10302 people with diabetes (4.7% of patients registered) and 29866 people with hypertension (13.5% of patients registered).

In addition to the above risks, obesity increases clinical risks e.g.

- Obesity in pregnancy is associated with an increased risk of a number of serious adverse outcomes, including miscarriage, pre-eclampsia, postpartum haemorrhage, wound infections, stillbirth, maternal and neonatal death⁴¹.
- Obesity increases risks of complications following surgery⁴².

Economic Cost of Obesity

A 2010 report 'the Economic Burden of obesity' by the National Obesity Observatory drew together literature highlighting:

- in 2007 direct costs of obesity to the NHS were £4.2 billion
- obesity accounted for between 0.7% and 2.8% of a country's total healthcare expenditure, rising to 9.1% for overweight and obese
- in 2008 in England the average spending by a Hospital Trust on specialist equipment (e.g. larger beds, chairs, hoists) was £60,000
- obese individuals are estimated to have medical costs 30% higher than normal weight peers.

Further work is required to calculate the costs of obesity to Local Authorities e.g. to social services, the impact on the local economy and educational achievement.

3. Where are we now?

National context

Policy Framework

In 2008 the Department of Health published the national strategy 'Healthy Weight, Healthy Lives' followed by:

- Guidance for local areas⁷
- A toolkit for developing local strategies⁸
- Commissioning weight management services for children and young people⁹

In 2011 the Department of Health published 'Healthy Lives, Healthy People: a call to action on obesity in England' which:

- Focused on a whole population approach to reducing obesity which covers all life stages
- Included plans to measure adults as well as child obesity to encourage a more outcomes based approach

This included two national ambitions:

- 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

It also outlines a role for local government including:

- Promoting active travel
- Ensuring widest possible access to opportunities to be physically active
- Making the most of the potential for the planning system to create a healthier built environment
- Working with local businesses and partners to increase access to healthy and affordable food choices
- Linking activities on healthy weight to initiatives relating to the environment and sustainability
- Making the most of key opportunities to engage with communities and promote behaviour change

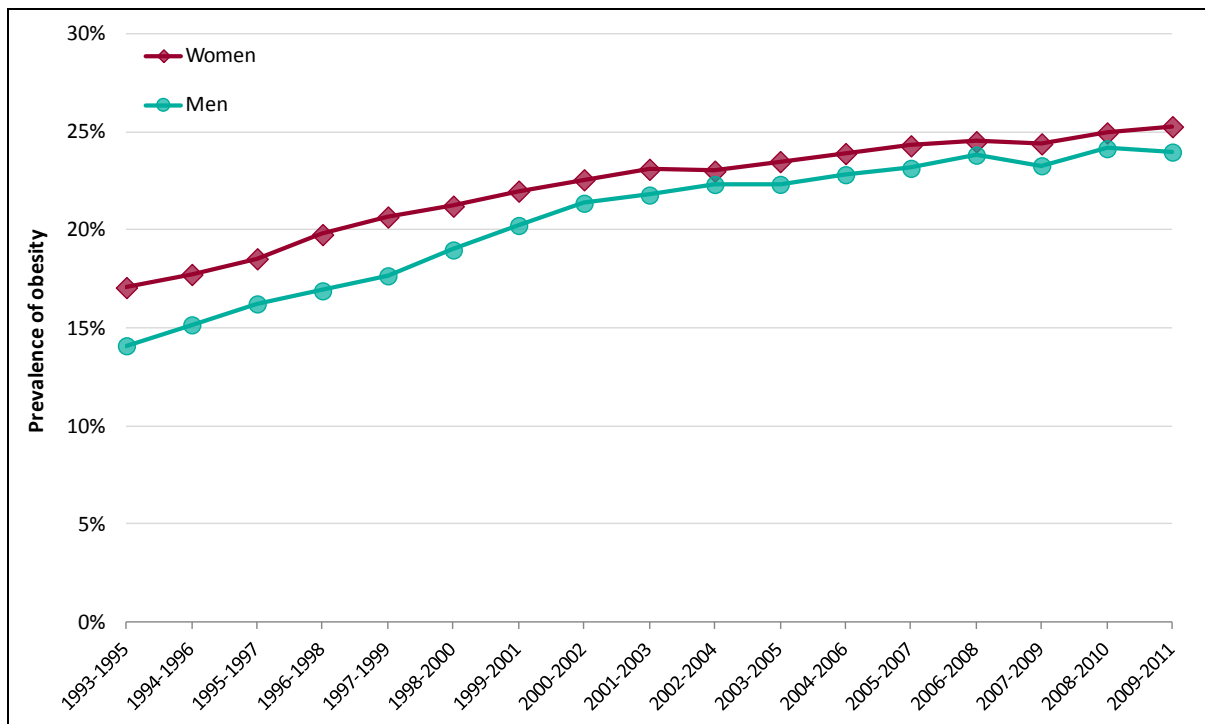
This is underpinned by the role of the Health and Wellbeing boards which have a statutory responsibility to develop and implement a health and wellbeing strategy by bringing together key partners and understanding the needs of the local area. NICE Guidance published in November 2012 included an expectation that Directors of Public Health would secure high level commitment as part of the Health and Wellbeing Strategy to long-term integrated action on obesity.

Prevalence of Obesity

Adult obesity in the UK has more than doubled over the last 25 years; 24% of men and 26% of women were obese in 2011²¹ (most recent figures) whereas 8% of men and 12% of women were obese in 1986/87²². Chart 1 shows the trend since 1993 (however it does not

include the 1986/87 figure as it was a separate survey although done using the same methods). Obesity is also an increasing problem in children. Between 1995 and 2010 the proportion of obese children (aged 2-15 years) increased from 10.9% to 16.6% in boys and from 12.0% to 15.9% in girls. Whilst the proportion of children who are obese has increased notably over the last 15 years, the prevalence of overweight children aged 2 to 15 has remained fairly constant²³.

Chart 1: Prevalence of obesity amongst adults²⁴: (Health Survey for England 1993-2011 BMI $\geq 30\text{kg/m}^2$ (3 year average))



National Interventions

There are a number of Government strategies and programmes that will impact achievement and maintenance of a healthy weight.

- **Change4life²⁵** was launched in 2009 in England and is a Government backed, phased campaign aiming to prevent obesity. The initial phase was a social marketing campaign targeting young families to 'Eat Well, Move More and Live Longer'. It is now extended to include all adults and children and provides a range of resources to encourage healthy living. Evaluation²⁶ of the first year found that families were making changes to their children's diet or activity levels but further work was required to assess whether this led to reductions in obesity. Campaigns in 2012 included promoting quick and healthy meals on a budget and Games4Life building on the interest from the Olympics. Campaigns for 2013 included 'Get Going this Summer' promoting physical activity for adults and children and 'Back to School' to encourage and support parents to make a positive change to their family's routine
- **Every Child Matters (2003)** was an approach to the wellbeing of children and young people from birth to age 19 years²⁷ set out by the Labour Government. The aim was for every child, whatever their background or their circumstances, to have the support they

need to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing. Whilst this was broadly supported by the coalition, there has not been explicit development of the strategy.

- **Healthy Lives, Healthy People: A call to action on obesity** (2011) is the national strategy for improving English public health, in response to future challenges including obesity. It includes:
 - Local government taking new responsibilities for public health (including obesity and nutrition initiatives), supported by Public Health England
 - A stronger focus on outcomes
 - A commitment to reduce health inequalities
- **The Healthy Start Scheme**, which replaced the Welfare Food Scheme²⁸. It allows eligible pregnant women, mothers and young children to get free vitamins and free weekly vouchers to exchange for milk, fresh fruit, vegetables and infant formula. From April 2013, it will be the responsibility of the new commissioning bodies (NHS Commissioning Board, Clinical Commissioning Groups, and where Local Authorities provide child health clinics) to arrange the provision of Healthy Start vitamins.
- **Sure Start** is a government programme to deliver the best start in life for every child focussing on disadvantaged areas²⁹. Information and guidance on breastfeeding and nutrition are offered on the programme which is delivered via the Sure Start Children's Centres.
- The **Healthy Schools Programme** is delivered at local level and supported by a Healthy Schools Toolkit developed by the Department of Health. It was originally a national programme focusing on food and physical activity. Implementation and monitoring is on a 'schools led' basis.
- In 2011 the 4 Chief Medical Officers in the UK launched **new physical activity guidelines**³⁰:
 - *Under-fives*
180 minutes – (three hours) – each day, once a child is able to walk.
 - *Children and young people (5-18 year olds)*
60 minutes and up to several hours every day of moderate to vigorous intensity physical activity.
 - *Adults (19-64 years old) and older people (65+)*
150 minutes – (two and half hours) – each week of moderate to vigorous intensity physical activity (and adults should aim to do some physical activity every day).
- **School meals**- New compulsory nutrient based standards and new food based standards were introduced in September 2008 in primary schools and in September 2009 in secondary schools. Food based standards for 'food other than lunch' (e.g. tuck shops and vending machines) were introduced in September 2007. Together these new standards cover all food and drink sold or served in schools³¹ to ensure that children have a healthy balanced diet. This means there must be high-quality meat, poultry or oily fish, at least 2 portions of fruit and vegetables with every meal and bread, other cereals and potatoes³². Academy schools are exempt from the standards although some do choose to follow them.

- **5ADAY Programme**³³-Current recommendations are that everyone should eat at least 5 portions of a variety fruit and vegetables each day, to reduce the risk of deaths from chronic diseases such as heart disease, stroke, and cancer by up to 20%³⁴. The National School Fruit and Vegetable Scheme is part of the 5ADAY programme to increase fruit and vegetable consumption, offering every child at a fully state funded infant, primary or special school a free piece of fruit or vegetable on every school day.
- The Government has developed a set of **Eight Guidelines for a Healthy Diet**³⁵. It aims to help people to understand and enjoy healthy eating. The guidelines are supported by the Eatwell plate, a pictorial food guide showing the proportion and types of food that are needed to make up a healthy balanced diet.
- **Choosing Better Oral Health:** an oral health plan for England (2005) highlighted that the majority of the English population consumes more sugar than the recommended 60g per day³⁶. There are particular concerns over the high level of the consumption of soft drinks, confectionery and biscuits among pre-school children, adolescents and older people as well as people living in areas of material and social deprivation. Some of the foods we associate with a modern diet such as fruit, fruit teas, wine and soft drinks contain acids that can lead to acid erosion of the teeth. This is defined as loss of tooth substance caused by the direct action of chemicals on the tooth surface. It is particularly vulnerable to erosion by soft drinks including carbonated and fruit based ones, and may affect up to 25% of children with deciduous teeth. General advice is to keep food and drink that contains sugar to no more than four times in a day.
- In 2009 **Delivering Better Oral Health: a toolkit for prevention** set out the evidence base and clear guidance on healthy eating advice, toothbrushing, fluoride and the importance of regularly attending the dentist. A new version is expected in September 2013.
- **The Local Transport Plan**³⁷ is a statutory requirement for every local authority with a responsibility for transport. It must set out the transport objectives that the Council wants to achieve over the next five years, and the types of schemes, which the Council would like to implement. These schemes will include measures to assist walking, cycling and public transport use.

Local context

Overview of Swindon

Swindon is a new and growing town with a higher proportion of the population of working age than in England as a whole. Swindon's population is forecast to rise by about 5% by 2015 and about 15% by 2022 from around 201,000 in 2010 to 232,000 in 2022³⁸.

Broadly speaking, the main shift will be to a more 'middle-aged' and older population. It is estimated that the number of people aged 65+ years will increase by 34.0%, and the number of people aged 85+ by 59% by 2022.

2011 Census data for Swindon shows 84.6% were white British, 6.4% Asian / Asian British and 1.4% Black/African/Caribbean/Black British. In addition, 0.9% consider themselves to be Irish, 0.1% are from traveller communities and 4.2% other white which includes Eastern European.

Implication of population changes for supporting increasing physical activity and eating a healthy diet are important as people's expectations and requirements change as they age. The take up of different activities can also reflect cultural strengths and barriers to participation e.g. swimming has very low uptake by Asian women.

There are extremes of poverty and wealth in the borough, and deprivation can have an impact on reducing participation rates for physical activity or affecting type of diet eaten. Of the 119 Super Output Areas' in the Swindon Unitary Authority area in 2010:

- 18 are among the most deprived 20% nationally overall,
- 1 is within the most deprived 5% nationally
- 28 are among the most deprived 20% nationally for education, skills and training,

Within life expectancy figures there are major variations with those in the lowest quintile for social deprivation in Swindon having a life expectancy of more than 5 years less than those from the highest quintile (75.7 years in Parks compared with 82.6 years in Covingham-Nythe). The Slope Index of Inequality data for 2006-08 shows that life expectancy is 8.8 years lower for men and 5.8 years lower for women in the most deprived areas of Swindon than in the least deprived areas.

Health inequalities in Swindon are focused in a small number of localities. These localities are also poor performers in relation to economic indicators and have poor educational attainment.

The impact of local demographic characteristics and changes will mean that there will be:

- increased demand for services to prevent and treat obesity due to a growing population and an increase in obesity over time in both adults and children
- a need for targeting services to tackle obesity in the most deprived communities, where obesity prevalence is highest in the population and people have less choices to improve their health.
- development of services to meet the needs of communities and groups where obesity prevalence is particularly high such as learning disability groups, certain BME communities and deprived communities.

Prevalence of Obesity

Measuring adult obesity on a population basis is very costly for local areas, therefore it is not carried out at present. Adult obesity prevalence data from synthetic estimates by the Department of Health and Association of Public Health Observatories (with interpretation by the South West Public Health Observatory²⁰) predict that Swindon's prevalence of adult obesity is higher than the England average (27% compared to 24.2%).

One of the Quality Outcome Framework (QOF) indicators for GPs is that each practice can produce a register of patients aged 16 and over with a BMI of greater than or equal to 30 in the previous 15 months: across Swindon in 2011/12 20,389 people were on the register, 9.2% of the total practice population. This underestimates adult obesity as obesity is not systematically measured in GP practices in all patients when they visit as it is not necessarily relevant to their care.

The 2011/12 NCMP results show that in Swindon the prevalence of obesity in 4 to 5 year olds is 9.9% and in 10 to 11 year olds is 19.2%.

Table 4: % of children identified as obese by NCMP³⁹

Year	Reception Year (aged 4-5)		Year 6 (aged 10-11)	
	Swindon	England	Swindon	England
2005/06	11.0%	10.0%	19.1%	17.3%
2006/07	9.8%	9.9%	17.4%	17.5%
2007/08	9.1%	9.6%	19.1%	18.3%
2008/09	9.5%	9.6%	16.5%	18.3%
2009/10	9.4%	9.8%	16.7%	18.7%
2010/11	8.6%	9.4%	17.3%	19.0%
2011/12	9.9%	9.5%	19.2%	19.2%

Chart 2 shows the trend in obesity over time for Reception Year children. The confidence intervals on the columns take account of the fact that the data is from a sample of children each year and because they overlap year on year for Swindon this indicates there is no significant change year to year.

Chart 2: NCMP recorded levels of Child Obesity by year

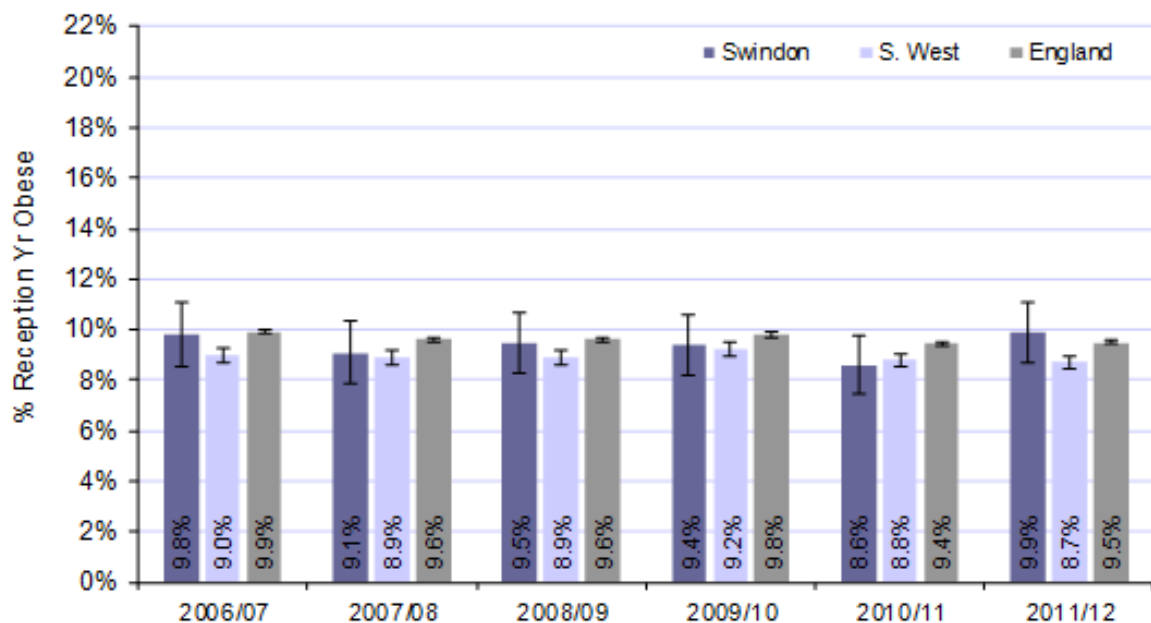
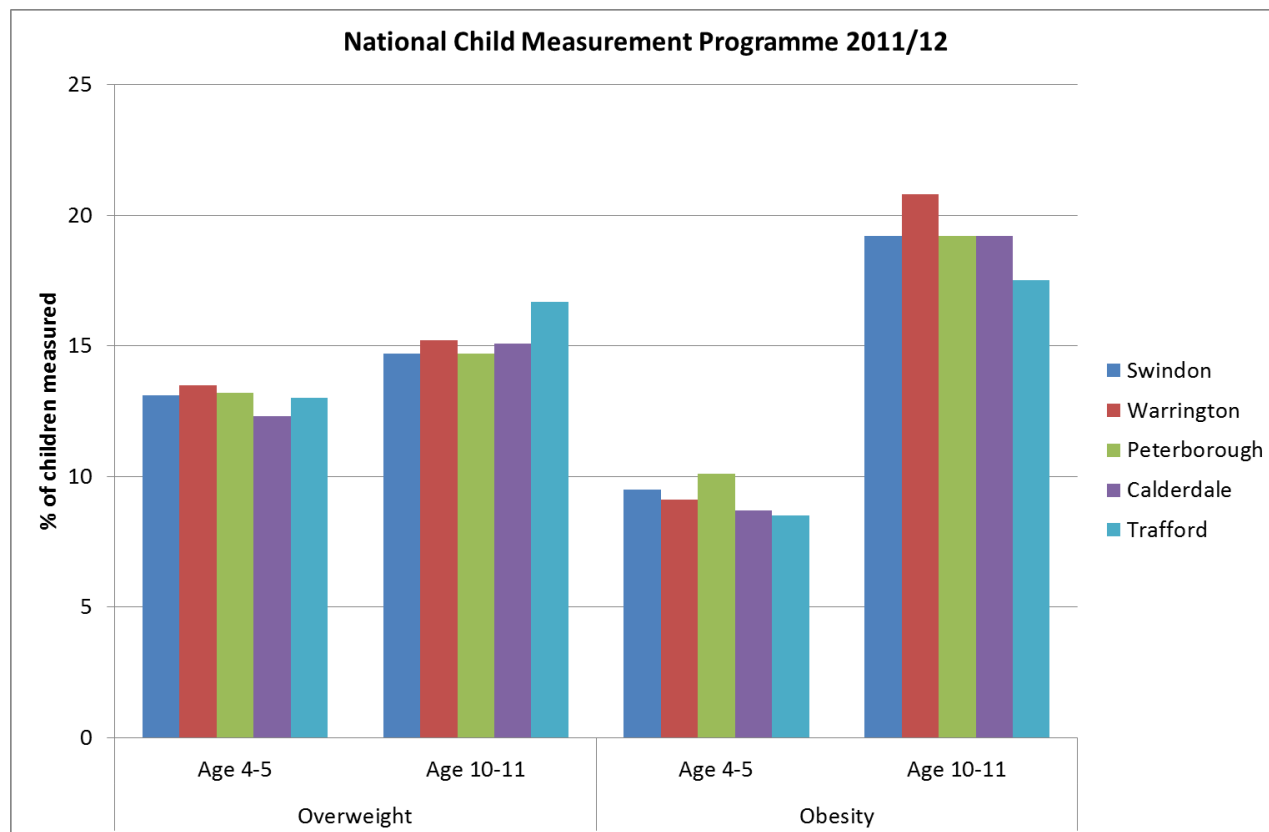


Chart 3 compares Swindon to its nearest neighbours based on a range of social and environmental factors. These are a more accurate comparison than say other areas in the south west which may be socially or demographically very different to Swindon.

Chart 3: NCMP recorded levels of childhood overweight and obesity for Swindon and comparator areas



The national dental survey⁴⁰ measures the proportion of children with teeth which are missing, decayed or filled. For Swindon in 2008/9, 28.1% of 12 year old children had some sort of decay experience (with one or more obviously decayed, missing (due to decay) and/or filled teeth). For 5 year olds (latest survey is 2007/08) this was 30.6%. Both are based on a sample of children.

Local Interventions

In Swindon interventions include both local implementation of national interventions and local activity specific to the needs of the borough. Table 5 highlights the national interventions we are implementing and Table 6 the breadth of local interventions by age groups and setting.

Table 5: Local activity on National Initiatives

	<i>Local activity</i>
Change4Life	Implemented locally
Every Child Matters	Informs both health and local authority strategies
Healthy Lives Healthy People: a call to action on obesity	Informs overall development of Healthy Weight Strategy
Healthy Start / Sure Start	As well as services provided by health visitors, Swindon also has a Healthy Steps programme which focus on early years. The Breastfeeding Initiative is also implemented locally.
Healthy Schools Programme	Implemented locally. Schools can also bid for funding from Public Health to support 'Healthy Weight' projects. 12 schools received funding in 2012/13 and there were 20 applications in 2013/14.
School Meals	Schools are encouraged to follow national criteria i.e. food and nutrient based standards for school meals and 'food other than lunch' standards, through the Swindon Healthy School programme. The national Food for Life Partnership programme is also promoted through the Swindon Healthy Schools programme- (www.foodforlife.org.uk/)
5ADAY Programme	All children aged 4-6 are given a piece of fruit every day.
Choosing Better Oral Health	Work has included the Happy Little Teeth Award scheme for children and nurseries and working with dentists to ensure consistent messages Classroom based lessons are also offered to all key stage 2 and 3 children in every school in Swindon and Wiltshire.
Local Transport Plan	Public health worked with the local planning department to influence and inform the development of the Local Transport Plan

Table 6: Local Interventions by setting

SETTING	Children and Teenagers	Adults and Older People
Early Years	Breastfeeding Initiative Healthy Steps Happy Little Teeth Award scheme for playgroups and nurseries Children's centres programmes Health Visitors work on weaning and healthy lifestyle	
Schools	School Fruit and Vegetable Scheme Healthy Schools Programme School meals and school food - national food and nutrition standards NCMP Food for Life Partnership in schools Sportivate – Sport England Project Active travel to school initiatives	
Community	Child & Family Weight Management Programme Working together with dental health colleagues to ensure consistent messages on public health promotion Dental staff also work with children	Change 4 Life Physical Activity Programmes Dietbusters- adult weight management Ability sports Community Dietitian Clinics Exercise on referral schemes (Steps to Health)

	centres, health visitors and nursery nurses in baby clinics and post natal groups. Swindon Youth Forum – creation of healthy eating DVD	Walking for Health Healthy Eating Basic Cookery Courses Exercise group for COPD Patients Development of an Obesity Pathway for Adults with a Learning Disability
Workplace		Swindon Mindful Employers scheme Great Western Hospital Travel Policy to encourage walking to work
Environment		Active Travel Promotion walking and cycling as part of built environment development in the Swindon Core Strategy Implementation of the Local Sustainable Transport Fund bid
Hospital	Underweight care pathway	Obesity Care Pathway Maternal Obesity Pathway Underweight Care Pathway Intense specialist weight management programme Pre and post bariatric surgery support service Access to bariatric surgery at Bristol, Cornwall, Plymouth, Gloucestershire , Bournemouth & Christchurch or Taunton

4. Where do we want to be?

A Life course approach

Healthy Lives, Healthy People: A Call to Action on obesity in England (2011) advocates a lifecourse approach to tackling obesity. As table 9 illustrates there are different challenges to achieving a healthy weight depending on age and the stage of life people are at. There is also increasing understanding that poor nutrition at an early age can have long term consequences for health including increasing the risk of obesity and chronic disease.

Table 7: Challenges for achieving a healthy weight by lifecourse stage

Children	Teenagers	Young adults	Adults	Older People
Early years support <ul style="list-style-type: none"> - breastfeeding - maternal care - postnatal depression School support <ul style="list-style-type: none"> - preventing obesity - identifying underweight - working with parents 	Concern over image: <ul style="list-style-type: none"> - opportunities for healthy eating - barrier to physical activity - power of peers - power of media 	Maintaining a healthy and active lifestyle: <ul style="list-style-type: none"> - when leaving home - at university - financial constraints 	Role as parents / carers <ul style="list-style-type: none"> Healthy eating Risk of chronic diseases Work-life balance 	Maintaining good nutrition <ul style="list-style-type: none"> Issues around weight loss Encouraging active lifestyle Co-morbidities and long term conditions

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
- 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

Priorities for Action

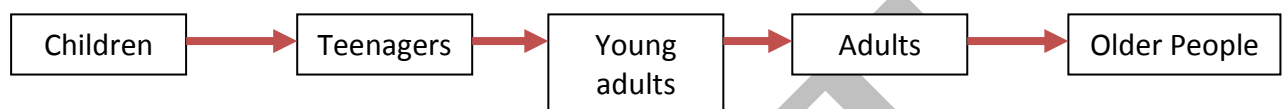
The Health and Wellbeing strategy for Swindon has 5 outcomes:

- Every child and young person in Swindon has a healthy start in life
- Adults and older people in Swindon are living healthier and more independent lives
- Improved health outcomes for disadvantaged and vulnerable communities
- Improved mental health, wellbeing and resilience for all
- Creation of sustainable environments in which communities can flourish

These address some of the key points across the life course and also prioritise addressing health inequalities. The objectives to address healthy weight in Swindon link and contribute to these outcomes.

Healthy Weight Objectives for 2013-2015 are:

- 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



- To link to other strategies such as Active Swindon, Children and Young People's Plan and One Swindon
- To tackle the inequalities in health outcomes in relation to obesity by targeting services appropriately
- 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

The Healthy Weight Strategy is closely linked to the Active Swindon Strategy which has the following aims:

- increase the physical activity levels in adults and young people
- create an environment that promotes physical activity as part of everyday life
- empower people to be more physically active
- increase the capacity to deliver physical activity and sport

National Targets

Within the Public Health Outcomes Framework (2012) there are 2 indicators explicitly related to overweight and obesity:

- Excess weight in 4-5 year olds
- Excess weight in 10-11 year olds

These are based on NCMP data and show Swindon as similar to the England average for 4-5 year olds (22.8% compared to 22.6%), and significantly lower than the England average for 10-11 year olds (31.2% compared to 33.4%). These will be measured annually.

There is also a measure in improving wider determinants of health on utilisation of outdoor space for exercise / health reasons. This is measured via the Natural England: Monitor of Engagement with the Natural Environment (MENE) survey which asks people whether they have taken a visit to the natural environment for health or exercise over the previous seven days.

Local Targets

- Reducing obesity at age 11 years to the same level or less than the average for England (Source: NCMP data)
- Increasing the number of people physically active to 25% by 2015 (Source: Active Peoples' Survey)

The healthy weight strategy will also contribute to targets resulting from the Health & Wellbeing Strategy.

The strategy will be implemented through the healthy weight action plan. This outlines a framework for action that demonstrates a range of preventive and management interventions for obesity across a range of settings (community, workplaces, early years settings, local authority, and health), based upon evidence for effective interventions presented in the above strategy.

5. How will we get there?

Working in Partnership

Tackling obesity and promoting healthy weight depends on action to address many different areas as health depends on physical, social and environmental factors. Therefore the obesity strategy will link to the range of local strategic documents which all contribute to preventing and reducing obesity and promoting healthy lifestyles:

- Active Swindon Strategy and Implementation Plan
- Swindon breastfeeding strategy and implementation plan
- Children and Young People's Plan
- Swindon Core Strategy
- Local Transport Plan
- Green Infrastructure Strategy
- Parks and Open Spaces Strategy
- Local NHS strategies on Cancer, Coronary Heart Disease, Diabetes
- Play Strategy
- Safer and Smarter Journeys to School Strategy
- Swindon Borough Councils Initiatives on Building Community Capacity and Corporate Responsibility
- Development Management Policies

Promoting healthy weight will also be a key part of workplace health initiatives and healthy lifestyle courses.

Engaging with Communities

In order to tackle obesity effectively, we need to engage with our local communities in all areas related to Healthy Weight, including developing strategies, commissioning and service provision, particularly those at higher risk of obesity. There are a number of opportunities for engagement. These include at local events and festivals, using local volunteers and champions from health programmes (e.g. walk to health volunteers and Health Ambassador Health champions) and local networks.

Monitoring and Evaluation

Evaluation is vital for understanding what works and why, and also for ensuring that funding is spent in the most cost-effective way. Evaluating interventions to tackle obesity can be

challenging as short term success is not always sustained long term and following up people over time is difficult. Any commissioned initiatives are required to include evaluation as part of delivery.

A separate action plan is available which outlines service development, programmes and actions that need to be developed to meet local obesity related targets. The action plan is separate as it is a working document- available from Fiona Dickens, Public Health Programme Manager at Swindon Borough Council (Contact details: fdickens@swindon.gov.uk 01793 444680)

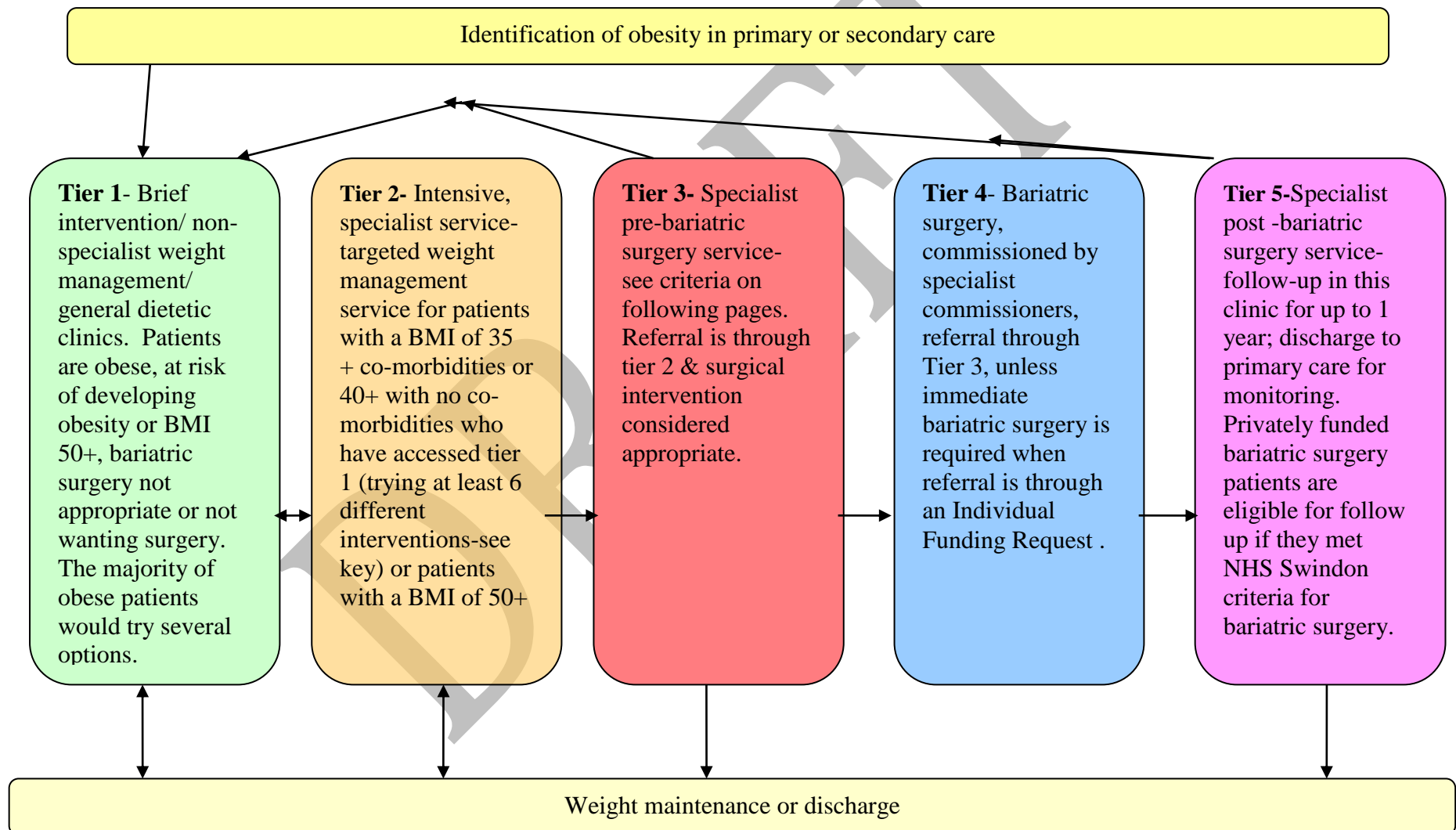
Communication

Communication is important in a number of ways:

- To provide consistent messages to local people about what is important for achieving and maintaining a healthy weight
- To link lifestyle services so people are aware of what is available in Swindon to keep active, stop smoking, improve their mental health as well as specifically about weight management
- To celebrate success.

The action plan will include a communications strategy which incorporates these aspects.

Appendix 1: Adult Healthy Weight Care pathway- Managing adult obesity in primary and secondary care in NHS Swindon (adults aged over 18 years): April 2012



Appendix 2: Progress against Healthy Weight Strategy 2009-2011

Objective	Milestones	Progress
<i>To establish a baseline of obesity levels in children and monitor progress related to targets</i>	Information routinely uploaded to NCMP and quarterly performance reports produced.	<i>All met</i>
<i>To deliver evidenced based programmes in a range of settings to prevent obesity with a focus on early years, breastfeeding support, training and embedding prevention in the work of health professionals</i>	Milestones include raising awareness around obesity prevention for professionals and a range of projects and initiatives including delivery via Children's Centres, school based activity, active travel for schools, a breastfeeding action plan, and engagement with Swindon Youth Forum	<ul style="list-style-type: none"> • Breastfeeding- aiming to increase breastfeeding prevalence at 6-8 weeks through full Baby Friendly Initiative accreditation in the Great Western Hospital NHS Foundation Trust and Swindon Community. Great Western Hospital: Stage 2 Assessment, achieved May 2012. Now working towards stage 3 (final stage) - takes up to 1 year. Swindon Community: Stage 1 assessment passed March 2012. Now working towards stage 2 which takes up to one year. • Development and implementation of an early years healthy lifestyle programme, called Healthy Steps, which is being implemented in Children's centres • Implementation of school based programmes, including the: <ul style="list-style-type: none"> • NCMP • Swindon Healthy Schools programme, which has supported programmes to reduce obesity, including implementation of the Food for Life Partnership programme • support with implementation of national school meals standards • support to develop active travel policies and programmes • Swindon Youth Forum- reducing obesity is one of 5 priorities of the forum. A cookery DVD is currently being produced by the forum, to support home cooking of healthy food. The forum has supported work on improving school meals in the last 2 years. • Walking for Health programme- currently 13 free weekly walks in Swindon for

		<p>adults to support an increase in physical activity.</p> <ul style="list-style-type: none"> • Ability sports- a range of activities for adults with physical and learning disabilities • Active travel (promoting and encouraging people to cycle and walk) is promoted and encouraged through the development of the Local Transport Plan (LTP3). • Built environment - promoting and encouraging walking and cycling are key considerations in the Swindon Core Strategy and Supplementary Planning Documents. • Local Sustainable Transport Fund (LSTF) -The LSTF project is focussed on partnering the economic (business) sector to target employees who currently drive to work in the town centre. The target is reducing the need to travel, providing personalised travel planning advice and identified missing infrastructure, associated with walking and cycling. • Raising awareness/ training- Specific training on effective interventions to prevent obesity, including brief intervention, at an individual and group level have been available free to primary care health professionals and other community staff annually for the last 3 years. • Promotion- use of the Change4Life brand and sub-brands to promote local health programmes, linking to national Change4life programme
<i>To deliver evidenced based programmes in a range of settings to manage obesity with a focus on continuing expansion of services</i>	This covers tier 1, 2 and 3 services for obesity treatment plus maternal obesity programmes and exercise referrals. Many of the measures are delivered via contracts with providers.	<ul style="list-style-type: none"> • Tier 1 (community based initiatives): <ul style="list-style-type: none"> ▪ Child and Family weight management group service ▪ Adult weight management group service- including Dietbusters, Weight Watchers and the Friday Fit club (for adults with a mild learning disability). ▪ Avon and Wiltshire Mental Health Partnership NHS Trust offer a free weight management course for people who need extra support in putting lifestyle changes into practice. ▪ Individuals who do not wish to attend a group can be referred to a Dietitian and in some GP practices, the practice nurse or nursing assistant offer weight management advice.

		<ul style="list-style-type: none"> ▪ Exercise on referral programme- for adults who are obese and would like support in developing an appropriate exercise programme. This programme is for patients at any stage of the obesity care pathway • Tier 2 (intensive, specialist weight management service in community and hospital settings) <ul style="list-style-type: none"> ▪ Adult programmes, consisting of a mixture of group and individual support, provided in community and hospital settings. ▪ Maternity obesity clinic-based at the Great Western hospital. • Tier 3 (Specialist pre-bariatric surgery service- assesses a patient's suitability for surgery and manages their expectations of surgery.) • Tier 4 (bariatric surgery) • Tier 5 (specialist post-bariatric surgery service)
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Appendix 3: Consultation Feedback

A draft strategy was developed, followed by an extensive consultation process. This included a stakeholder group, public consultation, Swindon Youth Forum, Children's Trust Board, and distribution of the draft strategy to interested organisations and individuals. Their comments which were gratefully received have informed both the final version of the strategy and the development of annual action plans.

The following provides a summary of the feedback.

27th March Stakeholder Consultation – 8 people

Overarching themes

- Better coordination between action to promote healthy eating and action to promote physical activity – one should be an opportunity for the other but currently much more siloed.
- Need to address healthy lifestyle in a much more holistic way – move towards commissioning lifestyle service
- There needs to be clear consistent messaging across all lifestyle related services – communication strategy
- Could include healthy options in vending machines as one of the criteria for reviewing healthy school status
- should include more on motivation and psychological support – what really makes people change behaviour
- systems approach – recognise role of environment and community as well as individual
- don't commission things that can't be evaluated – need to understand which interventions are making a difference and which are not

Themes from discussion

- Understanding that the primary purpose of some activities is not about losing weight and yet they are missed opportunities for giving broader healthy lifestyle messages e.g. many people do healthy walks for the social benefits and then meet for cake and coffee which could be an opportunity to promote healthy eating.
- Need a much more holistic approach to healthy lifestyle – e.g. healthy choices / eating as part of smoking cessation service and vice versa. E.g. recognition that teenagers often see smoking as a way to manage weight and need support / information to avoid replacing one unhealthy behaviour with another.
- All staff should have basic training in all lifestyle services.
- Scope for reviewing vending machines and including healthy options both in leisure centres and schools.
- Employers should also set an example with vending machine choices – mixture of options but also information about comparisons e.g. mars is more calorific than a kitkat, or a list of 100 calorie snacks. Public sector could lead the way with this. Focus on choice not ban.
- Strategy should focus more clearly on what is working well and what is most effective in terms of intervention – use intelligence to really understand what people like and which interventions make them change their behaviour – recognition evaluation can be a challenge and NCMP data doesn't allow identification of which intervention might be affecting trends.

- Need greater clarity on structure of different levels of intervention and how to access them – how do people know what is available?
- Strategy should include more on motivation and psychological support e.g. LIFT, programmes for 50+ which includes physical activity could expand to look at healthy eating, falls prevention etc. Age well course has run previously.
- Need to look at how vulnerable groups access services (or not) – what are the barriers e.g. attitude of staff in leisure centres – if people try once and fail they don't go back again. Brief intervention training may be useful (evidence of effectiveness?)
- Need to get information outside leisure centres and into the community e.g. children's centres who can target vulnerable people but recognise some people do not access anywhere. Opportunity in terms of role of health ambassadors – extending role to work across healthy lifestyle and providing training rather than signposting.
- Need to focus on perception of normal = healthy
- Promoting ideas of taking responsibility for self and children – can't 'do' things to the community but can facilitate the creation of peer groups to support people in the community
- In tackling obesity – recognise the role of place and community – not just individual. Greater focus on systems and hence the role of planning, environmental health etc. Recognition that the environment may be working against people having a healthy weight – vision needs to capture this wider community aspect.

One thing to make a difference

- Joining up issues – lifestyle approach
- Normalising healthy behaviour e.g. positive marketing – 85% of young people don't drink 'I want to be in that group'. Could apply to messages on smoking, fizzy drinks, healthy eating – would need partners for an ongoing campaign.
- Need all organisations to sign up to vision
- Build HIA into planning decisions – scope to develop Bristol model where public health review planning applications – encourage use of S106s to promote healthy lifestyles
- Opportunities to work with retailers
- Programme of activity needs to be aspirational / normalising a healthy lifestyle by capturing people's imagination and making it exciting. Event to celebrate success / achievements.
- Need to develop a communications strategy – with clear and consistent message.
- Stop commissioning things we can't evaluate – define what the difference is for each intervention commissioned – how effective is what we pay for

16th April: Community Consultation Event attended by ~25 people

Overarching themes

- Complete integration of the role of healthy eating and exercise
- Physical activity is both organised and self-generated – people understand the benefits of walking
- Motivation for a healthy lifestyle is to avoid illness and look good
- Key barriers are time, lack of information and depression or lack of motivation

- For people who are obese being supported / mentored / encouraged and being given good information to inform choices was felt to be most important
- Suggestions for improvements in Swindon covered every type of setting (e.g. home, school, GPs, work, social life) recognising the holistic approach needed
- Priorities included making the consequences of obesity clearer, limiting temptation, and supporting people to make the healthy choice the easy one.

- *What do I do that's healthy?*

Watching portions

Walking, cycling, eating fruit and veg, cutting fat off meat, grilling instead of frying, reducing oil, herbal teas, lots of water

Walking, cycling, swimming, fitness classes, gym

Run, cycle, walk, swim, pilates, eat fruit & veg

2 health walks per week

Zumba, tai chi, barn dances, U3A walk 3-5 miles, always played sport

Painting

Looking after grandchildren

Do not sit in front of television

Eat healthily – no meat (veggie) eats fish

Plain food (no butter etc) – 3 meals

Not smoking

Joined walking group

Learnt to swim

Go walking, cut down portions, eat more vegetables

Lunch clubs, exercise class x3 a week

- *What encourages me to eat well and do exercise?*

Joint problems

Maintaining weight and looking good

Getting around the house

Health risks

Social interaction

Feeling better

Cheaper / free activities

Feeling healthier

Awareness e.g. classes

Eating – stay slim

Cancer – ill health

Brought up with good lifestyle attitudes

Keep mid-age weight down – plus age related health conditions

Mental wellbeing

Seeing positive results from making healthy changes

Clothes fit

Feel fitter which encourages perseverance - difficult as there's lots of temptation

- *What makes it difficult to eat well and do exercise?*

Being on your own not bothering with cooking

Depression

Fear of the unknown

Dark evenings

SAD

Lack of information on food products

Confusing information

Cost e.g. healthy food

Time – fast food, exercise

Finances

Time

Lack of organisation

Lot of salt / sugar in food

Lack of cooking skills, lack of budget skills

Lack of understanding about content in foods

Time, label reading – when you're out for the day it's harder

Healthy food can be cheaper than fast food (most people think healthy=expensive)

- *What would help people who are obese?*

Food diary

Encouragement from other people, friends, family

Education, mentoring

Health awareness

Awareness of portion size

Time of eating

Making it not acceptable

Encouraging people to move more

More awareness – alcohol, sugars etc

More hard hitting information – TV adverts etc. Dangers highlighted re: obesity

Keep food diary – that should open their eyes

Eat breakfast

Encourage restaurants to show / calculate calories per meal / item

How to approach obese people?

Information re: not dieting but lifestyle changes

Changing their diet, walking, exercise, leisure cheaper

More activities available – motivation of others

- *How could things be improved to encourage eating more healthily in Swindon?*

Affordable fruit and veg

Education in schools

Cookery

School cookery lessons

Attracting new mothers

Doctors surgery

Work-based policies e.g. vending machines, rules re: food

Parental guidance – role models

Restaurants – food labelling

More food offers on fruit / veg in supermarkets

More education in schools – compulsory
 Parents should teach children cooking and budgeting
 More meetings to encourage people in Swindon to discuss health issues
 More awareness of what's available
 Spreading the word
 More local advertising
 Less distractions – tv, video and cinema that encourages being sedentary
 Healthier ready meals – but still a long way to go
 More awareness about consequences of not eating healthy
 Health needs to start from a young age – more education around health in schools
 More encouragement to promote a healthy balanced diet
 Parents need to be more involved

- *How can professionals help? What can local people do?*

Professional chefs – more recipes that are healthy – currently use lots of salt and sugar
 Role for doctors, nurses, midwives, health visitors
 Domestic science classes
 Issue more information, more joined up advice
 Nutritionists, dietitians attached to doctors surgeries
 Information / awareness – harder impact as in smoking
 Professionals more accessible – advice / information
 People into communities – health promotions e.g. health ambassadors, information on walks / exercise
 GP's able to give advice and should do so – should be more proactive and not re-active
 Health professionals should set example
 Proper breaks at work – activity @ work place
 More promotion around these meetings
 Continuing to have consultation meetings
 As locals – volunteer to speak to others – talking to others about health – raising awareness
 Recognise professionals can't always be around

- *Priorities: what one thing:*

... do people think is most important for helping people in Swindon achieve a healthy weight
 ... do people think is most important for health and wellbeing in Swindon?

Happiness
 Fear of disability
 Prioritisation, budget management
 Education, education, education – children, young mums, everybody
 Doctor surgeries should refer more and include nutritionist / dietitians and advisors or health ambassadors
 Being able to walk / cycle safely
 Choice e.g. able to eat healthy / information
 Encouraging businesses that promote healthy choices e.g. juice bar
 Awareness of what's available and dangers of being obese
 Everything in moderation
 Alcohol consumption should be reduced
 Keep open spaces – so people can go freely. Green spaces.

Serious messages at school that kids can relay back to parents

Gardening / growing own veg

Remove sweets from near tills

Remove multi-buys

Encourage smaller businesses e.g. green grocers / fishmongers

Need to tackle alcohol issues

Real hard-hitting adverts on TV etc.

More visual aids to produce impact leading to change

Education at younger age

People to listen and change their attitudes and lifestyle

Be more active – get encouragement from a young age and at school

More opportunities to learn how to cook healthy

More opportunities to be active in a safe environment that is cost effective

More leaflets available / posters at doctor's surgeries

More social groups e.g. walks to feel safe

Needs to come from within – people need to take responsibility

- *One Point Summary Per Group*

Portion control important

Education most important – schools / young mums / pensioners

Education – hard hitting adverts / danger of obesity

More promotion at doctor's surgeries

Encouraging businesses who promote healthy choices e.g. juice bar in old town

Youth Participation Consultation April 2013

Overarching themes

- Being healthy is seen as physical activity more than food choices.
- Motivation for being healthy comes from looking good and being more confident
- Barriers are around information, skills and consistent messages and more should be done around education and a whole family focus.

What do you do that's healthy?

Football

Running

Walking

Eat healthily

Yoga

Cricket

Golf

Dancing

Cycling

Performing arts

Ice Skating

Swimming

Gym

What encourages you to eat well and do exercise?

Want to be healthy
 My family, we all eat healthily
 So I don't get overweight and out of breath
 Look like celebrities
 Makes me feel better than eating McDonalds
 Thought of my future
 Makes me feel good
 Local places to do sports
 Makes me feel more confident
 Fun to do exercise with friends, keeps me motivated
 Like looking and feeling good
 Easy to get to sports centres
 Cheap cost of activities
 Self esteem
 Stuff to do in my area

What makes it difficult to eat well and do exercise?

Cost of food, and exercise
 Chocolate
 TV / Xbox / PlayStation
 Healthy food doesn't taste as nice as junk food
 How to make healthy food
 Sticking to a routine
 McDonalds
 Advertising
 Mum cooks food, don't have a choice
 Friends don't bother
 Laziness
 Easier to be unhealthy than healthy

What can local people do to encourage their family and community to be more active and eat a healthy diet?

Start a running club
 Exercise club for people who don't normally exercise
 Cooking lessons for healthy food
 Promote healthy activities more
 Learn from early age about being healthy
 Lessons in schools about dangers of getting fat and un-healthy
 Educate them
 Health festival where you can try nice healthy food and do different sports
 Cooking competition with prizes
 Get kids to show mums and dads how to cook good food
 Healthy shopping booklet with recipes
 Watch the Swindon Youth Forum Healthy eating DVD!!

Swindon Children's Trust Boards feedback

There was praise for the Swindon context.

Name of strategy should be healthy weight strategy not obesity strategy as this is the outcome we are trying to achieve, and was a more positive message than calling it an obesity strategy.

Re. the definition of BMI: 'BMI does not take into account factors such as size of body frame, proportion of lean body mass, gender and age and is not a direct measure of underweight, overweight or obesity. Therefore these need to be considered when interpreting BMI'. Need to explain more about why we use BMI if we say it has limitations e.g. have several of the children who are told they are overweight by the NCMP just got a big frame?

This strategy should focus on obesity, not related areas such as eating disorders and underweight. It should define what is included and what is not, saying that associated issues are not part of this scope and are covered elsewhere in clinical care pathways and/ or strategies.

'What works' to reduce obesity and can we do more of it?

Email feedback

Discussion on the definitions of childhood obesity

Not sure whether you note the increased clinical risk associated with obesity, across all specialties e.g. a woman's choice of childbirth delivery will be impacted by a clinical assessment of the attendant risks (inc. those associated with obesity), assume we have recovery data that show longer timescales associated with weight.

Have you captured a strong enough message about the mental health dimension?

Appendix 4: Diversity Impact Assessment

Swindon Borough Council Diversity Impact Assessment

1 What's it about?

Refer to equality duties

What is the proposal? What outcomes/benefits are you hoping to achieve?

The Healthy Weight Strategy sets out the rationale, vision and objectives for people in Swindon, to improve their health, by identifying effective strategies and interventions to prevent obesity and help people in Swindon to achieve and maintain a healthy weight. It covers the period 2013-15, and incorporates national and local targets to reduce childhood obesity from the current baseline.

The aim 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

The strategy will impact on all of the equality duties.

Who's it for?

The strategy covers and is relevant for all the community as its focus is not only on people who are obese or overweight but also on encouraging everyone to maintain a healthy weight.

How will this proposal meet the equality duties?

1. Eliminate discrimination, harassment and victimisation

National surveys indicate that people who are overweight or obese are often victims of discrimination or bullying. Action to support people to achieve / maintain a healthy weight will help people feel more confident and supported. The range of projects and initiatives commissioned and proposed are targeted in different settings such as at school or in the community, and for different groups of people. There is also tiered support so those with the greatest need get the most intervention. For children some initiatives are about healthy eating and being active rather than weight management to reduce stigma, whilst others provide a safe supportive environment for children and their families to learn about ways to reduce obesity.

2. Advance equality of opportunity

Underpinning the strategy is the opportunity for everyone to maximise the likelihood of achieving a healthy life and reducing the risk of illness. By providing additional support and information for people who may be overweight, this promotes equality of opportunity to health. The strategy also explicitly recognises the increased risk of obesity and subsequent ill-health in different communities such as some BME communities and amongst people with learning disabilities.

3. Foster good relations

As a healthy weight strategy rather than an obesity strategy it is about drawing together communities to achieve their health potential. This is particularly demonstrated via initiatives

such as healthy walks which bring together people to walk, motivate and socialise with each other.

What are the barriers to meeting this potential?

More could be done to meet the understand the cultural needs and barriers for people from different ethnic groups and to reflect religious and cultural diversity: this could be achieved by working with people from different communities to lead groups and support each other and the consultation process for the strategy looked at this.

Perceptions around obesity are also heavily influenced by the media and national initiatives and so the strategy recognises the need for a strong and consistent communications strategy in Swindon.

2 Who's using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

The strategy is evidence based and draws on national and international research about the prevalence of obesity and interventions that are effective. It includes data on national, regional and local trends. Pages 10-11 in the strategy considers how obesity may vary within and between different groups including the BME community, socio-economic status and income, the LGBT communities and people with disabilities. There is no information that obesity varies on the basis of religion. For some disabilities obesity may be both a cause and a consequence; it can also be considered an illness itself requiring medical intervention¹⁰³.

The development of actions plans and service specification will also recognise that there are groups such as those with sensory loss or physical impairment that whilst there is no evidence of increased obesity in these groups, access to services may be more difficult.

Services that are currently commissioned collect data on who is using them and this is regularly reviewed to ensure they are accessible to the whole community. Service specifications include requirements for assessing diversity impacts and equality of access.

One challenge is measuring adult obesity as the only source is by survey and this is known to include biases. Information on obesity in different equality groups is only from cohort studies if available.

How can you involve your customers in developing the proposal?

The development of the strategy included a public consultation. This actively encouraged a broad outreach response including people from different BME communities in Swindon, health ambassadors and people who use those services, people who currently attend health walks, the Swindon Youth Forum and contacts via the link nurse at Carfax Medical Centre. The consultation event was advertised by word of mouth and via social media. Whilst there was not a formal equality analysis of consultation respondents, many groups did contribute.

People who currently use projects to support their weight management are asked to evaluate the service and this is used for future service delivery.

One of the recognised challenges is understanding how effective interventions are at having long-term impact on maintaining a healthy weight as most outcome measures are short term. This is an issue nationally as well as locally.

Who is missing? Do you need to fill any gaps in your data? (pause DIA if necessary)

The strategy development was informed by a detailed literature review and the latest available data. For some protected characteristics there is little evidence that

3 Impact

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2:

a) Does the proposal create an adverse impact which may affect some groups or individuals? Is it clear what this is? How can this be mitigated or justified?

The strategy recognises the importance of a lifecourse approach to supporting people achieve and maintain a healthy weight from early years and the benefits of breastfeeding to older age. It also focusses on specific times in the life course where obesity is an increased risk factor for ill health and /or is a good opportunity for obesity prevention, such as during pregnancy. Exercise on referral and weight management services such as Dietbusters are available to all adults but may be more aimed at those of working age. The introduction of two elder health ambassadors and initiatives on healthy ageing may mitigate this.

Obesity is a sensitive topic and children and adults can feel very stigmatised: a mixture of school wide initiatives such as the Healthy Schools Initiative together with more targeted projects can help this.

There is ongoing work with specific BME communities in Swindon to identify and address barriers to services: an example of this is work around diabetes with the Goan community.

There is little evidence for LGBT communities specifically around obesity but a recognition that they may face additional barriers to services which need to be acknowledged and addressed when services are being commissioned.

Impact on dimensions of equality:

- Longevity – positive impact as proposals should result in an increased number of people having a healthier lifestyle
 - Physical security – neutral impact only as a result of increased health and mobility resulting of reduced levels of obesity
 - Health – positive impact as strategy makes clear case for health impact of being overweight or obese
 - Education – positive impact as many initiatives resulting from strategy include educational approaches of learning about healthy eating and lifestyle choice
 - Standard of living – neutral impact
 - Productive and valued activities - positive impact as being obese can be a barrier to full engagement in activities and community life
 - Individual, family and social life – positive impact as some initiatives resulting from strategy are targeted at families working together to learn about healthy eating and improving their lifestyle
 - Participation, influence and voice – neutral impact
 - Identify, expression and self-respect – positive impact as strategy promotes a tiered approach to intervention, allowing people who are a healthy weight, overweight or obese
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to access an appropriate service to manage their weight and improve confidence and wellbeing.

- Legal security – neutral impact

What can be done to change this impact?

See above

b) Does the proposal create benefit for a particular group? Is it clear what this is? Can you maximise the benefits for other groups?

The Healthy Weight Strategy is applicable for the whole community and outlines a Swindon wide approach. Services are a mixture of universal and targeted provision: Targeted provision includes walking groups for women only, weight management services in known areas of higher deprivation, adjustments in physical activity and weight management programmes to be accessible and appropriate for people with physical activities and physical activity and healthy eating groups for people with learning disabilities.

Does further consultation need to be done? How will assumptions made in this assessment be tested?

Approval of the strategy will be via the Health and Wellbeing Board which is a public meeting. The communications strategy will identify ways for people to be consulted on an on-going basis and informed of progress. There is also a healthy weight implementation team so any suggestions / comments from service users will be discussed and actioned at that group. The assumptions in the strategy will be tested via on-going feedback and input from service users who access commissioned projects. There is an expectation that providers will demonstrate awareness of equality and diversity and that staff delivering services will feel confident to implement inclusive practice and challenge where necessary.

4 So what?

Link to business planning process

What changes have you made in the course of this DIA?

Doing the DIA has widened the protected characteristics considered by the strategy, and encouraged a broader consideration of how the strategy can reflect the different barriers that arising from different needs.

What will you do now and what will be included in future planning?

We will include equality and diversity requirements within our commissioning specifications and require providers to demonstrate how services reach different groups in the community.

The women only walking group is an example of responding to an identified need in the community where some BME communities feel more comfortable in a single sex activity. Over the next year we will also look at service provision for LLTI.

When will this be reviewed?

The 3 year strategy is supported by an action plan which is reviewed annually in March. The next review will be March 2014.

How will success be measured?

Targets have been set as to the success of the strategy as outlined in chapter 4. Where available data will also be gathered on these broken down by protective characteristics.

For the record	
Name of person leading this DIA- Fiona Dickens	Date completed
Names of people involved in consideration of impact- Penny Marno, Nick Stephenson	

Name of manager signing DIA Fiona Dickens	Date signed
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DRAFT

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