

**26 September 2019**

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**Subject: Wiltshire Obesity Strategy 2016-2020: Evaluation and proposal of next steps**

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**Executive Summary**

1. The current Obesity Strategy for Wiltshire (2016-2020) is a joint strategy for Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group (CCG). The strategy aims to ensure everyone in Wiltshire is enabled to achieve and maintain a healthy body weight.
2. An evaluation of the strategy has taken place and the most current data pertaining to the strategy's these targets have been analysed. Halting the rise of excess weight in children has been achieved in that there has been no statistically significant increase in excess weight of children aged 5-6 and 10-11. Levels of excess weight in adults appear to be reducing in comparison to 2015/16. Adulthood obesity has decreased and is now 7% less than the regional and national average. There has been a reduction in the inequalities gap for children aged 10-11.
3. Going beyond the life of the strategy in 2020 it is proposed that a legacy programme of work is developed with a stronger focus and based on what has and has not been achieved by the current strategy. The future direction of obesity prevention and management will focus on the overarching principle of a whole systems approach to obesity<sup>1</sup> engaging with key stakeholders across the system.

**Proposal(s)**

It is recommended that the Board:

- i) Notes the positive outcomes that have been achieved since the strategy was published in 2016 #
- ii) Approves the proposal for a legacy programme to support Wiltshire residents to achieve and maintain a healthy weight.

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<sup>1</sup> <https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>

**Reason for Proposal**

1. The strategy is due to expire in 2020 and requires agreement from the Board on future direction.
2. The strategy governance sits with the Health and Wellbeing Board as representative of the key partners involved in strategy development and delivery.

**Tracy Daszkiewicz**  
**Director of Public Health**  
**Wiltshire Council**

## **Wiltshire Council**

### **Health and Wellbeing Board**

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#### **Purpose of Report**

1. To provide an update to the Health and wellbeing board on the outcomes of the current Wiltshire Obesity Strategy (2016-20) and to seek approval from the Board on the proposal for a legacy programme to support Wiltshire residents to achieve and maintain a healthy weight beyond 2020.

#### **Background**

2. Obesity is the biggest public health crisis facing the country today. In Wiltshire, 57.6% of adults are classified as overweight or obese (with a BMI  $\geq 25$  kg/m<sup>2</sup>), although this is now below the regional and national average, the figure still needs to reduce. There are a range of health risks associated with being above the healthy weight including, hypertension, cardiovascular diseases and some cancers. Amongst children in Wiltshire, 20.7%, of 4-5 year olds and a third, 28.2%, of 11 to 15 year olds are overweight or obese. Although these figures are also below the regional and national average, the percentage of people overweight/obese is increasing across the life course.
3. The Wiltshire Obesity Strategy (2016-2020)<sup>2</sup> is a joint strategy for Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group (CCG). Strategic objectives were produced with the aim to ensure everyone in Wiltshire is enabled to achieve and maintain a healthy body weight.

#### **Strategic priority areas**

4. The 2016-2020 strategy described four priorities which outline the structures and processes required to achieve the strategy targets:
  - Maximise universal preventative initiatives across the life course
  - Giving children the best start in life
  - Promote effective self-care, early intervention and treatment
  - Reversing the 'obesity promoting' environment

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<sup>2</sup> <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/03/Wilts-Obesity-Strategy-2016-2020.pdf>

## Strategic targets

5. Five strategic targets were outlined in the Obesity Strategy.
  - To halt the rise of excess weight in children by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds)
  - To halt the rise of excess weight in adults by 2020 (measure: PHOF 2.12 excess weight in adults)
  - To reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020 (measure: PHOF 2.06i-ii excess weight in 4–5 and 10–11 year olds)
  - To aspire for a decrease of 1% the excess weight of children in each community area by 2020 (measure: PHOF 2.06iii excess weight in 4–5 and 10–11 year olds)
  - To achieve an increase of 10% in uptake of NHS Health Checks for eligible adults aged 40–74 years

## Strategy target outcomes

6. An evaluation of the strategy has taken place. Halting the rise of excess weight in children has been achieved in that there has been no statistically significant increase in excess weight of children aged 5-6 and 10-11. However, there has also not been a significant reduction.
7. Levels of excess weight in adults appear to be reducing in comparison to 2015/16. Adulthood obesity has decreased and is now 7% less than the regional and national average.
8. There has been a reduction in the inequalities gap for children aged 10-11. Furthermore, this appears to be with decreased prevalence in both the least and most deprived areas, rather than a narrowing of the gap due to increased prevalence in the least deprived areas.
9. The inequality gap increased in reception-age children. Increased prevalence occurred in both the least and most deprived area, with a greater increase in the most deprived areas accounting for the increasing inequality gap (rather than decreased prevalence in least deprived areas).
10. Five community areas (Mere, Tidworth, Trowbridge, Wilton, Bradford-on-Avon, Corsham) achieved a decrease of 1% or more in prevalence of excess weight of children aged 5-6 and 10-11. However, of all the community areas for both Reception and Year 6 aged children, only Melksham and Trowbridge community areas saw a statistically significant reduction. It is important to note that many of these community areas have very small populations of interest (e.g. Mere, 20 reception-aged children in 2015/16-2017/18). Therefore, a difference of

very few individuals could cause substantial decrease or increase in reported prevalence of excess weight.

11. An increase of people receiving NHS Health Checks was observed, from 42.43% to 49.7%. However, this (7.3%) did not meet the target of 10% increase.

## **Moving forward**

12. The current Wiltshire Obesity Strategy is due to complete in 2020. This has provided an opportune moment to review what has been achieved, and to carefully consider what should be developed for 2020 onwards to address obesity in Wiltshire.

13. Three approaches should be considered going forward: continuing good practice; addressing gaps in current service; and considered selection of outcome measurements. These include the following key areas of focus:

- Continue the trend in reducing adult obesity by promoting and delivering current health improvement services
- Continue to promote NHS Health Checks to ensure sustained increase in uptake
- Share learning and experience between Community Areas which have achieved reductions in childhood obesity and those which have not
- Targeted support for those with obesity related conditions (primarily type 2 diabetes)
- Focus on children and adolescents to reduce the inequality gap.
- Further work on the obesogenic environment is required as well as promoting effective self-care, early intervention and treatment.

14. The way in which this could be delivered have been discussed through the Obesity Strategy Implementation Group (OSIG). Options discussed include but not limited to:

### **a) Renewal of the current strategy:**

- The current strategy covers an extremely broad area, with outcomes achieved in some areas whilst gaps in service are present in others.
- A renewed strategy could emphasise the continuation of current good practice, whilst highlighting and focussing on the identified gaps
- Whilst this has the benefit of continuing a systems-wide approach to tackling obesity, it could create inflexibility in the obesity programme, and blurs the boundaries between general health improvement programme and specialised

specific approaches to targeting obesity. Furthermore, this would be more resource intensive to create, manage and monitor.

**b) Revising the current strategy's remit and focus:**

- A revised obesity strategy could be focussed much more on the identified gaps and areas not currently meeting intended outcomes (e.g. reducing the obesogenic environment). This would allow a stronger, clearer message to emerge to address key issues, in addition to the general health improvement work which would still be ongoing outside of the strategy remit. Possible additional measures include the Healthy Weight Declaration
- Focussed specific areas of work could also allow for the selection of more meaningful and detailed outcomes and process indicators, rather than broader higher-level end outcomes (e.g. closer scrutiny of targeted interventions addressing inequality gap, rather than the percentage change in obesity level gap between highest and lowest deprivation areas)
- This could be more adaptable to emerging identified trends in obesity levels in specific groups/locations.
- However, there is a risk with not including broader general health improvement programmes, that those areas which are currently achieving positive change may begin to reduce impact due to lack of emphasis within an obesity strategy

**c) Developing of a 'legacy' programme:**

- This option considers not having a new strategy after 2020. However, the overall aims and ongoing needs to address obesity could be highlighted and strengthened as legacy statements. These should then subsequently be considered within all aspects of the wider Council (e.g. planning, children's services etc).
- Whilst this could provide a broader ongoing commitment to addressing obesity, the inflexibility of this system, the lack of specific actions, and possible reduced drive and direction may lead to less impact

16. The OSIG recommend that option 'C' is adopted. This proposes a revised focus on the current strategy with a legacy programme of work but with a narrower and stronger remit, based on what has and has not been achieved by the current strategy. The future direction of obesity prevention and management will focus on the overarching principle of a whole systems approach to obesity<sup>3</sup> engaging with key stakeholders

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<sup>3</sup> <https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>

across the system. The proposed next steps will entail developing a Healthy Weight Legacy Programme where we will implement 4-8 core innovative preventative programmes of work over the next 5 years with the aim of being more impactful. The projects will sit under the current four strategic priorities with 'business as usual' workstreams also continuing. It is proposed that the legacy programme will no longer be jointly owned by Local Authority and the CCG but will take a system-wide ownership approach. Wiltshire Council will lead on the legacy programme, with the CCG and wider stakeholders as partners.

### **Next steps**

17. Pending approval of the overall concept of the strategy legacy, the OSIG will agree on the core programmes of work for the strategy legacy and develop a legacy document and associated action plan to be reviewed annually.
18. This proposed legacy programme builds on the good work already done across the county to tackle obesity and will put prevention, innovation and collaboration at the heart of tackling obesity. This work programme will proactively contribute to the priorities set out in the sustainability transformation plan (STP), Wiltshire Council business plan, NHS 5 year forward plan and the green paper 'Advancing our health: Prevention in the 2020's'<sup>4</sup>.

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<sup>4</sup> <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>