

Health and Wellbeing Board

10 April 2025

Obesity

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Summary

This report aims to update Health and Wellbeing Board Members on the current statistics around obesity in Medway, current intervention to treat and prevent obesity and identify priority action areas that Board Members and/or their organisations can support.

1. Recommendations

- 1.1. The Board is asked to note the report.
- 1.2. The Board is asked to consider how they and their organisations can support the childhood obesity targets detailed in the Joint Local Health and Wellbeing Strategy.

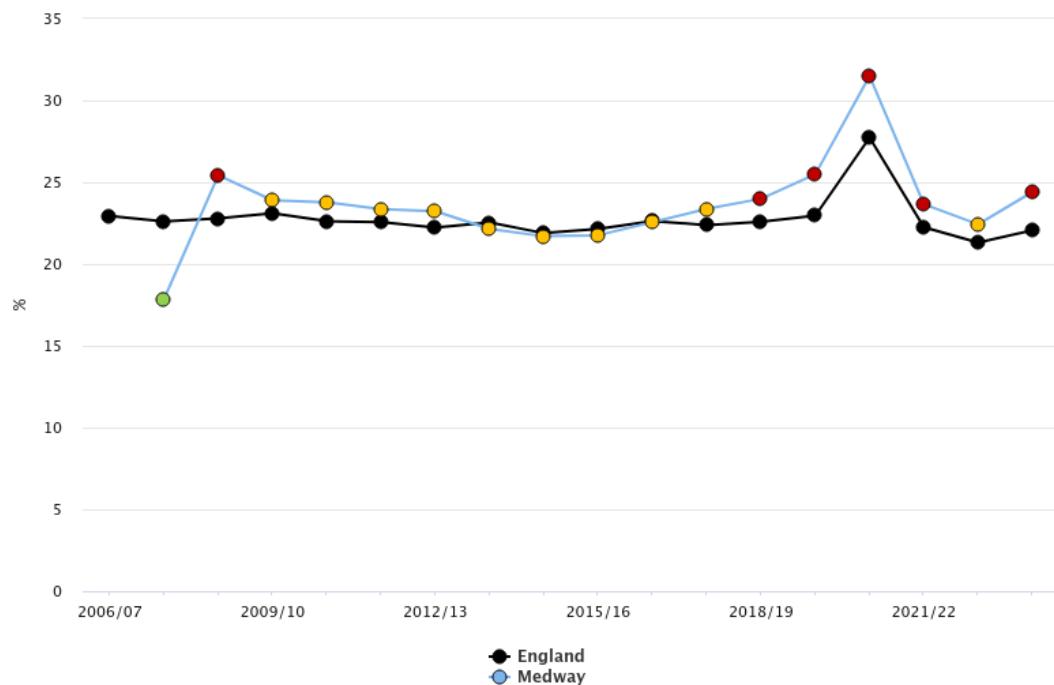
2. Budget and policy framework

- 2.1 Since 1 April 2013, local authorities have been responsible for improving the health of their local population and for public health services.
- 2.2 The [Government's obesity strategy](#), published in 2020, aims to tackle childhood obesity and encourage adults to "take stock of how they live their lives". The [2018 strategy](#) included a Government ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.
- 2.3 The [Kent and Medway Integrated Care System Strategy](#) published in 2024 committed to addressing health inequalities including smoking in pregnancy, breastfeeding, immunisation and childhood obesity. Specifically, the system target was that by 2028, the percentage of children in Year 6 who are a healthy weight will be maintained at the current level of 63% and severe obesity will have reduced from 5%.

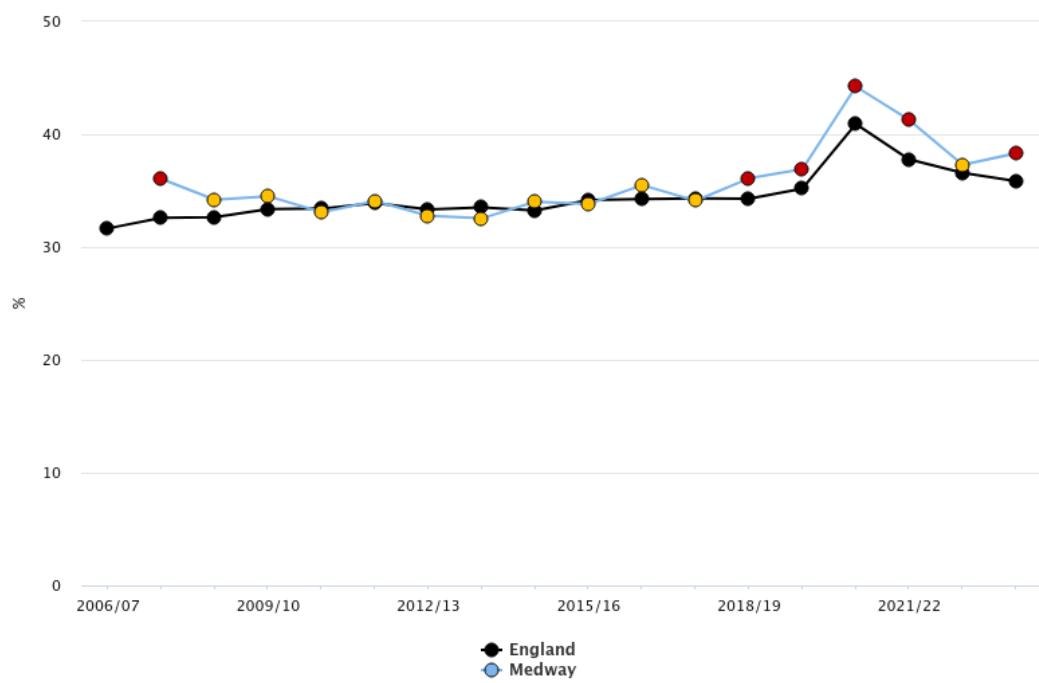
- 2.4 The [One Medway Council Plan](#) identified the priority of empowering people to achieve good health and wellbeing through prevention, with access to local activities and services that will enable and support them to lead independent, active and healthy lifestyles.
- 2.5 The [Medway Joint Health and Wellbeing Strategy](#) has a key strategic priority of healthier, longer lives for everyone. Childhood obesity specific targets within the strategy include 'the proportion of children in Year 6 (age 10-11 years) with severe obesity will have reduced from 6.1% by 2026/27' and 'the percentage of physically active children and young people will be similar or higher compared to the England average by 2026/27'.

3. Background

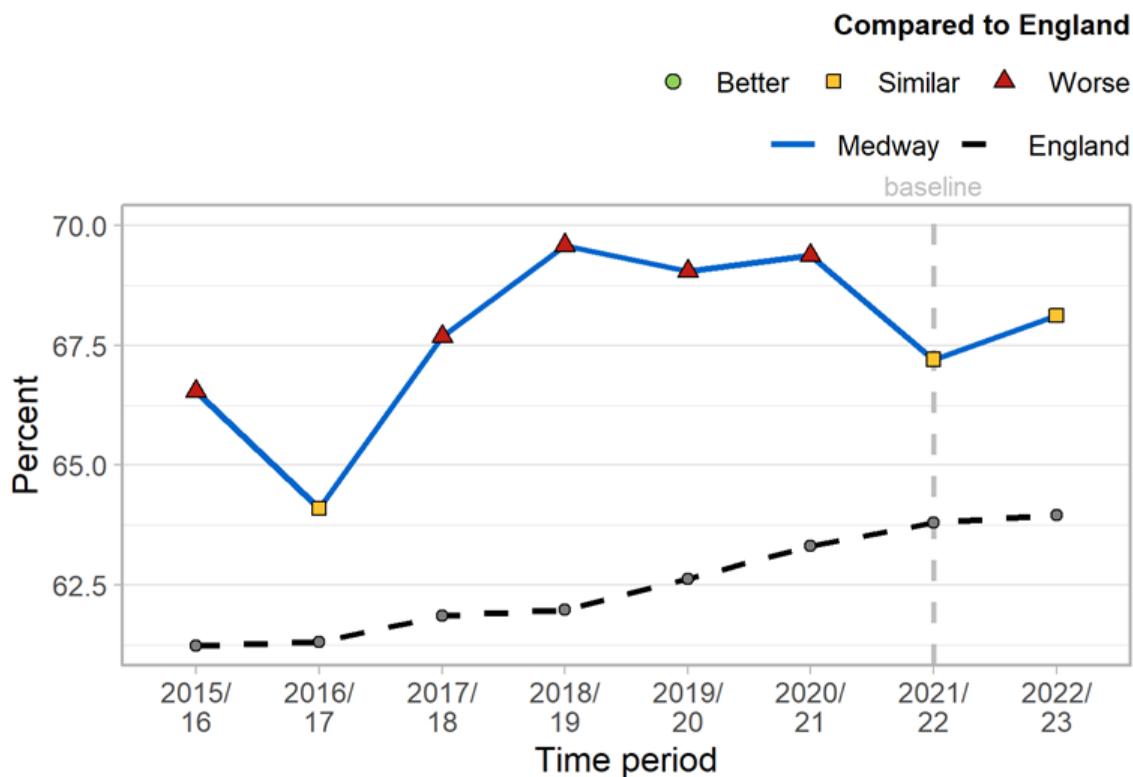
- 3.1 Obesity and excess weight are significant health issues for children and adults. There can be serious implications for a person's physical, emotional wellbeing and mental health, which can continue into adulthood. The number of children and adults with an unhealthy and potentially dangerous weight is a national public health concern. Obesity is associated with poor psychological and emotional health, and many children experience bullying linked to their weight. There is also a correlation between higher hospital admissions and healthcare needs, along with school attendance impacting academic attainment. Children living with obesity are more likely to become adults living with obesity and have a higher risk of morbidity, disability, and premature mortality in adulthood.
- 3.2 Children are currently consuming more than the recommended daily limit of sugar, and this is a contributing factor to excess weight gain. The National Diet and Nutrition Survey found that sugary drinks account for 17% of 11 to 18 year olds' daily sugar intake or 6% of 4 year olds daily sugar intake. Physical activity can help people to achieve and maintain a healthier weight. The 2019 to 2020 Sport England Active Lives survey showed that only 45% of children and young people met the Chief Medical Officer's Physical Activity Guidelines and participated in an average of 60 minutes or more of physical activity a day. Meanwhile, 31.3% did less than an average of 30 minutes a day of physical activity.
- 3.3 Child obesity data from the last 18 years is available from the National Child Measurement Programme. Data is published annually and can be broken down for local authorities and comparisons made between genders, deprivation quintiles and ethnicity. The most recent data shows that childhood obesity continues to be a major health concern.
- 3.4 Figure 1: Year R (4-5 year olds) overweight and obesity rates in Medway compared to the England average. The current data shows an increase in the overweight and obesity levels with a 2% increase in the last year, with Medway's 24.4% prevalence above the England average of 22.1%.



3.5 Figure 2: Year 6 (10-11 year olds) overweight and obesity rates in Medway compared to England average. Medway's levels have increased by 1% in the last year, with Medway's 38.3% prevalence above the England average of 35.8%.



3.6 Figure 3: The percentage of adults (aged 18 plus) classified as overweight or obese. The baseline value for Medway was 67.2 percent in 2021/22 which is similar compared to England. The latest value for Medway was 68.1 percent in 2022/23 which is similar compared to England. The change is an increase of 0.9 percentage points from the baseline.

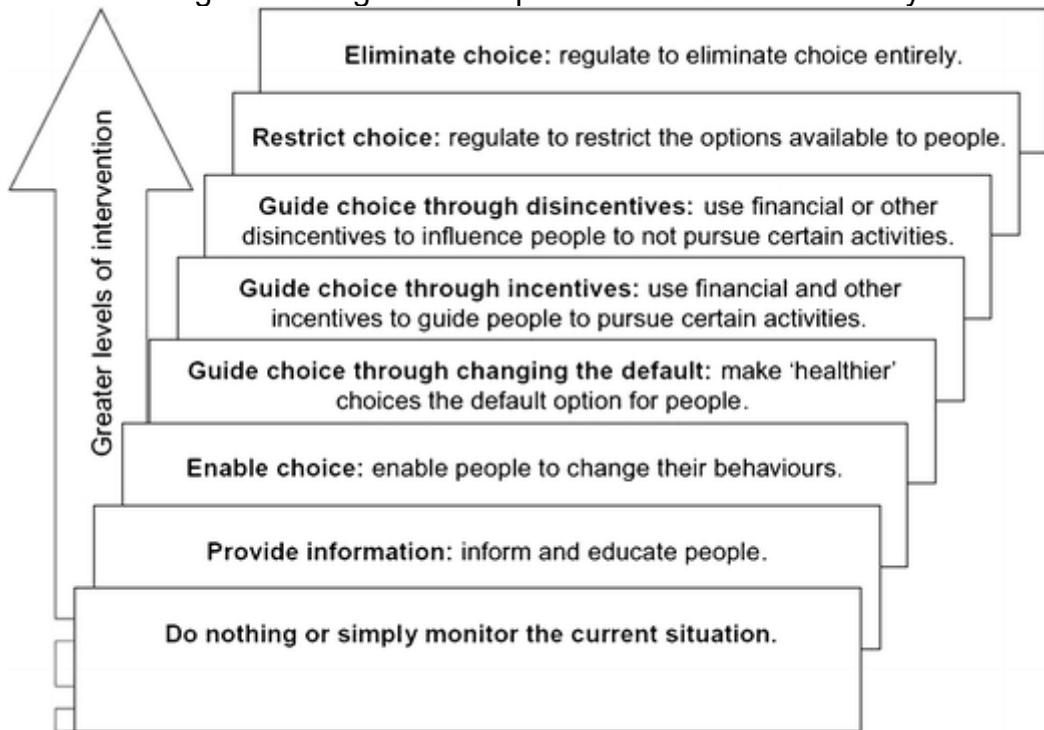


4. What works to tackle obesity?

4.1 In January 2025 the National Institute for Health and Care Excellence published a refreshed [guidance](#) document for the prevention and management of overweight, obesity, and central adiposity in children, young people, and adults. The document restated previously published recommendations and introduced new guidance relating to general principles of care for prevention and assessing obesity, weight management interventions, digital technologies, service planning and delivery and specific advice for targeted higher risk communities.

4.2 The Nuffield Intervention Ladder (figure 4) describes intervention types from least to most intrusive on personal choice.

Figure 4: the Nuffield Intervention Ladder showing progressive levels of intervention that can be implemented to tackle obesity, with each step of the ladder having a more significant impact on an individual's lifestyle choices.



4.3 In 2024 Nesta published a [blueprint](#) for halving obesity in the UK, an online toolkit to support the design, implementation and scaling of dietary health policies that are most likely to work. Its development involved drawing upon a significant evidence base and synthesising research to make national and local policy recommendations. The toolkit is the result of a two-year programme of work analysing the most robust academic evidence for over 30 obesity policies.

5. Medway's Whole System Obesity Plan

5.1 In 2019 Public Health England (PHE), now the Office of Health Improvement and Disparities (OHID), released their whole systems approach to obesity publication which is a guide and set of resources to support Local Authorities and their partners with implementing a whole systems approach to address obesity and promote a healthy lifestyle.

5.2 A local whole systems approach responds to complexity through an ongoing, dynamic, and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change.

5.3 The Medway Healthy Weight Network was formed bringing together organisations across Medway such as charities, voluntary sector, public sector, NHS, private businesses, educational organisations, and residents to work together to tackle the rising obesity levels. Using Public Health England's (PHE) guidance on developing a Whole Systems Approach to Obesity in Medway, the network provided the foundation to build upon and create subgroups to carry forward key priorities in the local area.

5.4 Since 2020 the network has developed three subgroups to focus on key areas of activity:

- The Medway Infant Feeding Strategy Group is made up of health professionals across acute, primary and community NHS organisations and public health professionals. The group work together to ensure parents are supported through antenatal care and post-natal support to ensure that all new parents have the tools they need to give their babies the best start in life. The group work towards 6 goals identified in the [2023-2028 Infant Feeding Strategy](#).
- [The Medway Food Partnership](#) works with local businesses, public services and the not-for-profit sector to make sure everyone has access to sustainable and healthy food, build the public's education and skills around healthy food and create healthier communities and better futures for all residents.
- [The Medway Physical Activity Alliance](#) brings together physical activity providers, clinical professionals, and partners to break down the barriers to exercise and educate on the importance of regular movement. The group seek to promote low cost or free activity by bring awareness to the [Everyday Active](#) website to all those living, working, and studying in Medway.

5.5 There are over 550 individual members of the Healthy Weight Network spanning over 200 separate organisations. These include a range of public, private, academic and voluntary sector partners.

6. Current intervention to tackle obesity in Medway

6.1 The [Whole Systems Obesity mapping tool](#) is a web-based platform that provides the opportunity to see what is going on at a detailed level. It helps identify gaps in provision and gives the opportunity to list ideas of new interventions to introduce in the future.

6.2 Medway's Public Health Team provide a wide range of interventions to support children to be active, eat healthily and lose weight. This includes:

- Little Chefs, Little Food Explorers, Tri cookery courses
- A Better Medway Champions
- A Better Medway training
- Beside You breastfeeding promotion and campaign
- Healthy Early Years Award scheme for nurseries, pre-schools and child minders
- Food for Life whole school food programme

- Fit Fix and Tri Club family weight management support
- Bump Club healthy weight advice for pregnant and post-natal women
- Child Health Team support to schools
- Medway Go – Holiday Activity Food programme
- Start for Life and Family Hubs App
- Tier 2 adult weight management services
- Wide range of physical activity programmes including health walks and cycling groups

6.3 Other Medway Council service interventions include:

- Range of activities at Medway Children and Family Hubs and Family Solutions
- Active travel initiatives, (Walk to School Week, Big Walk and Wheel)
- Medway Sport, leisure centres and sports activities
- Green spaces and parks
- Child Friendly Medway activities for children

6.4 Other interventions are delivered by a wide range of Medway Healthy Weight Network academic, public and private sector partners. These include:

- A range of sports and activity clubs
- School and college based activities
- Health promotion events

6.5 In 2024 Medway developed a [Childhood Obesity 5 year plan](#). This stated that the ultimate priority for the partners of the Medway Healthy Weight Network is to see a reduction in childhood obesity. The specific healthy weight targets that have been set in the One Medway Council Plan and the Joint Health and Wellbeing Strategy are:

- By 2026/27, the proportion of children in Year R (age 4-5 years) that maintain a healthy weight will be the same or lower than the England average.
- By 2026/27, the proportion of children in Year 6 (age 10-11 years) that maintain a healthy weight will be the same as or above 60%.
- By 2026/27, the proportion of children in Year 6 (age 10-11 years) with severe obesity will have reduced from 6.1%.
- By 2026/27, the percentage of physically active children and young people will be similar or higher compared to the England average.
- By 2026/27, the proportion of infants that are totally or partially breastfed at age 6-8 weeks will be similar or higher compared to the England average. Specific targets beyond 2027 for the five year plan will be set upon review of progress against the targets above.

6.6 The plan identified a wide range of priority actions that included specific targets for increased investment, food environment, weight management referrals, healthy schools, active travel, physical activity opportunities, cookery

classes, breastfeeding rates, healthy places and spaces, accessible drinking water and healthy weight champions across Medway.

7. Opportunities and potential gap analysis

7.1 A number of areas have been identified as potential gaps and areas for improvement when comparison of the most recent evidence based and guidance of how to tackle obesity, is made against the current Medway interventions. These include:

- Medway currently has no specialist tier 3 weight management provision for adults and the tier 3 childrens programme is likely to stop being provided in July 2025.
- Medway residents have no available pathway to access GLP-1 weight loss medication, which has a significant impact on weight loss attempts for eligible adults.
- Affordable healthy food availability at a wide range of public buildings and open spaces is limited, with the catering and food offer mainly focusing on convenience and unhealthy food options.
- Referrals into weight management services for children and families remains low, particularly in relation to the high referral and self-referral volume for adults with a weight loss goal.

8 Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Funding restrictions	Financial restraints on public services may lead to cuts to services and programmes that are currently in place to support people to be healthy	Leaders and people making financial decisions acknowledge the longer term financial impact of obesity on health, care, education and workplaces	BII
Lack of partner support	Cost of living crisis creating a shift in partners priorities around obesity reduction and healthy eating	Keep partners educated on key connections between obesity and cost of living	CII
Lack of priority	Education, health and business settings may not see enhancing food provision and physical activity as a priority on return from COVID restrictions.	Develop effective relationships with leaders to drive forward the uptake of healthy weight initiatives.	CII

Likelihood	Impact:
A Very likely	I Catastrophic
B Likely	II Major
C Unlikely	III Moderate
D Rare	IV Minor

9. Consultation

9.1 In 2017 and 2018 Medway Public Health ran a survey to hear from residents about how to help more local people to be a healthy weight. 740 people responded, sharing a range of views and ideas. The main points repeated most often were that to help residents of Medway achieve a healthy weight, we need to show how healthy eating can be achieved. Specifically, showing that it can be easy (giving people the skills, knowledge and ideas), quick and affordable (proving it can be cheaper than processed food or takeaways). Respondents were also clear that we must promote healthy eating and exercise together – emphasising that the combination is important. Cost and ease of use were important in relation to encouraging greater physical activity, with repeated requests for free or subsidised activities and facilities that are easily available to all.

9.2 Helping children to be a healthy weight insights included:

- Nearly all (94%) respondents felt physical activity and sport opportunities at school (in and outside of the curriculum) were most important to help children in Medway maintain a healthy weight
- Over ½ stated it was important for schools to offer walk and cycle to school initiatives, and for children's centres to provide a range of lifestyle sessions for children and families
- Many suggested low-cost activity options for whole families

Other ideas put forward, included:

- Make it easier and cheaper to shop, cook and eat healthy
- Education about healthy diet and how to cook
- Improved access to healthy food
- Greater access to exercise and activity opportunities
- Campaigns focused on healthy weight & exercise, and against unhealthy foods, such as sugary drinks

9.3 In 2021 the 'Medway Can' healthy weight campaign was heavily informed by residents and partners through a series of surveys and workshops which included co-creation sessions involving primary aged children, along with a survey aimed at 13 to 18 year olds. Questions were asked about physical activity frequencies, modalities and motivations, food choices, habits, and motivations. The aim was to explore whether capability, opportunity or motivation acted as moderators, mediators, or confounders of behaviours

relating to maintaining healthy weight (e.g. physical activity and dietary choices).

- 9.4 Barriers to adopting healthy lifestyle behaviours were supportive of past research. Participants identified lack of time, lack of awareness of facilities, lack of knowledge, work, family, and other commitments, and low motivation. In addition to these barriers, others were identified such as digital exclusion, cultural barriers, low education status, negative or no prior exercise experience, and lack of social support.
- 9.5 Year 6 children identified barriers within their adult family groups such as lack of time, work commitments, inclement weather, social events that lead to sub-optimal eating behaviours, illness (specifically covid), and lack of family support. Children were also asked to describe the things that their parents did to support them in their own health behaviours. Children listed behaviours such as “making me go cycling” and “letting me make fruit salad” and “making me play outside.”
- 9.6 It was also noted in the community workshop that using children as messengers is powerful and has the potential to have impact. People are likely to feel motivated to take action if the call to action comes from their own children and young members of the community.
- 9.7 Many of the stakeholders and members of the public felt that there was a need for information about sedentary behaviours to be distributed because there is so much focus on adopting healthy behaviours that the risk of sedentary behaviours is lost. Many stakeholders agreed that they were not aware of the risks of, for example, sitting for long periods of time. Members of the public also agreed that they would prefer to be told that they should “stop doing nothing” rather than “start doing something.” This suggests that smaller, more manageable changes are likely to be more readily adopted. A particularly interesting conversation with community members suggested that they were not aware of the potential for small changes that can be made to achieve positive health benefits.
- 9.8 Equally, participants stated that they would like to see information about eating healthy on a budget; some suggested that local cafes and restaurants might offer taster dishes made using affordable ingredients, including ethnically diverse dishes. Community members felt that these businesses should be incentivised for promoting healthy menu options, particularly healthy take-away options.
- 9.9 Participants felt that by being informative there was less risk that a health promotion campaign was perceived as singling-out certain groups. However, stakeholders felt that the campaign should not shy away from messages about being overweight or obese carrying health risks. However, there was agreement that a focus on appearance might be damaging to motivation:

- ‘Don’t focus on appearance- big is beautiful, but is it healthy?’
- ‘There’s a difference between shock tactics and giving people accurate information’

9.10 Both stakeholder and public members felt that the focus should be on health rather than appearance, with messaging focusing on the physical and mental wellbeing associated with exercise and good nutrition. “Happiness” and “energy” were frequently used words throughout both stakeholder and community member sessions.

10. Climate change implications

10.1. [The Council declared a climate change emergency in April 2019](#) - item 1038D refers and has set a target for Medway to become carbon neutral by 2050.

10.2. Tackling obesity complements the climate change action plans due to a number of shared priorities such as modal shift and increasing active travel levels, encouraging people to learn to cook and eat local healthy food and reduce food waste and promoting people engage in the natural environment spending time being active whilst increasing biodiversity

10.3. The Climate Change team are an active part of the Whole System Obesity Network and sub groups.

11. Financial implications

11.1 There are no direct financial implications as result of the recommendations in this report. The activity within the Obesity Programme that is delivered by Medway Council is funded through existing revenue budgets and are not currently projected to represent a budget pressure in 2025/26

12. Legal implications

12.1 There are no legal implications arising as a result of this report.

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Appendices

None

Background papers

Whole systems approach to obesity guidance

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

Public Health Profiles

<https://fingertips.phe.org.uk/search/obesity#page/0/gid/1/pat/6/par/E12000008/ati/202/are/E06000035>

Action/Asset Mapping tool <http://www.wholesystemobesity.uk/medway/>

Overweight and obesity management NICE guideline [NG246]

<https://www.nice.org.uk/guidance/ng246>

NESTA blue print to halve obesity in the UK <https://blueprint.nesta.org.uk/>