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Meeting	Health and Well-Being Board
Date	29 <sup>th</sup> November 2012
<b>Subject</b>	<b>Towards a borough strategy to promote healthy weight</b>
Report of	Director of Public Health, Barnet and Harrow
Summary of item and decision being sought	<p>This paper seeks to direct local authority and partnership priorities to promote healthy weight by providing:</p> <ul style="list-style-type: none"><li>• a brief summary of the evidence based interventions available to promote healthy weight and tackle obesity</li><li>• a high level assessment of current provision and additional opportunities in Barnet</li><li>• proposed aims of a strategic approach to healthy weight</li></ul>

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Reason for Report	This report is a follow up to the Annual Report of the former Director of Public Health in May 2012. The Board agreed that each of the issues identified be brought back to the Board for a more detailed report.
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Partnership flexibility being exercised	N/A
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Wards Affected	The health consequences of obesity affects all wards but disproportionately those that are most deprived.
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## **1. RECOMMENDATION**

- 1.1 To note the potential for evidence based intervention to promote healthy weight and tackle obesity in Barnet and commit to the development of a strategic approach across the borough

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 The Annual Report of the Director of Public Health 2012-13 was approved by the Board on 31 May 2012. It examined the problems of overweight and obesity in Barnet and demonstrated that they present a significant and increasing burden. It noted that there has been no strategic approach to managing overweight and obesity and that this needs to be rectified to improve wellbeing and help reduce future health and social care costs through encouraging people to eat sensibly and be more active in their everyday lives, to lose weight if they are overweight and seek specialist help when necessary.

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)**

### **3.1 Integrated Prevention Plan**

The integrated prevention plan recognises the importance of physical activity promotion and overweight and obesity prevention with greater priority afforded only to smoking cessation. The need to link physical activity and obesity prevention initiatives is noted.

### **3.2 Barnet Health and Wellbeing Strategy**

The Barnet Health and Wellbeing Strategy recognises the problems of obesity and outlines commitments to reduce rates in Barnet and to promote a more healthy environment such as through the provision of leisure, parks and physical activity opportunities. It also includes broader commitments to reduce risks to children and support people to keep well and independent.

- 3.3. The Sport and Physical Activity Review strategic outline case (elsewhere on this agenda) recognises the need for a sport and physical activity strategy that goes beyond a narrow focus on managing leisure contracts to a far broader strategy that considers the interest and needs of diverse sections of the population and seeks to target activity to need. This review will make a significant contribution to delivering a variety of objectives in the Health and Well-Being Strategy. The promotion of activity that will help people to lose weight will be a major vehicle for implementing the Health and Well-Being Board's strategic approach to promoting healthy weight.

## **4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 A Sport and Physical Activity Needs assessment has recently been drafted and is under review by the Sport and Physical Activity Board. It identifies that physical activity and obesity are associated with deprivation and that sedentary behaviours are most common amongst older people, the disabled, women, and ethnic minorities.

## **5. RISK MANAGEMENT**

- 5.1 Key risks and their management will need to be identified in any developed strategies.

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 Legal powers and implications will need to be identified in any developed strategies

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 Any projects not currently funded will need to be supported from existing budgets from public health, the NHS or social care. These will need to be considered within the framework of the Public Health Commissioning Intentions for 13/14 and prioritising allocation of these budgets against the outcomes set out in the Health and Wellbeing Strategy and the Integrated Prevention Plan.
- 7.2 Public health allocations for the 13/14 Financial Year have not yet been announced and so at present it is unclear if any funds might be available to invest in health weight initiatives. If there are unallocated funds after the delivery of statutory public health services then height weight promotion is expected to be a priority area for investment.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

- 8.1 A stakeholder consultation has informed the recently drafted Sport and Physical Activity Needs assessment. A robust strategy to promote physical activity and healthy weight would incorporate a communication and engagement plan.

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

- 9.1 Provider consultation has informed the recently drafted Sport and Physical Activity Needs assessment.

## **10. DETAILS**

- 10.1 It has increasingly been recognised in recent years that social and environmental changes have operated to remove incidental physical activity from daily life while the availability and affordability of energy dense foods has never been greater. While there are no simple solutions to the problems of sedentary behaviour and obesity, there are nevertheless a wide variety of evidence based interventions that make a contribution. These are summarised in the appendix.
- 10.2 The Sport and Physical Activity review, elsewhere on this agenda, sets out the Borough's ambitions to increase the number of adults participating in physical activity by 3% by 2015. There are also other examples of work in progress in Barnet that contribute to healthy weight promotion, for example:
- Regeneration plans consideration to how easily people will be able to move around developments;
  - a healthy catering award is operated through Environmental Health.
  - Seven volunteer walks are coordinated each week.

While these are examples of existing good practice, the scale of these interventions may not be adequate to have any significant impact at the population level. Relatively little attention appears to have been given to active travel or the promotion of incidental

physical activity through environmental design. The borough also lacks weight management programmes.

- 10.3 The Borough might also draw on experience at Harrow where childhood obesity has fallen since a healthy eating programme was introduced 16 children's centres in 2008 at a cost of approx £5000 a year and with volunteer input. The programme includes:
- Nutrition/healthy eating workshops
  - Exercise sessions for parents and staff
  - Exercise sessions for after school clubs
  - Cookery demos
  - Cook and eat sessions
  - Healthy lunchbox sessions
  - Training for children centre staff

Public health funds have been identified to replicate this programme in Barnet and a schedule for implementation is under development accelerating the eighteen months that were required in Harrow where possible.

Harrow has also recently invested in the development of outdoor gyms (approx £15,000 each) although their use has yet to be evaluated locally.

- 10.4 The development of a robust health weight strategy necessitates a comprehensive review of opportunities with consideration of their potential to contribute to outcomes across Barnet within available resources. Public health would wish to support any efforts to assess and capitalise on opportunities across public policy areas.
- 10.5 Any significant change in outcomes necessitates multi component interventions alongside careful attention to the broad range of public policies that can have an impact. With this in mind healthy weight intervention needs to be driven by a broad strategic vision and supported by clear partnership arrangements and internal governance structures.
- 10.6 Whilst it is important that there is strategic oversight of the various policy areas that influence healthy weight, particular components can be directed from a variety of sources. The overlap between physical activity and healthy weight promotion and the potential synergies in coordinating work across these areas has already been noted. It is important however that the breadth of the activity needed to tackle obesity and promote is not overlooked or that particular components are given insufficient attention. A strategy for tackling obesity and promoting healthy weight must incorporate treatment pathways, targeted and universal prevention, healthy eating as well as physical activity promotion and incidental physical activity and active travel in addition to sport and leisure.
- 10.7 It is proposed that the health and wellbeing board oversee a broad healthy weight strategy and that consideration be given to opportunities for healthy weight promotion through direct investment and influence of areas of council policy.
- 10.8 In order to support the development of a broad strategic vision for health weight supported by partnership arrangements and internal governance structures a very high level vision statement is proposed:

Strategic vision:

- To ensure an environment where people can access affordable healthy food and opportunities to be physically active

- To create an environment in which walking and cycling are convenient and safe
- To tackle obesogenic environments
- To promote healthy dietary and physical activity choices
- To support the provision of universal and targeted advice and support on physical activity, healthy eating and maintaining a healthy weight

## **11 BACKGROUND PAPERS**

11.1 None other than those cited in the Appendix.

Legal- HP

Finance- MGC

## APPENDIX A

### Evidence summaries of obesity and physical activity

#### **NICE Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (2006)**

##### **Local authority actions:**

- Prevent and manage obesity in local authority workplaces

All relevant workplace policies should support the local obesity strategy:

- onsite catering should promote healthy food and drink choices
- physical activity should be promoted through active travel plans, encouraging staff to use stairs, and providing showers and secure bike parking.
- Policy and planning

Work with the local community to identify environmental barriers to eating healthily and being physically active through:

- an audit, involving CCGs, residents, businesses and institutions
- assessing (ideally by health impact assessments) the impact of policies on people's ability to eat healthily and be physically active, and considering subgroups such as people of different ages, from different socioeconomic and ethnic groups, and people with disabilities.

Address concerns about safety, crime and inclusion.

Consider particularly people who need tailored information and support, especially inactive, vulnerable groups.

Facilitate links between health professionals and others to ensure local policies improve access to healthy food and opportunities for physical activity.

- Encourage active travel in the community

Provide facilities and information such as:

- tailored active travel plans for motivated people
- cycle lanes and cycle parking
- walking routes, including area maps and pedestrian crossings
- traffic calming measures
- improved street lighting.

- Promote and support physical activity

Ensure building designs encourage the use of stairs and walkways.

Provide safe play areas.

Support local physical activity schemes.

- Promote healthy foods

Encourage local shops and caterers to promote healthy food and drink choices via signs, posters and pricing.

- Community programmes to prevent obesity and improve diet

Address people's concerns about the availability of services, costs of making changes, the taste of healthy foods, dangers of walking and cycling, and mixed messages in the media about weight, diet and activity.

Include awareness-raising promotional activities, but as part of longer-term, multicomponent interventions, not on their own.

- Self-help, commercial and community weight-loss programmes

Endorse such programmes only if they meet best-practice standards by:

- helping people decide on a realistic healthy target weight (usually to lose 5–10% of their weight)
- aiming for a maximum weekly weight loss of 0.5–1 kg
- focusing on long-term lifestyle changes
- addressing both diet and activity, and offering a variety of approaches using a balanced, healthy-eating approach
- offering practical, safe advice about being more active including some behaviour-change techniques, such as keeping a diary and advice on how to cope with 'lapses' and 'high-risk' situations
- recommending and/or providing ongoing support.

## **NHS**

### **Prevention**

- Organisation and strategy

Ensure obesity is a priority at strategic and delivery levels.

Implement the local obesity strategy, encourage partnership working with other organisations, and train staff.

- Programmes to prevent obesity and improve diet and activity levels

Programmes should:

- give tailored advice and provide ongoing support
- target people at times when they may gain weight (such as when giving up smoking, during and after pregnancy and at the menopause)
- involve parents and carers if aimed at children and young people.

- Additional action in primary care

Offer support on weight management to people giving up smoking.

- Work with other organisations

Address people's concerns about improving diet and the safety of exercise.

Promote schemes to improve diet and activity levels, such as schemes involving shops, supermarkets, restaurants, cafes and voluntary community services, and cycling and walking routes.

Work with preschool and childcare, and workplaces.

### **Managing obesity**

- Identifying and assessing overweight and obesity

Use body mass index and waist circumference to assess degree of obesity and risk of future health problems.

Check for related health problems as needed and discuss possible causes and willingness to change.

Refer people with complex problems to a specialist.

- Lifestyle advice

Provide advice on both diet and exercise, agree targets and offer ongoing support.

Recommend self-help, commercial or community programmes only if they can show they meet best-practice standards.

For children: dietary change should not be the only action.

- Drugs

Prescribe drugs only if diet and exercise have been tried, after discussion of risks and benefits, and with continued support for lifestyle change.

For children: prescribe drugs only if their health is at serious risk; for children under 12, prescribe only if there are life-threatening problems such as sleep apnoea.

- Surgery

Generally, consider surgery only for people who are severely obese and have tried all other options. But for people with body mass index over 50 kg/m<sup>2</sup> surgery can be a first-line treatment.

Surgery should be done by a specialist team providing assessment and long-term follow up.

For children: consider only in exceptional cases and if the child is physiologically mature (or nearly so).