

Wiltshire Council

Cabinet

19 July 2016

Subject: Wiltshire Obesity Strategy
Cabinet member: Councillor Jerry Wickham – Cabinet member for Adult Care and Public Health
Key Decision: Yes

Executive Summary

1. Our vision is that by 2020 Wiltshire will be a place where all individuals, families and communities are informed, enabled, motivated and empowered to achieve and maintain a healthy weight. At the heart of the strategy is the need to reduce the human and financial costs of obesity to individuals, families, communities, public services and the wider economy.
2. The strategy recognises that no single solution will halt the rise in obesity and so takes a whole system and sustainable approach. The strategy targets action at key points in the life-course. It identifies the need to address variations in access to services; recognizes the importance of communities in the need for individuals to maintain a healthy weight; and focuses on prevention and early intervention, together with the importance of the social and built environments. The strategy's vision will be achieved by working collaboratively across health services, Council services, schools, workplaces, communities and with individuals to maximise opportunities to be physically active and eat a healthy diet.

Proposal(s)

That Cabinet:

- Notes the information about consultation responses.
- Approves the final Obesity Strategy (Appendix 1) and the draft implementation plan (Appendix 2) for adoption.
- Delegates authority to the Corporate Director for Public Health, Protection Services, Adult Care and Housing in consultation with the Cabinet Member for Public Health, Protection Services, Adult Care and Housing, to finalise the strategy document for publication and to execute the implementation plan.

Reason for Proposal

The draft obesity strategy has already gained approval from the NHS Wiltshire CCG Executive groups, the CCG Clinical Executive, Governing Body and Wiltshire Council's Health Improvement Panel. Approval to go out to public consultation from the Health and Wellbeing Board was also obtained.

The post-consultation finalised strategy and implementation plan requires Cabinet approval for the work to progress.

Maggie Rae
Corporate Director

Wiltshire Council

Cabinet

Date of meeting 19 July 2016

Subject: Obesity Strategy

Cabinet member: Councillor Jerry Wickham – Cabinet member for Adult Care and Public Health

Key Decision: Yes

Purpose of Report

1. The purpose of this report is to inform Cabinet of the results of the consultation and to present the final Obesity Strategy (Appendix 1) for approval and adoption together with the draft implementation plan to deliver the strategy.

Relevance to the Council's Business Plan

2. The obesity strategy contributes to Wiltshire Council's business plan outcomes:
 - a. Outcome 4: Wiltshire has inclusive communities where everyone can achieve their potential.
 - b. Outcome 5: People in Wiltshire have healthy, active, high quality lives.

Main Considerations for the Council

3. The obesity strategy provides direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting weight related health and wellbeing over the next 4 years. Our vision for Wiltshire is that by 2020 Wiltshire will be a place where all individuals, families and communities are informed, enabled, motivated and empowered to achieve or maintain a healthy weight. Reducing the human and financial cost of obesity to individuals, families, communities, public services and the wider economy is at the heart of the strategy, particularly at a time of significant pressure on public spending.

Background

4. The development of the strategy has been informed by an assessment of local needs identified by Wiltshire's Joint Strategic Assessment analysis, together with outcomes from public consultation and professional engagement events. The evidence base for the strategy and the actions includes key government documents, current NICE guidance, and best practice.
5. The consequences of obesity are well documented. People who are overweight and obese have an increased risk of developing a range of chronic diseases that can have a significant impact on health (including increased risk of type 2 diabetes, hypertension and cardiovascular disease, kidney and liver disease and some cancers), lower quality of life and premature mortality. Preventing a 1% prevalence of overweight and obesity could produce savings to NHS Wiltshire of around £1.18 million per year. A 5% reduction in prevalence could lead to a saving of £5.9 million and 10% reduction would lead to £11.8 million.
6. The development of the strategy has been led by Wiltshire Council Public Health in partnership with NHS Wiltshire CCG. A wide range of stakeholders from the voluntary and independent sectors have engaged and been involved in the development of this strategy.

Engagement and Consultation

7. A Wiltshire Obesity Summit was held in July 2015, which brought together a wide range of professionals including education, health providers (including primary care general practitioners and pharmacies) public health and protection, leisure services, library services, military health, fire services, representatives from academia and third sector organisations. The aim being to identify the key priorities for tackling obesity in Wiltshire and which informed the development of the draft strategy.
8. The draft strategy was subjected to a formal three months consultation process between February and April 2016 which resulted in 188 responses from an online survey. A variety of group engagement events were also facilitated. Obesity working groups for professionals working in the obesity field were established and a disabilities and low income service user focus group workshop, facilitated by Wiltshire Swindon users' group network, was undertaken. There was also engagement with service providers and Health Watch. A report of consultation responses is detailed in Appendix 2.
9. An evaluation of the consultation responses indicated that people are supportive of the strategic direction that is proposed and they agreed with Wiltshire Council's and NHS Wiltshire Clinical Commissioning Group's four strategic priorities (refer to paragraph 10 below). A key finding of the consultation was over half of

respondents indicated the top priority should be action to change our environment. The majority of respondents agreed that priority groups should be children, and people living on a low income.

10. Within each of the four strategic priorities, respondents indicated where action should be focused first.
 - a. Priority one: a focus on prevention for everyone of all ages, particularly focusing on services that support healthy choices and targeting support to disadvantaged groups at high risk of obesity in our communities.
 - b. Priority two: a focus on giving children the best start in life, particularly focusing on providing healthy lifestyle initiatives and maximising the number of children starting school with a healthy weight.
 - c. Priority three: a focus on effective self-care, early intervention and treatment for those who are overweight or obese, providing a range of self-care support for individuals to achieve and maintain a healthy weight.
 - d. Priority four: changing the environment we live in to ensure healthy food and activity choices are the easy and preferred choice.
11. The strategy has been reviewed to ensure the consultation feedback and themes are reflected appropriately. Work is identified in the draft implementation plan to address those themes.

Implementation and Delivery

12. The implementation plan identifies the key actions over the first 2 years of the strategy, some of which are already in progress. This plan is designed to evolve during the life of the strategy to reflect changes in need and priority and therefore it will be subject to change as required. See Appendix 3 for the draft implementation plan.

Overview & Scrutiny Engagement

13. The Council's Children's and Health Select Committees established a joint task group to look specifically at the links between child poverty and obesity. This work took place in parallel with the development of the Obesity Strategy and the task group produced a report including recommendations on how the strategy's implementation could be inclusive of young people living in families on low incomes. Members of the task group also attended the Wiltshire Obesity Summit held in July 2015. A copy of the final report of the task group is at Appendix 4.

14. As well as endorsing the report of the Obesity and Child Poverty Task Group, the Health Select Committee considered the draft obesity strategy as a whole in March 2016.
15. Implementation, development and evaluation of the Obesity Strategy and Action Plan will be driven by the multi-disciplinary Obesity Strategy Steering Group. The Obesity Strategy Steering Group will provide reports on progress to the Health and Wellbeing Board, and also report to the Children's Trust Board and the NHS Wiltshire Clinical Commissioning Group's Governing Body.

Safeguarding Implications

16. Safeguarding is a key priority for Wiltshire Council and NHS Wiltshire CCG, in terms of the services that they deliver and commission and this applies equally to the Obesity Strategy and its implementation.
17. Wiltshire Council and NHS Wiltshire CCG and the organisations that they commission have in place safeguarding policies, procedures and workforce development plans to ensure that safeguarding is and continues to be a key priority.

Public Health Implications

18. Public Health is the lead partner in the development and implementation of the Obesity Strategy. The key outcomes of this are to reduce health inequalities and improve healthy life expectancy for the whole population of Wiltshire. The Wiltshire Obesity Strategy is consistent with and supports the aims of the Wiltshire Health and Wellbeing Board's strategy.

Procurement Implications

19. The implementation plan will involve procurement of services during the lifetime of the strategy. The services identified will be procured in association with corporate procurement regulations and in liaison with the corporate procurement teams of Wiltshire Council and NHS Wiltshire CCG.

Equalities Impact of the Proposal

20. An Equality Impact Assessment was undertaken as part of the governance process of the strategy (see Appendix 5) using the NHS Wiltshire CCG template. The strategy aims to ensure services will be delivered with due regard to equalities legislation and that people wishing to maintain a healthy body weight, or with an unhealthy body weight, will have equitable access to services according to need.
21. The strategic objectives and priorities have most relevance to the NHS Wiltshire CCG and Wiltshire Council's equality duties to

promote equality of opportunity and eliminate unlawful discrimination. A negative impact on any of the protected groups as defined by the Equality Act 2010 is unlikely as the strategy is intended to have a positive impact.

Environmental and Climate Change Considerations

22. The economic, social and physical environments are major determinants of population eating and physical activity behaviour patterns. The implementation of priority four (changing the environment we live in) of the Wiltshire Council's and NHS Wiltshire Clinical Commissioning Group strategic aims, will indirectly influence population behaviours to ensure healthy food and activity choices are the easy and preferred choices. This will include increased active travel (walking, cycling) and decreased car use. The strategy will have a synergistic positive impact on environmental and climate change considerations within Wiltshire.

Risk Assessment

23. There is a risk that there may be raised expectations of what the Obesity Strategy will deliver amongst the general public, customers and partner organisations as a result of the strategy development and implementation plan. This will be addressed by:
 - a. The Obesity Strategy Steering Group mitigating risks associated with reputation via regular monitoring and updates on the strategy's progress.
 - b. The strategy providing clarity around engagement with the general public and partner organisations by delivering appropriate messages regarding strategic priorities and progress.
 - c. Ensuring priorities identified from the Obesity Summit and other planned consultations are balanced within the overall resources available to deliver the strategy.
24. Risks associated with **not** approving the strategy and recommended actions include:
 - a. Increased prevalence of child and adult obesity in Wiltshire.
 - b. Increased health and social care costs.
 - c. Reputational damage to Wiltshire Council and NHS Wiltshire CCG, if the strategy is not implemented following public consultation.
 - d. Damage to relationships with partners with whom the strategy has been formed.
25. The risks above will be mitigated by adoption of the strategy and the recommended action plan.

Financial Implications

26. The strategy recognises the current and future financial and social costs of obesity and that reducing its prevalence will lead to significant savings in the longer term.
27. It is assumed that the strategy will be delivered within organisational budgets as part of normal business and service planning arrangements.

Legal Implications

28. Although no direct legal implications have been identified in relation to the proposal, it will be important take into account and consider the required strategic priorities and actions identified within national policies and evidence based NICE guidance.

Options Considered

29. The strategy and implementation plan are included as appendices to this report, therefore no other options are considered.

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Background Papers

The following documents have been relied on in the preparation of this report:

None

Appendices

Appendix 1: Draft Wiltshire obesity strategy post consultation version
Appendix 2: Consultation responses summary
Appendix 3: Draft Implementation Plan
Appendix 4: Final Report of the Obesity and Child Poverty Task Group
Appendix 5: Wiltshire Clinical Commissioning Group Equalities Impact Assessment
Appendix 6: Further Report of the Obesity and Child Poverty Task Group
