

CABINET

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FRAMEWORK FOR TACKLING OBESITY

Portfolio Holder: Councillor David Brake, Portfolio Holder for Adult Services

Report from: Dr Alison Barnett, Director of Public Health

Author: Scott Elliott, Senior Public Health Manager

Summary

Obesity is a significant and increasing public health issue and is caused by a number of behavioural, biochemical and societal factors. Being obese or overweight impacts on health and social care costs as well as economic costs through loss of productivity. Reducing obesity levels requires a sustained and coordinated approach by a number of local and national agencies.

This report updates Cabinet on the findings of the LGA Peer Challenge on childhood obesity and on the Obesity Summit which took place during the summer. Building on this it seeks Cabinet's approval to develop a local framework for tackling obesity. It is proposed that the framework will take a whole systems approach to obesity, and be explicit in outlining Medway Council's and key partner's roles in reducing obesity levels in Medway.

1. Budget and Policy Framework

1.1 The decision is within council's policy and budget framework including the Council Plan.

2. Background

2.1 Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. This simplistic energy imbalance view is widely held to be true by health professionals and researchers, although alternative theories of the causes of obesity do exist. However, general consensus is that there are many complex behavioural, biochemical and societal factors that combine to contribute to the causes of obesity.

2.2 In adults, obesity is commonly defined as a body mass index (BMI) of 30 or more. For children in the UK, the British 1990 growth reference charts are used to define weight status.

- 2.3 It is estimated that 22.8% of adults in Medway are obese, according to the Active People Survey 2012. This is not statistically different to the England average of 23.0%. In total it is estimated that 66.1% of adults in Medway are overweight or obese again not statistically different to England (63.8%).

In Medway 18.2% of school-age children (age 10-11) were obese in 2012/13, which is not statistically different to England (18.9%).

- 2.4 Being obese or overweight increases the risk of developing a range of serious diseases, including heart disease and cancers. The impact of obesity on the health of adults has long been established, but rising levels of childhood obesity has consequences for the health of children and young people in both the short and the longer term.
- 2.5 Obesity is also linked with:
- Economic costs - The Health Select Committee estimate of lost earnings attributable to obesity in England was £2.3–3.6 billion per year, accounting for an annual total of 45,000 lost working years. Subsequent work suggests that the total impact of obesity on employment may be as much as £10 billion
 - Social care costs - obesity is associated with the development of long-term health conditions, placing demands on social care services
- 2.6 There is a 'social gradient' in health – the lower a person's position in society, the worse their health. In the UK, socioeconomic inequalities have increased since the 1960s and this has led to wider inequalities in both child and adult obesity, with rates increasing most among those from poorer backgrounds.
- 2.7 The most recent government ambition is to achieve:
- 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
- 2.8 Given that adult obesity rates have been steadily increasing since the 1980s and levels of childhood obesity have increased at a steady pace, since the mid 1990s, these ambitions are particularly ambitious. Despite trend lines suggesting a plateau in the levels of childhood obesity in the last few years, success will require significant contributions from a wide range of partners and organisations.
- 2.9 The Foresight Report (2007) referred to a “complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain”. The report presented an obesity system map with energy balance at its centre. Around this, over 100 variables directly or indirectly influence energy balance.
- 2.10 The Foresight map categorised these 100 variables into 7 cross-cutting predominant themes;
- *Biology*: an individual's starting point - the influence of genetics and ill health;
 - *Activity environment*: the influence of the environment on an individual's activity behaviour, for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;

- *Physical Activity*: the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day;
- *Societal influences*: the impact of society, for example the influence of the media, education, peer pressure or culture;
- *Individual psychology*: for example a person's individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences;
- *Food environment*: the influence of the food environment on an individual's food choices, for example a decision to eat more fruit and vegetables or fast food takeaways may be influenced by the availability and quality of this food near home or work;
- *Food consumption*: the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet

2.11 The Children and Adults Overview and Scrutiny Committee set up a task group to look at healthy eating amongst all ages of children and young people in September 2010. A number of the recommendations made within this review have been moved forward and the development of a Medway Obesity Framework compliments the findings of this group

2.12 The Health and Wellbeing Board has identified promoting healthy eating and physical activity as one of its priorities within the Joint Health and Wellbeing Strategy. Specific actions have been taken forward in the Board's delivery plans, including closer collaboration between Public Health and Planning colleagues, to consider how the local environment can be less obesogenic.

2.13 Tackling obesity in a structured and systematic approach can also strongly compliment three of Medway Council's strategic priorities;

- Children and young people have the best start in life – through a wide range of childhood obesity interventions
- Adults maintain their independence and live healthy lives – by supporting adults to eat healthily and become more physically active
- Safe, clean and green Medway – by protecting and improving the quality, quantity and access to outdoor space for Medway resident

3. LGA Peer Challenge on Childhood Obesity

3.1 On 20 and 21 May 2014 Medway Council took part in a childhood obesity peer challenge, as part of the LGA offer to support sector led improvement. Peer challenges are delivered by experienced elected member and officer peers, supported in this case by expert professionals in the childhood obesity area.

3.2 The peer team provided feedback on what they had observed, framing this as either strengths or areas for improvement.

3.3 The headline strengths were:

- Lots of activity happening on the obesity agenda
- Childhood obesity work taking place across range of directorates
- Public Health is seen an integral part of the approach to community wellbeing, with strong leadership
- Committed work by delivery service staff and planners
- Good evaluation of services and data intelligence
- Users are engaged in planning and monitoring services

- 3.4 The headline areas for improvement were:
- Need for a strategy and/or effectively communicated framework
 - Understand local population needs and why they make certain lifestyle choices
 - Educate all partners and team members about link between deprivation and childhood obesity
 - Partners to understand that childhood obesity is a problem and the long terms effects of not addressing it
 - Ensure we deploy resources to match priority areas
 - Embed agenda within all council plans, services and events (e.g. food offers available)
 - Build all partners confidence to raise and discuss issues of childhood obesity
 - Ensure benchmarking of services is undertaken

4. Medway Obesity Summit

4.1 An Obesity Summit was hosted by the Portfolio Holder for Adult Services and Chairman of the Health and Wellbeing Board on 3 June 2014. The event was well attended by a large number of private, public and voluntary sector partners who contributed to discussions on the day.

- 4.2 The objectives of the event were to;
- Raise the issue of obesity and increase people's awareness
 - All partners to understand what is happening to tackle obesity
 - Discuss and agree ways in which all Medway partners can do more

4.3 A driver diagram was created as a backdrop for the day which combined the science of the 'Obesity system map' created by the UK Government's Foresight Programme, with a list of interventions that the attending partners currently deliver. Partners were then asked to contribute new ideas of what else could be done to tackle obesity and suggest priority areas that should be taken forward in Medway. Many good ideas were captured and some are being taken forward by partners this year.

5. Medway Obesity Framework Proposal

5.1 It is proposed that a systematic approach is taken to develop a local framework for tackling obesity. The framework will take into consideration a whole systems approach to obesity, and be explicit in explaining Medway Council's and key partners' roles in reducing obesity levels in Medway.

- 5.2 The specific objectives of this framework will be:
- Document what activity is taking place
 - Increase access to services
 - Generate ideas and support for new interventions
 - Identify key priority actions that will have greatest impact

5.3 The proposed layout for Medway's framework for tackling obesity is to build on the driver diagrams that were used at the Obesity Summit. This diagram content was based on Foresight Report's seven influences of obesity (biology, activity environment, physical activity, societal influences, individual psychology, food environment and food consumption). In addition to the

contents of the existing driver diagram, the framework would involve a systematic process of involving key partners, stakeholders and residents to develop and prioritise future actions. This would ensure that resources are invested in projects that would deliver the biggest impact and had the strongest evidence base for cost-effectiveness.

5.4 The effectiveness of the obesity framework will be evaluated using the following measures:

- Quality of interventions and projects (utilising existing evaluation tools created by National Obesity Observatory, such as Standard Evaluation Framework for weight management, physical activity and dietary interventions)
- Local and national indicators of obesity levels and healthy lifestyle behaviours.

6. Advice and analysis

6.1 A Diversity Impact Assessment will be completed to support the development of the Framework.

7. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Uncoordinated approach to tackling obesity in Medway	An uncoordinated approach to tackling obesity would lead to time and financial inefficiencies across the council and key partners	Development of a local framework	

8. Consultation

8.1 A wide range of partners and stakeholders attended the obesity summit, inputting their views on priority areas for tackling obesity. Continual dialogue with partners would be included in the methodology of the framework, and would be broadened to include meaningful engagement with local residents.

8.2 It is anticipated that consultation with stakeholders and residents will commence with a January event and engagement will continue throughout the development of the framework. A final draft framework will be presented to the Health and Wellbeing Board in June 2015 and Overview and Scrutiny for consideration prior to being submitted to Cabinet for final approval

9. Financial and legal implications

9.1 No financial implications are anticipated by the approval to develop a local obesity framework.

9.2 There are no direct legal implications arising from the proposal to develop a local obesity framework.

10. Recommendation

- 10.1 Cabinet is asked to note the outcomes of the childhood obesity peer challenge and obesity summit and agree to the development of a Tackling Obesity Framework for Medway.

11. Suggested reasons for decision

- 11.1 The development of a Tackling Obesity Framework for Medway will enable the Council, working with partners, to establish a systematic approach regarding obesity.

Lead officer contact

Scott Elliott
Senior Public Health Manager
01634 333012
scott.elliott@medway.gov.uk

Background papers

[Foresight - Tackling Obesities: Future Choices \(2007\) -
https://www.gov.uk/government/publications/reducing-obesity-future-choices](https://www.gov.uk/government/publications/reducing-obesity-future-choices)

[NICE Guidance \(PH42\) - Obesity: working with local communities \(2012\) -
http://www.nice.org.uk/guidance/ph42](http://www.nice.org.uk/guidance/ph42)

[Standard Evaluation Frameworks for physical activity interventions \(2012\) -
http://www.noo.org.uk/uploads/doc/vid_16722_SEF_PA.pdf](http://www.noo.org.uk/uploads/doc/vid_16722_SEF_PA.pdf)

[Standard Evaluation Frameworks for dietary interventions \(2012\) -
http://www.noo.org.uk/uploads/doc/vid_16724_SEF_Diet.pdf](http://www.noo.org.uk/uploads/doc/vid_16724_SEF_Diet.pdf)

[Standard Evaluation Frameworks for weight management interventions \(2009\) -
http://www.noo.org.uk/uploads/doc721_2_noo_SEF%20FINAL300309.pdf](http://www.noo.org.uk/uploads/doc721_2_noo_SEF%20FINAL300309.pdf)