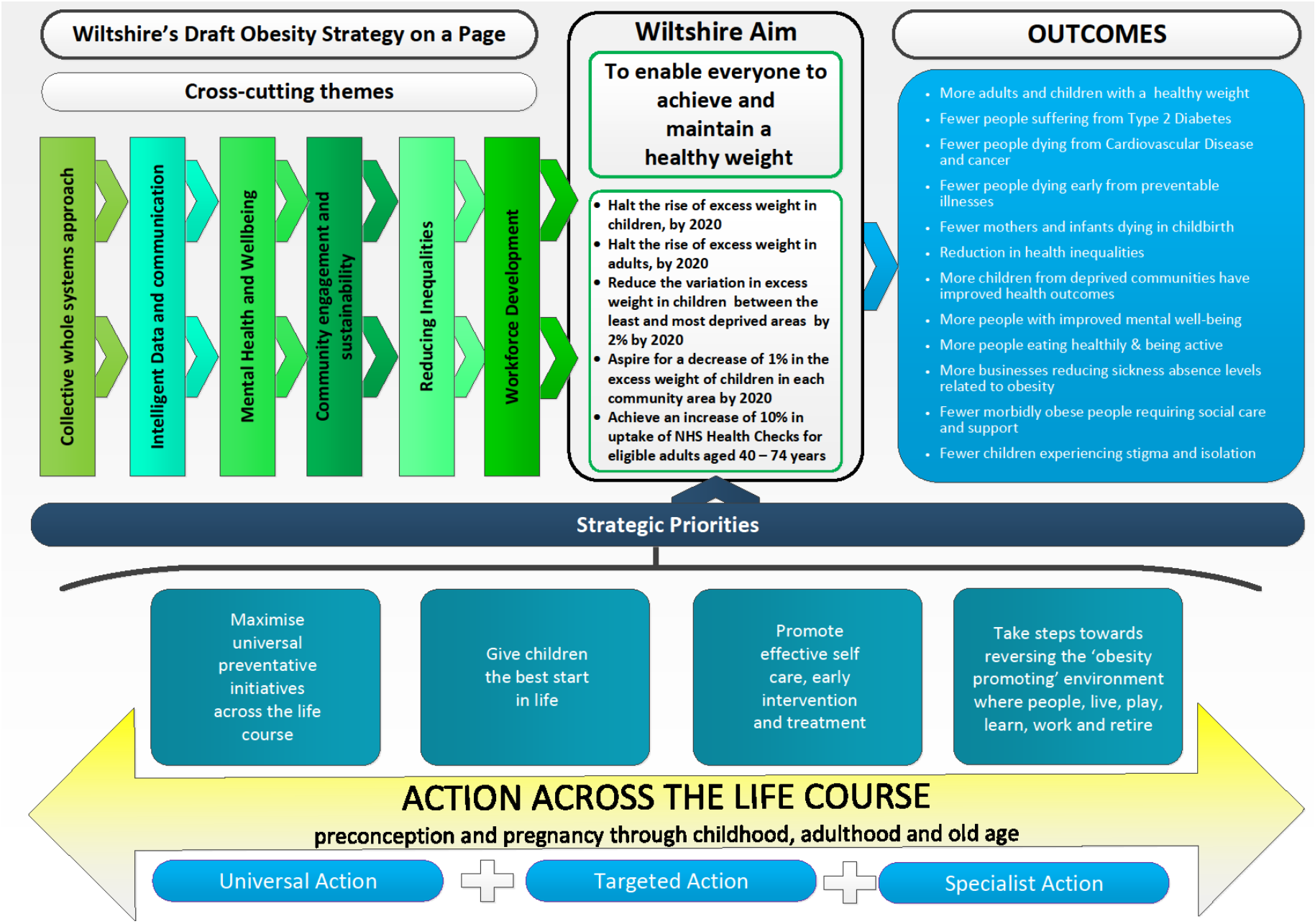
Wiltshire's Obesity Strategy 2016 to 2020

Post Consultation Version

Strategy prepared by:
Julie Craig, Public Health Specialist, Wiltshire Council
Phoebe Kalungi, Public Health Specialist, Wiltshire Council

Document History

Issue No	Date	Status	Reviewed by
Pre-draft	18/06/2015	Notes- priorities	Joint WC/WCCG steering Gp
Version 1.0	05/08/2015	Draft	Joint WC/WCCG steering Gp
Version 1.1	10/08/2015	Draft	CCG - EMT via L. Sturgess, Commissioning manager
Version 1.2	18/09/2015	Draft	J. Goodall, WC PH Consultant S. Maddern, WC HOS Health Improvement
Version 1.3	19/08/2015	Draft	WC Corporate director M. Rae
Version 1.3	28/08/2015	Outline of Draft	CCG clinical exec groups (SARUM, NEW, and WWYKD)
Version 1.3 revised	10/09/2015	Revised draft	Justine Womack, WC PH Consultant Sarah Heathcote, WC HOS Children's Health improvement
Version 1.3 revised	08/10/2015	Revised draft	WC obesity strategy steering Gp members (JG,JW,SM,SH)
Version 1.4	22/10/2015	Revised draft	WC –Corporate directors (M. Rae)
Version 2.0	27/10/2015	Consultation	CCG clinical exec groups (SARUM, NEW, and WWYKD)
Version 2.0	03/11/2015 papers for 10/11/2015 meeting	Consultation	CCG Clinical Executive
Version 2.0	17/11/2015 papers for 24/11/2015 meeting	Consultation	CCG Governing Body
Version 2.0	18/12/2015	Consultation	Wiltshire Health Improvement Panel
Version 2.0	08/01/2016 papers for 28/01/2016 meeting	Approval for public consultation	Wiltshire Health and Wellbeing Board
Consultation version	01/02/2016 to 30/04/2016	Public consultation	All
Post Consultation Version	18/05/2016	Submission for final sign-off	Wiltshire Council Cabinet CCG Governing Body


Wiltshire's Draft Obesity Strategy on a Page
Cross-cutting themes
Collective whole systems approach
Intelligent Data and communication
Mental Health and Wellbeing
Community engagement and sustainability
Reducing Inequalities
Workforce Development
Wiltshire Aim
To enable everyone to achieve and maintain a healthy weight
Halt the rise of excess weight in children, by 2020
Halt the rise of excess weight in adults, by 2020
Reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020
Aspire for a decrease of 1% in the excess weight of children in each community area by 2020
Achieve an increase of 10% in uptake of NHS Health Checks for eligible adults aged 40 – 74 years
OUTCOMES
More adults and children with a healthy weight
Fewer people suffering from Type 2 Diabetes
Fewer people dying from Cardiovascular Disease and cancer
Fewer people dying early from preventable illnesses
Fewer mothers and infants dying in childbirth
Reduction in health inequalities
More children from deprived communities have improved health outcomes
More people with improved mental well-being
More people eating healthily & being active
More businesses reducing sickness absence levels related to obesity
Fewer morbidly obese people requiring social care and support
Fewer children experiencing stigma and isolation
Strategic Priorities
Maximise universal preventative initiatives across the life course
Give children the best start in life
Promote effective self care, early intervention and treatment
Take steps towards reversing the 'obesity promoting' environment where people, live, play, learn, work and retire
ACTION ACROSS THE LIFE COURSE
preconception and pregnancy through childhood, adulthood and old age
Universal Action
Targeted Action
Specialist Action

.

1. Introduction

Wiltshire's obesity strategy sets out the strategic objectives needed to ensure that everyone in Wiltshire is enabled to achieve and maintain a healthy weight (BMI range 18.5-24.9). Achieving a healthy weight for all in Wiltshire could result in up to 230,000 residents living between three and nine years longer and an annual saving to the taxpayer of more than £118 million[1].

The strategy provides a framework for working collaboratively across Wiltshire to achieve a downward trend in the levels of obesity in line with the national ambition. It does not consider those who are underweight, or recommend any actions at a national level.

Maintaining a healthy weight is affected by physical, social, emotional and environmental factors requiring a joined up approach from organisations and communities. It affects the health of people of all ages requiring a 'life-course' approach, which recognises that behaviour changes as people move through different life stages and action needs to address that. In order to slow or halt the increase in obesity, we will target the right action in the following four life stages, working across a range of organisations and places to support and enable people to achieve a healthy weight:

- Preconception to early years (aged 0 -4 years)
- Children and Young people (aged 5-17yrs)
- Adults (aged 18-65yrs)
- Older people (aged 66+yrs)

The need for obesity to be everyone's business was highlighted at an obesity summit consultation event held in July 2015, which brought together a wide range of stakeholders to identify the key priorities for tackling obesity in Wiltshire. This consultation event has informed the strategy and how it will be taken forward. These priorities will be discussed in section six.

The strategy is based on an assessment of needs identified by Wiltshire's Joint Strategic Assessment and reflects the strategic direction already set out in the Wiltshire Health and Wellbeing Strategy. It links to a number of other Council and NHS Wiltshire Clinical Commissioning Group (CCG) strategies, particularly those relating to prevention, diabetes, mental health and wellbeing, child health improvement and child poverty. It is built upon the required strategic priorities and actions identified within national policies and evidence based NICE guidance. It has been developed by the multi-disciplinary Obesity Steering Group which reports to the Wiltshire Health and Wellbeing Board through the Health Improvement Panel.

2. Defining obesity and assessing its impact

2.1 What do we mean by the term healthy weight and obesity?

The term 'healthy weight' is used to describe when an individual's body weight is appropriate for their height and benefits their health. Above the healthy weight range there are increasingly adverse effects on health and wellbeing. Obesity is defined as a significant excess of body fat which occurs gradually over time when energy intake from food and drink is greater than energy used through the body's metabolism and physical activity.

2.2 Measuring healthy weight, overweight and obesity

The recommended measure of overweight and obesity in adults is body mass index (BMI). BMI is calculated by dividing body weight (kilograms) by height (metres) squared. Although it does not directly measure body fat, having a higher than recommended BMI in adulthood is an indicator of health risk (see table 1)[2]. The adult BMI at which health risks would be of concern are lower for Asian adults and higher for older people up to 65 years old.

Table 1: BMI classification for adults

Classification	BMI
Underweight	<18.5
Healthy weight	18.5 – 24.9
Overweight	25 – 29.9
Obese	30 – 39.9
Morbidly obese	>40

Whilst BMI is a recognised measure of healthy or unhealthy weight, an adult's waist circumference is a direct measure of abdominal fat and therefore health risk. Adults with a waist measurement greater than 37 inches for men or 31.5 inches for women are at increased risk of type 2 diabetes. Using a combined BMI and waist circumference identifies an individual's risk of obesity related ill health. With a BMI of 35kg/m^2 or more, risks are assumed to be very high regardless of the waist circumference.

In children BMI is adjusted for a child's age and gender against reference charts to give a BMI percentile (or centile). This compares the child's BMI to other children of the same age and gender. For example, if a boy is 8 years old and his BMI falls at the 60th percentile, that means that 40% of 8-year old boys have a higher BMI and 60% have a lower BMI than that child. Children with a BMI centile in the overweight and obese range are more likely to become overweight or obese adults (see table 2)[2].

Table 2: UK National BMI percentile classification for children

Classification	BMI Centile
Underweight	<2nd centile
Healthy weight	2nd centile – 84.9th centile
Overweight	85th centile – 94.5th centile
Obese	≥95th centile

The thresholds given in Table 2 are those conventionally used for population monitoring and are not the same as those used in a clinical setting (where overweight is defined as a BMI greater than or equal to the 91st but below the 98th centile and obese is defined as a BMI greater than or equal to the 98th centile).

2.3 Causes of obesity

Obesity is the outcome of a complex set of factors acting across many areas of our lives and there is no one single influence that dominates. Factors include societal, psychology, environment, biology (including genetics), food production and consumption and socio-economics.

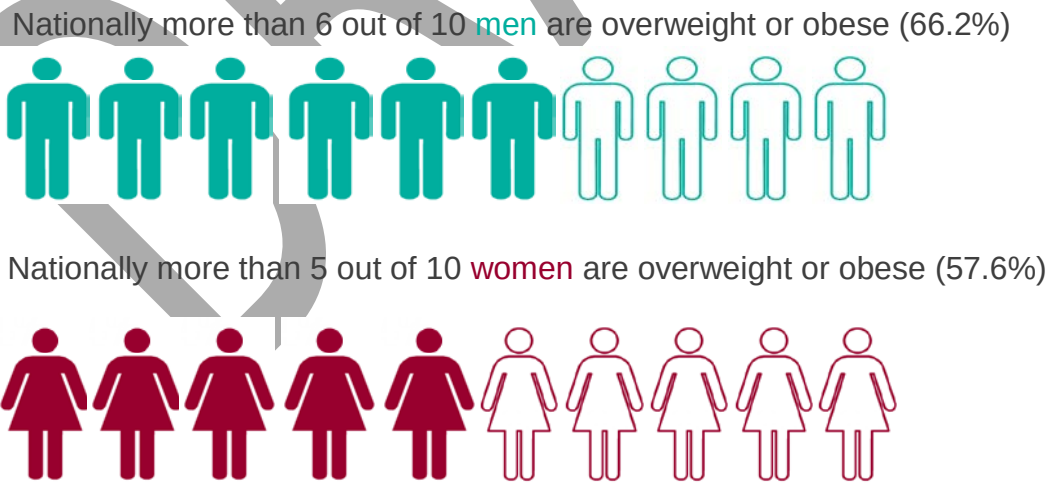
Weight is affected by habits and beliefs, which in turn affect people's behaviour about healthy eating and activity. Culturally 'unhealthy' food and activity behaviours have become the norm in modern Britain meaning that we struggle to identify ourselves as an unhealthy weight or that our obesity has any consequences.

What we choose to eat and drink plays a significant role in causing obesity. The human body is efficient at storing energy from food as fat and has an evolutional desire for high-energy foods[3]. Whilst this helped hunter gatherers to survive during times of famine, in today's modern societies there is an abundance of cheap, energy dense convenience foods and drinks. Economic factors can influence an individual's ability to choose a lower energy diet or access opportunities to be active. There are also links between low mood[4], social isolation and people not feeling in control of the food and activity choices they make[3].

The environment in which people live in has become increasingly 'obesogenic', meaning an environment that promotes gaining weight and discourages weight loss. Environmental factors affecting weight include how local housing estates are designed in terms of whether they encourage and enable people to walk and cycle rather than drive, the accessibility of shops and public services and the availability of good quality leisure and sport opportunities. Recent evidence shows that children living near green spaces are less likely to experience an increase in body mass index (BMI) over time[5].

2.4 Obesity prevalence

Obesity is the biggest public health crisis facing the country today. Nationally 24.2% of adults are classified as obese (with a BMI of 30 kg/m2 or more) and when combined with overweight figures, 63.8% of adults are either overweight or obese[6]. Among children, a quarter (23.4%) of 2 to 10 year olds and a third (35.2%) of 11 to 15 year olds are overweight or obese[6]. It is predicted that, without clear action, these figures will rise to almost nine in ten adults and two-thirds of children by 2050[3].



Locally, Wiltshire reflects the national picture with prevalence of unhealthy weight likely to increase in line with national predictions. Surveillance data on adult weight is not routinely collected and therefore we rely on modelled estimates. These indicate adult obesity prevalence is 25.2% which is higher than the national average and prevalence of excess weight (overweight or obese) is 63.6% which is similar to the national average. This equates to approximately **2 in 3** adults or 248,909 people (based on Wiltshire 2014 mid-year population estimates for adults of 391,365)[10]. The national prevalence for morbid

obesity (BMI 40 or over) in adults is currently 2.4% and is much higher for women (3.1%) than men (1.7%) 11. In Wiltshire this level of morbid obesity equates to 9,393 people.

The annual National Child Measurement Programme (NCMP), which measures the height and weight of children in Reception Year, (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) estimates that **1 in 5** (20.3%) Reception and almost **1 in 3** (29.3%) Year 6 children in Wiltshire that attend Wiltshire primary schools are overweight or obese[8] (2014/2015). This equates to 1007 children in Reception Year and 1272 children in Year 6[8]. The prevalence of excess weight in children in Reception Year in Wiltshire has fluctuated between 20-22% over the last five academic years, whilst nationally prevalence has plateaued at approximately 22%. Prevalence of excess weight in Year 6 children in Wiltshire schools has remained stable since 2011/12 (at approximately 29%) and has been lower than national levels over the same time frame.

Table 3, below, shows the prevalence (including numbers and percentages) of excess weight in children living in Wiltshire and attending a Wiltshire primary school in both Reception Year and Year 6 measured as part of the 2014/15 National Child Measurement Programme, by Wiltshire Community Area.

Table 3: Number and percentage of children with excess weight in Reception Year and Year 6 by Community Area (National Child Measurement Programme 2014/15)

2014/15	Reception Year			Year 6		
Community Area	**Number of children measured**	**Number of children with excess weight**	**Percentage (%) of children with excess weight**	**Number of children measured**	**Number of children with excess weight**	**Percentage (%) of children with excess weight**
Amesbury	436	83	19.0%	299	92	30.8%
Bradford on Avon	170	32	18.8%	152	31	20.4%
Calne	279	60	21.5%	238	66	27.7%
Chippenham	422	83	19.7%	475	129	27.2%
Corsham	188	28	14.9%	195	62	31.8%
Devizes	334	73	21.9%	272	62	22.8%
Malmesbury	222	33	14.9%	194	42	21.6%
Marlborough	155	22	14.2%	161	36	22.4%
Melksham	342	73	21.3%	276	78	28.3%
Mere	40	13	32.5%	30	11	36.7%
Pewsey	150	24	16.0%	147	50	34.0%
Salisbury	438	87	19.9%	347	107	30.8%
Southern Wiltshire	206	38	18.4%	176	41	23.3%
Tidworth	214	50	23.4%	119	33	27.7%
Tisbury	47	6	12.8%	57	17	29.8%
Trowbridge	514	128	24.9%	436	171	39.2%
Warminster	217	47	21.7%	224	77	34.4%
Westbury	233	54	23.2%	225	64	28.4%
Wilton	97	16	16.5%	90	28	31.1%
Royal Wootton Bassett	265	57	21.5%	249	75	30.1%
Wiltshire Total	**4969**	**1007**	**20.3%**	**4362**	**1272**	**29.2%**

2.5 Inequalities in obesity

Obesity is linked to social disadvantage across all age groups and is estimated to be over 8% higher for adults in the most deprived areas of Wiltshire compared to the least deprived and is highest amongst women. These differences in levels of obesity are likely to lead to significant differences in health outcomes and life expectancy. Low socioeconomic groups are two times more likely to become obese, putting them at greater risk of type 2 diabetes, heart disease, cancers, stroke and premature mortality[6].

Among children, aggregated data from the National Child Measurement Programme (2012/13 - 2014/15), found that 24.1% of children resident in the most deprived areas of Wiltshire were of excess weight (equivalent to 742 children), compared to 18.9% of children living in the least deprived areas (equivalent to 527 children). Between 2012/13 - 2014/15, the inequalities gap between the most and least deprived areas for excess weight in Reception Year stood at 5.2%.

In Year 6, aggregated data from the National Child Measurement Programme (2012/13 - 2014/15), highlights 34.3% of children living in the most deprived areas of Wiltshire were of excess weight (equivalent to 899 children), compared to 26.1% of children living in the least deprived areas (equivalent to 702 children). Between 2012/13 - 2014/15, the inequalities gap between the most and least deprived areas for excess weight in Year 6 children stood at 8.2%.

Whilst the prevalence of obesity is increasing in all communities, some sectors of the population are at greater risk of developing obesity and these groups will be priorities for targeted preventative interventions. They include:

- Children
- Individuals from particular Black Minority (BME) groups
- People living on a low income
- Women during and after pregnancy
- Older people
- People with a mental health condition
- People with disabilities

People with disabilities are more likely to be obese and be less physically active than the general population. Obesity rates among adults with a long-term limiting illness or disability (LLTI) are 57% higher than adults without a LLTI [7]. Children aged 2–15 who have a limiting illness are 35% more likely to be obese or overweight[12]. For both adults and children with learning disabilities obesity is a particular issue, it is estimated that 24% of children with learning disabilities are obese.[18]

2.6 Cost of obesity

2.6.1 Human cost:

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. Moderate obesity (BMI 30-35 kg/m2) reduces life expectancy by

an average of three years, whilst people with morbid obesity live on average 8–10 years less than people who are a healthy weight (similar to the effects of life-long smoking).[6]

Maternal obesity increases the risk of a number of pregnancy complications, including pre-eclampsia, gestational diabetes mellitus and caesarean delivery. Excessive weight gain during pregnancy and postpartum retention of pregnancy weight gain are significant risk factors for later obesity in women. Maternal health has a significant impact on foetal development and the health of the child later in life.

The increasing prevalence of obesity in childhood is very likely to translate into greater level of obesity among adults. 80% of children who are obese at age 10–14 will become obese adults, particularly if one of their parents is also obese, this increases the risk of chronic disease. Short term consequences of unhealthy weight in children includes emotional and behaviour problems, bullying and low self-esteem, school absence, bone and joint problems and breathing difficulties.[6]

2.6.2 Economic cost:

Overweight and obesity currently cost the NHS £5 billion per year, which is set to rise to £10 billion by 2050. The annual cost of obesity to the wider UK economy and society is estimated at £27 billion. This includes social care costs of £352 million, obesity medication and reduced productivity from 16 million obesity attributed sickness days. All these costs are predicted to rise. Around 34 000 deaths annually are attributable to obesity, one-third of which occur before retirement age. These account for an annual total of 45 000 lost working years.

The groups most likely to require social care services align with those at considerably higher risk of developing obesity with over half (52 per cent) of the expenditure on people aged 65 and over[16] and care of people with long term conditions accounting for 70 per cent of total health and social care spend. [17]

For 2015 the Foresight report estimated annual costs to NHS Wiltshire of diseases related to overweight and obesity to be £118.3 million, inclusive of £68.8 million due to obesity alone.[1]

Preventing a 1% prevalence of overweight and obesity could produce savings to NHS Wiltshire of around £1.18million per year. A 5% reduction in prevalence could lead to a saving of £5.9million and 10% reduction would lead to £11.8million.

3. Wiltshire's Strategy

This strategy has been developed jointly by Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group (CCG). It is driven by an assessment of the needs of people living in Wiltshire set out in the Joint Strategic Assessment, priorities identified in the Wiltshire Health and Wellbeing Strategy, national policy guidance and evidence of the most effective interventions set out in NICE guidance. [3,2,19,20,21,26] A national childhood obesity strategy is due to be published in the Spring 2016.

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. How we define and measure success is explained in section four- strategic targets and measuring our success.

We will achieve this 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. We will do this by providing information, advice, services and behaviour change support and influencing the quality of the environment in which people live and where necessary provide the most appropriate treatments.

The strategy reflects the fact that no single solution will halt the rise in obesity. To this end, action is needed to ensure a whole system and sustainable approach, which focuses on reducing health inequalities and improving mental health and wellbeing, engaging effectively with communities and the workforce and using data and intelligence well. It is fundamental to note that there are currently a range of interventions being delivered to address healthy weight in Wiltshire. These include a range of initiatives from population based prevention activity, community based interventions, through to specialist weight management and clinical services. A service mapping exercise was undertaken (see Appendix 1 for detail on these services). We recognise that not all current interventions were represented; however, the mapping provides an overview of the coverage and highlights gaps within the obesity agenda. These interventions are a good foundation to build on.

This obesity strategy will support the intention in Wiltshire to have a renewed focus on prevention whilst also providing support to those children and adults who are above the healthy weight range. The Council and CCG will provide strategic leadership and supporting action at a local level. The strategy contributes to the Wiltshire Council's 2013-2017 Business Plan through its priorities to protect those who are most vulnerable, boost the local economy and bring communities together to enable and support them to do more for themselves.[24] The strategy's priorities have been locally determined as a result of Wiltshire's obesity summit in the summer of 2015. The summit represented a wide range of professionals including school nursing and health visiting, public health and protection, environmental health, leisure services, oral health promoters, library services, military health, general practitioners, pharmacies, education, fire services, representatives from academia and third sector organisations. The evidence-base for the strategy and the actions extend from key government documents[20,21,26,28,29] and the most current NICE guidance[2,25,30,31,32].

4. Strategic targets and measuring our progress

Five strategic targets have been set and will be measures of our success. We will contribute to achieving the national ambitions:

- 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).

We have also set the following Wiltshire ambitions:

- 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 2.06i-ii 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.

While Wiltshire has made gains in improved life expectancy over the past 10 years, obesity contributes to premature mortality and the healthy life expectancy gap between different social groups. Achieving these targets will contribute to the following outcomes:

- More adults and children with a healthy weight
- Fewer people dying from cardiovascular disease and cancer
- Fewer mothers and infants dying in childbirth
- Fewer people dying early from preventable illnesses
- More people with improved mental well-being
- More people eating healthily & being active
- Fewer people suffering from Type 2 Diabetes
- More children from deprived communities have improved health outcomes
- Reduction in health inequalities
- Fewer children experiencing stigma and isolation
- Fewer morbidly obese people requiring social care and support
- More businesses reducing sickness absence levels related to obesity

Measuring the success of interventions to prevent or treat obesity can be challenging as many of the benefits may not present for many years to come. However, we will measure our progress against prevalence data and indicators in the national Public Health, Adult Social Care and NHS Outcomes Frameworks. We will also use local outcome measures including indicators on service delivery. We will ensure that all interventions have measurable outcomes, with standardised effective monitoring and evaluation built in to increase the local evidence base.

5. How we will deliver our strategy

Tackling obesity is a complex challenge, the following key priorities have been identified, informed by the evidence base[2,30,31,32] and consultation event, which will achieve improved delivery of services and lives for people living in Wiltshire. The improvement in delivery will be through ensuring targeted action at key points in the life-course, addressing variation in access to services; ensuring communities are engaged in maintaining a healthy weight and ensuring a greater focus on prevention and early intervention.

Our approach will be based on preventing obesity from occurring in the first place, tackling the obesogenic environment and renewing preventative efforts in the early years. Successful delivery of actions against these priorities will enable people to maintain a healthy weight through both self-care and appropriate treatment. A new commitment to take collective responsibility (public, private and voluntary sectors), including at the individual and community level, will be key to our success.

Action will take place at three levels:

<u>Universal: prevention activity for the whole population</u>

Work collaboratively to create positive environments that actively promote and encourage healthy weight. This involves action on the built environment, parks and open spaces, transport including active travel, and promoting access to affordable healthy food; as well as interventions, advice and support that are available to all.

<u>Targeted: prevention activity for those at risk of obesity</u>

Work collaboratively to maintain and develop community-based lifestyle interventions to support individuals, families and communities most at risk of obesity, to intervene earlier and reduce inequalities in obesity. This will include interventions to support behaviour change in individuals to adopt healthier lifestyle choices.

<u>Specialist: weight management support</u>

Work collaboratively to develop interventions to support individuals who are already overweight and obese to achieve and maintain a healthy weight. In addition to conventional lifestyle support, explore need and options for multidisciplinary specialist and clinical treatment for those who are severely obese with additional complex health needs.

A key focus will be on supporting individuals to change behaviour and take responsibility for making better choices for themselves and their families. Specific effort will be made to ensure universal actions are designed with and for the most disadvantaged groups, with targeted support for those who need it. This will enable groups with the highest need to benefit most from the implementation of the strategy.

We will ensure that positive mental health and wellbeing underpins all obesity work plans across the life course, ensuring that people at every stage of life have the confidence and self-worth that permits the achievement and maintenance of a healthy weight.

Stakeholders at the Obesity Summit identified the promotion of consistent health messages relating to healthy weight, diet and physical activity, as being a key priority for tackling obesity. We will ensure consistent messages and effective social marketing campaigns through a communications strategy focused on achieving and maintaining a healthy weight.

We will train professionals across all disciplines to raise the issue of being overweight or obese with families and adults. Professionals across all disciplines including: healthcare providers, teachers, youth workers, social workers, housing officers, job centre staff all have a role to play whether that be providing advice or signposting onto other services. Therefore training of the wider workforce is crucial in ensuring consistency of messaging and that healthy weight becomes an everyday topic of conversation, starting pre-conception with women of childbearing age and continuing into early years, childhood and adulthood. To this end, we will work closely with Health Education England and training providers to ensure those professionals and others working with those overweight and obese have the knowledge and skills needed to support and encourage a healthy weight.

6. Strategic Priorities

6.1 Strategic priority 1: Maximise universal preventative initiatives across the life course.

Preventing people from gaining weight in the first place is the most cost effective strategy for sustained reductions in obesity prevalence that will have the biggest impact on weight related health outcomes, over a lifetime[20].Action will be taken through a universal approach to reduce inequalities across the life course[26].We will enhance existing and establish new universal preventative initiatives that support sustainable nutrition and physical activity behaviour change at the individual, family and community level.

***What we will do*:**

- Provide tailored, clear, accurate and consistent messages about the benefits of maintaining a healthy weight

- Enable people to adopt and sustain healthy behaviours through universal approaches. Providing targeted support and resources to groups at higher risk of becoming overweight

- Develop and deliver a brief ‘raise the issue and sign post’ training package for frontline staff

- Facilitate joint working with community campuses, area boards and leisure services to create local level action plans for obesity prevention

6.2 Strategic priority 2: Give children the best start in life

In order to give children the best start in life we need to focus on pre-pregnancy, pregnancy, infancy, early childhood to age 5 and families as critical stages for interventions to prevent obesity and weight related health inequalities[26, 29].It is clearly recognised that children need

to be supported within the context of their families to make and sustain behaviour change, as children have limited control over their own food and activity choice.

***What we will do*:**

- Ensure sexual health messages include information on importance of healthy weight
- Support women to achieve and maintain an healthy weight in pregnancy and early parenthood
- Utilise community resources and assets to provide healthy lifestyle initiatives for children, young people and families
- Maximise the number of children starting and leaving school with a healthy weight
- Continue to use data from the Joint Strategic Assessment and the National Child Measurement Programme to identify local need and appropriately target and deliver services
- Monitor and evaluate the effectiveness of existing healthy lifestyle and weight management programmes

6.3 Strategic priority 3: Promote effective self-care, early intervention and treatment

Whilst this strategy focuses on prevention it also has to address the increasing number of overweight and obese children and adults who are already at significant health risk. Wiltshire's weight management services at the specialist level of action do not meet current demand. To reduce future demand for these services, preventative support options will be provided to the overweight and obese and those at high risk of developing weight related diseases such as diabetes. Embedding early identification and intervention as part of routine consultations at every stage of the care pathway will be increased.

What we will do:

- Develop a holistic integrated weight management pathway which promotes self-care, early intervention and specialist support for families and individuals
- Continue the process of system wide reviews of existing programmes, developing strategies for improving longer term outcomes
- Develop an evidence based, early intervention self-care offer
- Identify and support people at risk of developing type-2 diabetes to prevent or delay the onset of type 2 diabetes

6.4 Strategic priority 4: Take steps towards reversing the 'obesity promoting' environment where people live, play, learn, work and retire.

The Foresight report[3] has shown individual choices are influences by the wider build and natural environments. We will take action to help people in Wiltshire make better choices for themselves and their families and ensure healthy food and activity choices are the easy and preferred choice. We will maximise opportunities for participation in healthy behaviours in our local communities, particularly for those most at risk.

Accessibility within the built environment to green space provides the opportunity for a large number of people in their day-to-day lives to undertake physical activity. Supporting access for groups with higher risk of obesity, including people with disabilities, will be important. Wiltshire Council recognises the importance of a healthy environment through the adoption of the Wiltshire Core Strategy in January 2015, which includes policies on design, green infrastructure and active travel (walking and cycling).

What we will do:

- Build on the current work of Wiltshire Council, partnerships in working to reverse the factors that contribute to obesogenic environments. developing an environment that promotes physical activity and healthy food choices

- Support and encourage local communities to make changes to their environment to facilitate healthy behaviours

- Champion the use of the principles of Health Impact Assessments (HIA's) in planning for new developments to support provision of high quality green space, active environments, health promoting infrastructure and healthier housing

7. Implementation of the strategy

Implementation, development and evaluation of the obesity strategy and action plan will be driven by an obesity strategy steering group. This group will include members from Wiltshire Council, NHS Wiltshire CCG and key partners. Working in partnership an implementation plan will be developed which will detail specific objectives, timelines and the identified lead organisation. Building on existing work, detailed action plans will be in place for each work area. Various groups, including task and finish groups and local communities will be involved in the implementation of the strategy.

8. Governance

This strategy is governed by the Health and Wellbeing Board through the Health Improvement Panel which will monitor an updated yearly action plan. The obesity steering group will also report to the Children's Trust Board and the NHS Wiltshire Clinical Commissioning Group's Governing Body.

Not all interventions will be directly under the governance of the obesity strategy as they will report through their own governance arrangements. However, bringing the contributions together under the obesity strategy will ensure coherence and progress of action. There will also be a need that the obesity agenda and strategy is linked to other allied strategies and vice versa.

References:

1. Swanton K. Healthy Weight, Healthy Lives: a toolkit for developing local strategies. London: The National Heart Forum, 2008. http://www.fph.org.uk/uploads/full_obesity_toolkit-1.pdf (Accessed 13 August 2015)
2. The National Institute for Health and Care Excellence (2014) Obesity: Identification, assessment and management of overweight and obesity in children, young people and adults. [Online] Available from: http://www.nice.org.uk/guidance/cg189/resources/guidance-obesity-identification-assessment-and-management-of-overweight-and-obesity-in-children-young-people-and-adults-pdf [Accessed 27th July 2015].
3. Foresight (2007) Tackling obesities: Future Choices- project report. Government Office for Science.
4. Luppino, F. S., de Wit, L. M. Bouvy,P. S. Stijnen,T.,Cuijpers,P.; Penninx, B. Zitman, F. (2010). Overweight, Obesity, and Depression. A Systematic Review and Meta-analysis of Longitudinal Studies.
5. Bell, J.F., Wilson, J.S. and Liu, G.C. (2008) Neighbourhood greenness and 2-year changes in body mass index of children and youth. Am J Prev Med. 35(6):547-553.
6. For all the national statistics: https://www.noo.org.uk/securefiles/150818_0833//Making_the_case_for_tackling_obesity_reference_sheet-230215%20factsheet.pdf (accessed 27th June 2015)
7. Health Survey for England (HSE) show that *Gatineau, M, Hancock C, Dent, M. Adult disability and obesity. Oxford*: *National Obesity Observatory, 2013*.
8. National Child Measurement Programme 2014-15: http://www.hscic.gov.uk/catalogue/PUB19109
9. Health Survey for England 2013: Chapter 11, Children's BMI, overweight and obesity (Dec 2014): http://www.hscic.gov.uk/catalogue/PUB16076
10. Active People Survey (Sport England) Mid-Jan 2012 to Mid-Jan 2015: http://www.noo.org.uk/visualisation
11. Health Survey for England, 2012 Adult Trend Tables.http://www.hscic.gov.uk/catalogue/PUB09302
12. HSE 2006–2010 *Gatineau M. Obesity and disability: children and young people. Oxford: Public Health England Obesity Knowledge and Intelligence, 2014.*
13. Wiltshire's Joint Strategic Assessment for Health and Wellbeing 2013/14 http://www.intelligencenetwork.org.uk/health/jsa-health-and-wellbeing/
14. Reeves G, Balkwill A, Cairns B, Green J, Beral V; Million Women Study Collaborators.Hospital admissions in relation to body mass index in UK women: a prospective cohort study. BMC Med. 2014 Mar 15;12:45.
15. http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=2150
16. NHS Information Centre (2012) Personal Social Services: Expenditure and Unit Costs, England Edition 2011-12
17. Provisional release. Department of Health (2013) Improving quality of life for people with long term conditions. Public Health England. (2013d)
18. *Obesity and disability.* [Online] Available from: http://www.noo.org.uk/uploads/doc/vid_18474_obesity_dis.pdf [Accessed 31st July 2015].
19. National Heart Forum, Department of Health and Faculty of Public Health (2007), Lightening the Load: Tackling overweight and obesity, a toolkit for developing local strategies to tackle overweight and obesity in children and adults.

20. Department of Health (2008a) '*Healthy Weight, Healthy Lives: A Cross Government Strategy for England*'. [Online] Available from: http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DH-9087.pdf [Accessed 31st July 2015]
21. Department of Health. (2011) *'Healthy Lives, Healthy People: A call to action on obesity in England'*. [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_130487.pdf [Accessed 31st July 2015].
22. Wiltshire Council Health and Wellbeing Strategy 2014: http://www.wiltshire.gov.uk/healthandsocialcare/jointhealthandwellbeingstrategy.htm
23. Wiltshire CCG Plans and Priorities: http://www.wiltshireccg.nhs.uk/about-us/our-plans-and-priorities
24. Wiltshire Council's 2013-2017 Business Plan: http://www.wiltshire.gov.uk/wiltshire-council-2013-2017-business-plan.pdf
25. Maintaining a healthy weight and preventing excess weight gain among adults and children NICE guideline Published: 13 March 2015 nice.org.uk/guidance/ng7
26. The Marmot Review (2010) Fair Society, Healthy Lives: Strategic review of health inequalities in England post 2010. [Online] Available from: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review [Accessed 15th July 2015].
27. Johns, David J, Hartmann-Boyce, Jamie, Jebb, Susan A, Aveyard, Paul, Behavioural Weight Management Review Group: Diet or exercise interventions vs combined behavioral weight management programs: a systematic review and meta-analysis of direct comparisons. Journal of the Academy of Nutrition and Dietetics, Oct 2014, vol. 114, no. 10, p. 1557-1568, 2212-2672 (October 2014)
28. Gardner DSL, Hosking J, Metcalf BS, Jeffery AN, Voss LD, et al. (2009) Contribution of early weight gain to childhood overweight and metabolic health: A longitudinal study (EarlyBird 36). Pediatrics 123; e67–73.
29. World Health Organisation (2014) Obesity and Inequalities: Guidance for addressing inequalities in overweight and obesity. [Online] Available from: http://www.euro.who.int/__data/assets/pdf_file/0003/247638/obesity-090514.pdf [Accessed 27th July 2015]
30. The National Institute for Clinical Excellence (2015) Maintaining a healthy weight and preventing excess weight gain amongst adults and children. [Online] Available from nice.org.uk/guidance/ng7 [Accessed 07 September 2015]
31. The National Institute for Clinical Excellence (2014) Managing overweight and obesity in adults – lifestyle weight management services. [Online] Available from guidance.nice.org.uk/ph53 [Accessed 07 September 2015]
32. The National Institute for Clinical Excellence (2015) Obesity: Guidance on the prevention of overweight and obesity in adults and children. [Online] Available from guidance.nice.org.uk/cg43 *[Accessed 07 September 2015]*