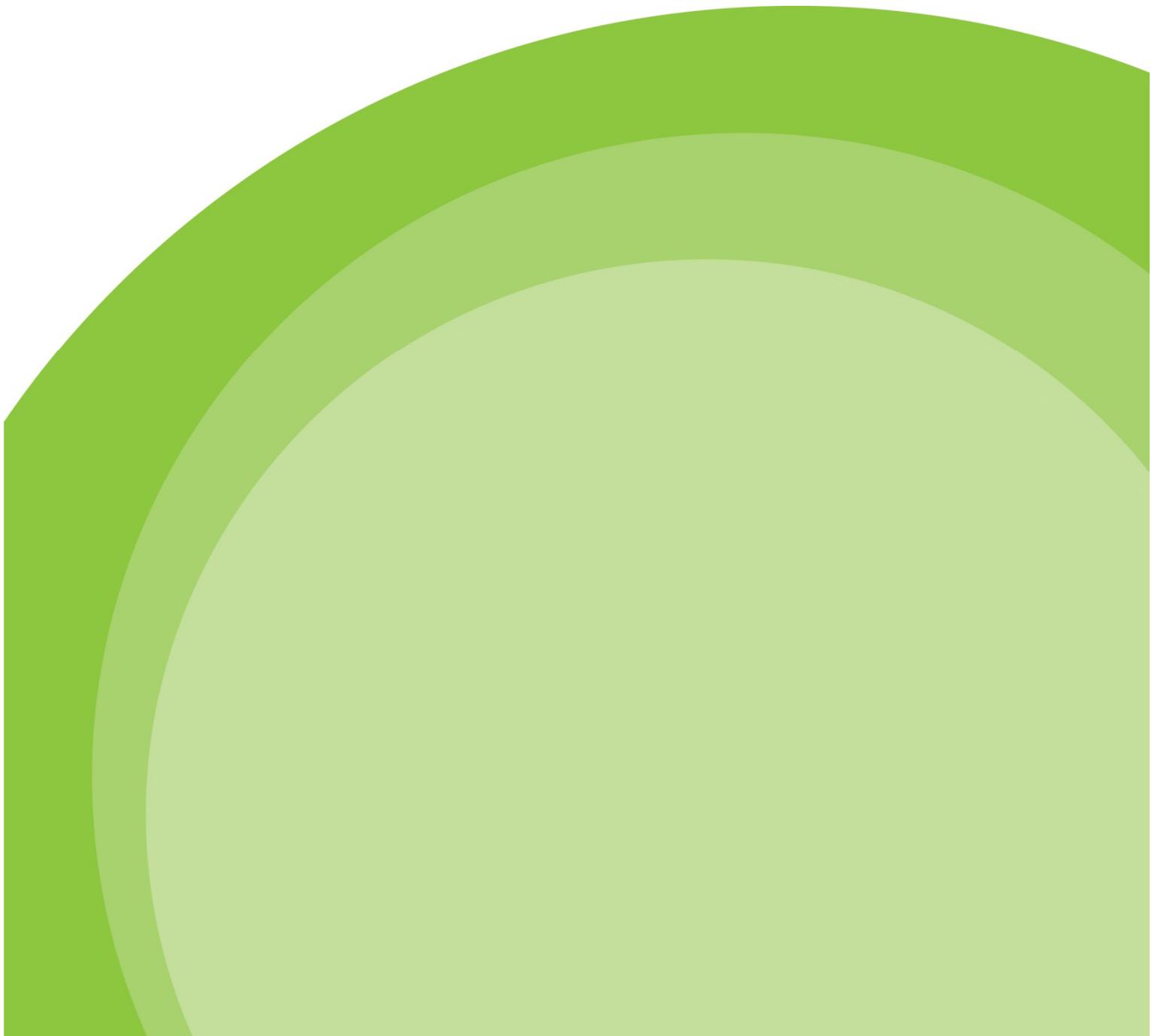




**Appendix A**

# **Excess Weight Partnership Strategy**

**2016-20**



## Foreword

There are many things that affect our health, but for many people trying to achieve or stay a healthy weight is a challenge.

In Central Bedfordshire, one in five 4-5 year olds and 3 out of 5 adults are overweight or obese. Being overweight or obese in childhood is associated with poor educational attainment and a range of health problems including childhood diabetes. Overweight and Obesity in Adults is associated with a range of health problems including type 2 diabetes, heart disease and cancer.

However, the size of the challenge should not be underestimated. The causes of overweight and obesity are a complex mix of individual, societal and environmental factors: we live in a society where high-energy foods are readily available, and modern life encourages us to be less and less active. While it is important that national government takes action, and we look forward to the new national strategy; individuals, families, communities, schools, businesses, health services and the Council all have a part to play in tackling obesity.

Central Bedfordshire's Excess Weight Partnership Strategy has been developed to support the National ambition to turn things around and achieve a downward trend in levels of excess weight in children and adults by 2020<sup>1</sup>. The strategy supports a coordinated approach to providing a healthier environment that encourages and supports children and adults to be more active and eat healthily. It is ambitious, but by working in partnership, we will tackle excess weight across the population of Central Bedfordshire.



**Cllr Maurice Jones**  
*Executive Member for Health  
Central Bedfordshire Council*



**Dr Chris Marshall**  
*Assistant Clinical Deputy Chair and  
Chair of the Leighton Buzzard Locality  
Bedfordshire Clinical Commissioning Group*

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<sup>1</sup> Department of Health (2011) Healthy Lives, Healthy People; A Call to Action on Obesity.

## Introduction

### i) Why do we need to tackle excess weight?

In Central Bedfordshire, levels of excess weight (overweight and obesity combined) in both children and adults are a concern for health and social care professionals:



Being overweight or obese in childhood can lead to lower self-esteem, poor educational attainment and a range of health problems including childhood diabetes. Overweight and obese children and young people are also more likely to become obese adults. Overweight or obese adults are at a much greater risk of developing health problems including heart disease, cancer and type II diabetes and require more intensive social care support in older age. In 2015, the estimated cost of obesity to NHS Bedfordshire was £136 million. The costs of obesity to families, social care and the wider economy are substantial but hard to quantify.

**The complex mix of causes and the potential impact on society make tackling excess weight ‘everybody’s business’.**

A whole-system response is required in order to reduce the current levels seen across Central Bedfordshire; everyone has a part to play.

## **ii) What we want to achieve**

The aim of the strategy is to bring together, coordinate and focus the contributions of all Local Authority departments and partner organisations. By aligning our efforts we will work to create an environment across Central Bedfordshire which supports every child, young person, adult and older person to achieve and maintain a healthy weight.

## **iii) Our Priorities**

Our four priorities for tackling excess weight are:

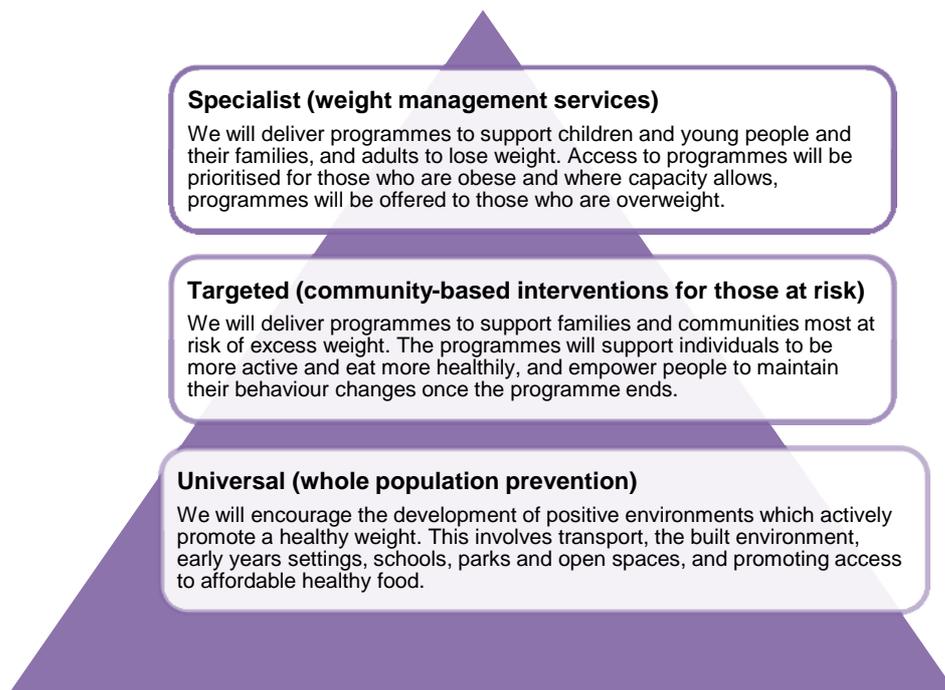
**1. Creating positive environments which actively promote and encourage a healthy weight.**

**2. Giving all children and families the best start in life and supporting them in achieving a healthy weight and lifestyle.**

**3. Empowering adults and older people to attain and maintain a healthy weight.**

**4. Enabling practitioners working in Central Bedfordshire to have a meaningful discussion about weight in a confident and effective manner.**

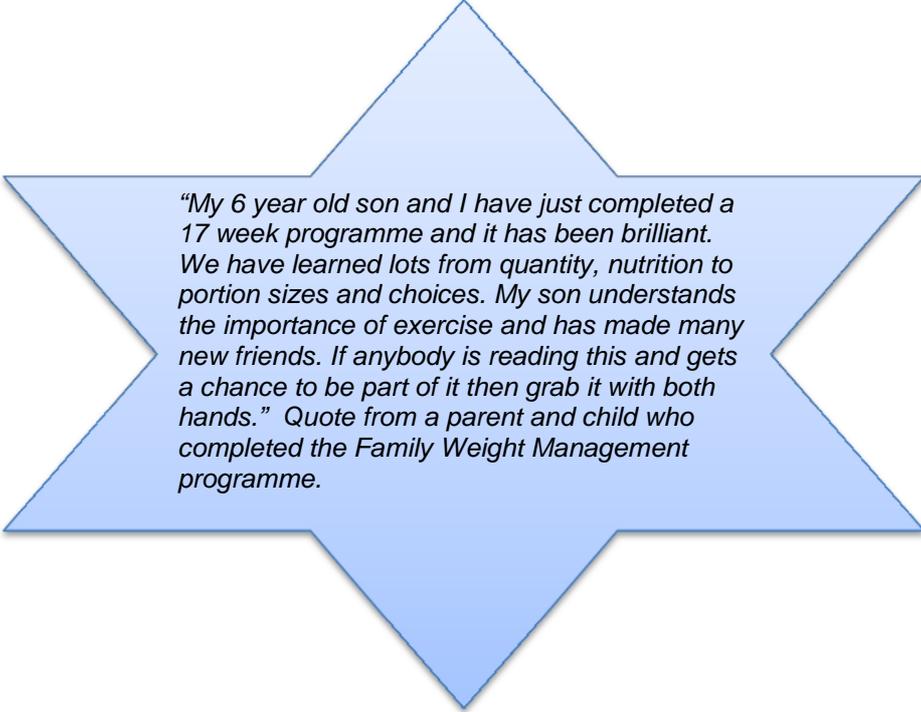
Actions to address the priorities will be taken at three levels:



To ensure a smooth transition between programmes and services we will develop a single pathway for preventing and managing excess weight in children, young people, families and adults in accordance with the aims of this strategy.

#### iv) What will success look like?

As well as being able to demonstrate success for the individuals and families enrolled in our targeted and specialist prevention and management programmes, a successful Excess Weight Partnership Strategy will deliver sustained reductions in population levels of excess weight in children, young people and adults.



*“My 6 year old son and I have just completed a 17 week programme and it has been brilliant. We have learned lots from quantity, nutrition to portion sizes and choices. My son understands the importance of exercise and has made many new friends. If anybody is reading this and gets a chance to be part of it then grab it with both hands.” Quote from a parent and child who completed the Family Weight Management programme.*

The Healthy Weight Strategic Group will continue to steer the implementation and evaluation of the strategy and action plan. Progress against actions will be monitored by the Health and Wellbeing Board.

## The Four Priority Areas

### 1. Creating positive environments which actively promote and encourage a healthy weight

#### Why it's important:

- The Environment in which we live has been shown to have a significant impact on our health. By improving the environment in which residents live, work and play, we can make the healthy choice the easy choice;
- The Government released a briefing in 2014 which outlined the importance of action on obesity, with a specific focus on fast food takeaways, and outlined the regulatory and other approaches that can be taken at a local level;
- Personal responsibility for diet and physical activity levels plays a crucial part in weight gain, so does the 'obesogenic' environment in which we live, with its abundance of energy dense food, motorised transport and sedentary lifestyles (Foresight 2007).

Key challenges	What We Will Do in Partnership
1. Building new housing developments which promote health, leisure and active transport.	Ensure the new local plan includes planning policies which identify and prioritise the inclusion of the key principles of Healthy Environments in the design of new developments, i.e. provision of open space, physical activity opportunities, ensuring accessibility to local services and creating opportunities for active travel.
2. Quality and choice of food in food establishments.	Engage with food businesses to support the development of healthy food choices in new and existing environments, for example, Environmental Health working with businesses to encourage healthier food options in hot food takeaways and restaurants.
3. Provision of safe and aesthetically pleasing environments which encourage physical activity.	<p>Encourage partnership working between a range of departments and agencies including highways, parks, leisure, rights of way, to ensure environments are conducive to encouraging physical activity.</p> <p>Encourage employers to create aesthetically pleasing, safe opportunities for physical activity and accessing healthy food choices, for example, through senior level endorsement of walking meetings, the provision of standing work areas and healthier food options in work canteens.</p> <p>Ensure that sustainable travel choices that are accessible and actively encouraged across communities and in workplaces by providing secure cycle racks, information and cycle route maps.</p>

### **What will success look like?**

1. Increased access to healthier food establishments, particularly around schools and workplaces.
2. All local planning and policy decisions have a focus on preserving and creating healthier environments which provide opportunities for physical activity and healthier food choices.
3. An increase in the provision of healthier food options in new and existing food establishments, for example, premises, workplaces, and leisure facilities.
4. An increase in the use of sustainable modes of travel including walking and cycling, both for leisure and commuting.

Baselines to be established in 2016/17.

### **How will we know if we are starting to make a difference?**

1. Working groups developed to take forward actions, establish baselines and report progress.

## 2. Giving all children and families the best start in life and supporting them in achieving a healthy weight and lifestyle

### Why it's important:

- The early years lay down the foundations for future health and wellbeing, promoting a child's physical, emotional, cognitive and social development to ensure all children have a fair chance to succeed at school and in later life
- Early intervention is key to ensuring that all children have the best start in life and in addressing the inequalities in health and life chances that exist between children living in disadvantaged circumstances and those living in better off families.
- Parents of young children are more likely to be receptive to healthy weight and lifestyle behaviour changes when they are delivered through Health professionals or an evidence based programme like HENRY.
- Achieving the best start in life also benefits educational achievement and economic status later in life.

Key challenges	What We Will Do in Partnership
1. Lifestyle choices in pregnancy:- obese pregnant women have an increased risk of complications at birth, and their children are often overweight also.	<ul style="list-style-type: none"> <li>• Ensure that the discussion of excess weight and signposting to appropriate services is part of the core offer of midwives and health visitors.</li> </ul>
2. Sharing data at the 2 ½ year check across professional groups including Commissioned Services.	<ul style="list-style-type: none"> <li>• Develop data sharing agreements to ensure a smooth transfer of patient data for families who need support from a number of professionals.</li> </ul>
3. There is an upward trend in very overweight rates in children aged 10-11 years (school year 6) as shown in National Child Measurement Programme (NCMP) 13/14 figures.	<ul style="list-style-type: none"> <li>• Target interventions to the areas of greatest need using the ward level data.</li> </ul>

### What will success look like?

1. A reduction in the number of pregnant women at booking with i) a BMI > 30 and ii) 25-29.9 from a baseline of approximately 200.
2. A reduction in the number of children starting school who fall into the excess weight category, from a baseline of 20.2% (NCMP 2014/15)
3. A reduction in the prevalence of excess weight in school-aged children and young people, from a baseline of 26.8% (NCMP 2014/15)
4. An increase in the number of families walking and cycling to work/school and for leisure, walking, tracked using 'Bike It' data and data from Travel hub.

## **How will we know if we are starting to make a difference?**

1. Data sharing agreements in place.
2. Interventions in place in targeted areas.
3. Training schedule for professionals to 'Raise the issue of weight' agreed.

### 3. Empowering adults and older people to attain and maintain a healthy weight

#### Why it's important:

- Life expectancy in Central Bedfordshire is increasing, but we need to ensure that those extra years are lived in good health;
- The best way to help people live longer and healthier lives is to prevent illness in the first place, through action on common risk factors including diet and physical inactivity.
- Overweight and obesity in adults is predicted to reach 70% nationally by 2034 (NOO, 2015); based on modelled estimates local levels have already reached 69%.
- There are significant financial implications for CBC due to the additional costs associated with housing adaptations which may be required for obese adults; additional care costs linked to support that may be required in the home including shopping, cleaning and cooking due to mobility restrictions.

Key challenges	What We Will Do in Partnership
1. 69% of adults in Central Bedfordshire are overweight or obese, which is higher than the England average.	<ul style="list-style-type: none"> <li>• Ensure the provision of consistent information regarding healthy weight by promoting 'Change4life', 'One You' and commissioned services to professionals who work with adults.</li> </ul>
2. Engaging with and supporting vulnerable groups including men, pregnant women, and BME groups.	<ul style="list-style-type: none"> <li>• Ensure all partners with access to target groups are engaged with and contribute to the development of the action plan.</li> </ul>

#### What will success look like?

1. A 1% year on year reduction in the prevalence of excess weight in all adults from a baseline of 69.1% to bring us in line or below the England average. (currently 64.6%)
2. A reduction in the prevalence of excess weight in specific groups of vulnerable adults (BME, men, pregnant women).

#### How will we know if we are starting to make a difference?

1. An increase in the number of safe and accessible opportunities to be active and eat healthily.
2. Healthy weight and lifestyle advice and communications are consistent and accurate.



#### 4. Ensure Excess Weight is everybody's business by working in partnership, and by developing a workforce which is confident and competent in addressing excess weight.

##### Why it's important:

- Studies have shown that after receiving appropriate training, practitioners feel more confident in raising the issue of weight and signposting to the appropriate services.

Key Challenges	What We Will Do in Partnership
1. Changing the culture. Senior buy in – 'Everyone's business'	<ul style="list-style-type: none"> <li>• Engage senior managers across the Local Authority to act as workplace champions to inspire colleagues to be active during their working day and to support them in making healthy eating choices through, for example, the encouragement/participation in walking/standing meetings; healthier food choices in staff restaurants and removing high fat, high sugar produce from till points.</li> </ul>
2. Varied skills and abilities in engaging and active listening of professionals who have contact with children, young people and their families including older adults.	<ul style="list-style-type: none"> <li>• Training for professionals to raise the issue of weight.</li> <li>• Evaluate the impact of the Lifestyle Hub in Dunstable focusing on Physical activity and Healthy eating.</li> <li>• Ensure that all professionals who have contact with children, young people and their families have access to training on 'Raising the issue of weight' and can signpost/refer as appropriate.</li> </ul>

##### What will success look like?

1. A healthier active workforce, with fewer sickness absences.
2. An increase in the workforce who are competent and confident to raise the issue of weight.

Baselines established in 2016/17 for each success measure

##### How will we know if we are starting to make a difference?

1. Senior managers are engaged as workplace champions and participate in workplace initiatives to encourage physical activity and healthy eating.
2. Employees are supported by their workplace to make positive changes to improve their health and wellbeing.

## Appendix 1: Current Partnership Activity across the 4 Priority Areas

### 1. Creating positive environments which actively promote and encourage a healthy weight

#### Prevention

- 400 metre zone opening time restriction on Hot Food Takeaways near Upper Schools (previously included in Development Framework – plans to include in the new document)
- Consultation in place between Public Health and Environmental health department regarding HFTs in areas of high obesity levels
- 25% healthy snack options to be introduced in all vending machines in all 6 LCs from 2015.
- PH representation on Leisure Strategy/PA Network
- Change4Life. One YOU national social marketing campaigns

### 2. Giving all children and families the best start in life and supporting them in achieving a healthy weight and lifestyle

#### Prevention

- HENRY healthy lifestyle programme run in children's centres;
- Change 4 Life Sports Club pilot (5 schools in CB) for Year 5 and 6.
- School games and physical activity - run through the County Sports Partnership
- Change4Life and Start4Life
- Whole School Review for schools to maintain their Health in Education status and identify their provision and any gaps in Health and Wellbeing across the school and in the wider community.

#### Management

- Beezee Bodies as provider of all lifestyle weight management programmes.
- Bike IT' delivered in 27 schools across CBC to pupils and for family leisure and travel, commissioned by Public Health.

### 3. Empowering adults and older people to attain and maintain a healthy weight

#### Prevention

- Walk 4 Health – led by PH Team/Sustrans across CB – Leisure Strategy
- Change4Life
- Health and Wellbeing SWAP (Staff and Wellbeing Action Programme) - led by HR with cross departmental support. Next 12 months includes Health Checks/Health Walks/Yoga, Mental health and wellbeing and advice on Non-sedentary working practices.
- Heartbeat Award (healthy eating) in Leisure Centre cafes - joint programme between Public Health and Leisure Services. Public Protection is keen to promote

this with restaurants and HFT.

- Pride in Days – Community initiative in areas identified with specific issues. i.e. excess weight, high levels of smoking, drinking, youth crime etc.
- Healthy eating workshops to support programmes run by The Stroke Association, Carers Association and by the Workplace Health team.

#### **Management**

- BeeZee Bodies CIC: HENRY, Gutless, BeeZee Bumps, BZ Chat and Believe.
- Lifestyle Hub
- Maternal Obesity programmes: BHT and L&D delivered by BeeZeeBodies.

#### **4. Enabling practitioners working in Central Bedfordshire to have a meaningful discussion about weight in a confident and effective manner**

##### **Prevention**

- 'Making the Most of Me' – 'Train the Trainers' course, run and commissioned by Public Health
- Training 0-19 team and support to SNs via SN Forum meetings
- Excess Weight Resource Packs – for SNs/Pupils/PSHE body
- BZB as provider will support 0-19 teams by training in 'raising the issue of weight'.

## Appendix 2: Detailed Local Excess Weight Picture

### i) Definition

'Excess weight' is used to describe an individual's body weight which is above the healthy range and encompasses both overweight and obese. Above the healthy weight range there are increasingly adverse effects on health and wellbeing. Weight gain can occur gradually over time when energy intake from food and drink is greater than energy used through the body's metabolism and physical activity.

### ii) Measurement of 'Excess Weight'

#### a) Adults

The recommended measure of both overweight and obesity in adults is body mass index (BMI). BMI is calculated by dividing body weight (kilograms) by height (metres) squared.

Having a higher than recommended BMI in adulthood, increases the risk of chronic diseases.

Table 1: BMI classification for Adults

BMI range (KG/m <sup>2</sup> )	Classification
<18.5	Underweight
18.5-24.9	Healthy weight (white European)
18.5-23	Healthy weight (Asian )
25-29.9 23-27.5	Overweight (white European) Overweight (Asian)
30-34.9 27.5+	Obesity I (white European) Obesity I (Asian)
35.9-39.9	Obesity II
>40	Obesity III (Morbidly obese)

The measurement of waist circumference in adults is also important, especially for those with a BMI of <35kg/m<sup>2</sup>, due to the association between intra-abdominal fat (on the waist) and diabetes, raised blood lipids and raised blood pressure. Levels of risk associated with waist circumference are identified in the table below:

Table 2: Waist circumference measurement and risk of co-morbidities

	Increased risk	Substantial risk
Men (white European) Men (Asian)	Greater than 94cms (37")	Greater than 102cms (40")  Greater than 90cms (35")
Women (white)	Greater than 80 cms	Greater than 88cms

European)	(32")	(35")
Women (Asian)		Greater than 80cms (31.5")

### b) Children and Young People

In children BMI is adjusted for age and gender and referred to as a BMI centile<sup>2</sup>.

Table 3: UK National BMI percentile classification for population monitoring<sup>3</sup> of Children and Young People

Classification	BMI Centile
Very underweight	≤0.4th centile
Low weight	≤2nd centile
Healthy weight	>2 but <85th centile
Overweight	≥85th but <95th centile
Obese	≥95th centile

### iii) Prevalence of 'Excess Weight'

The prevalence of overweight and obesity is increasing in virtually every country in the world and among virtually all age groups. Obesity rates in England have more than doubled in the last 25 years with almost two thirds of the adult population now overweight or obese.

Trends in child obesity are a particular cause for concern. Obesity has been rising rapidly in children in England over the past 20 years: the proportion of children classified as obese has nearly doubled for children aged 4-5 years and increased more than threefold for children aged 10-11 years. However this increase may be starting to level off, as the rate of increase in child obesity has slowed compared to the increases observed between 1995 and 2004.

Local prevalence data for children and young people and adults is shown below:

#### a) Prevalence: Children and Young People

The latest NCMP data (14/15)<sup>4</sup> is shown in the table below:

Categories	Age	Central Bedfordshire	East of England	England
Very Overweight (Obese)	Year R	7.2%	8.2%	9.1%
	Year 6	14.4%	16.9%	19.1%

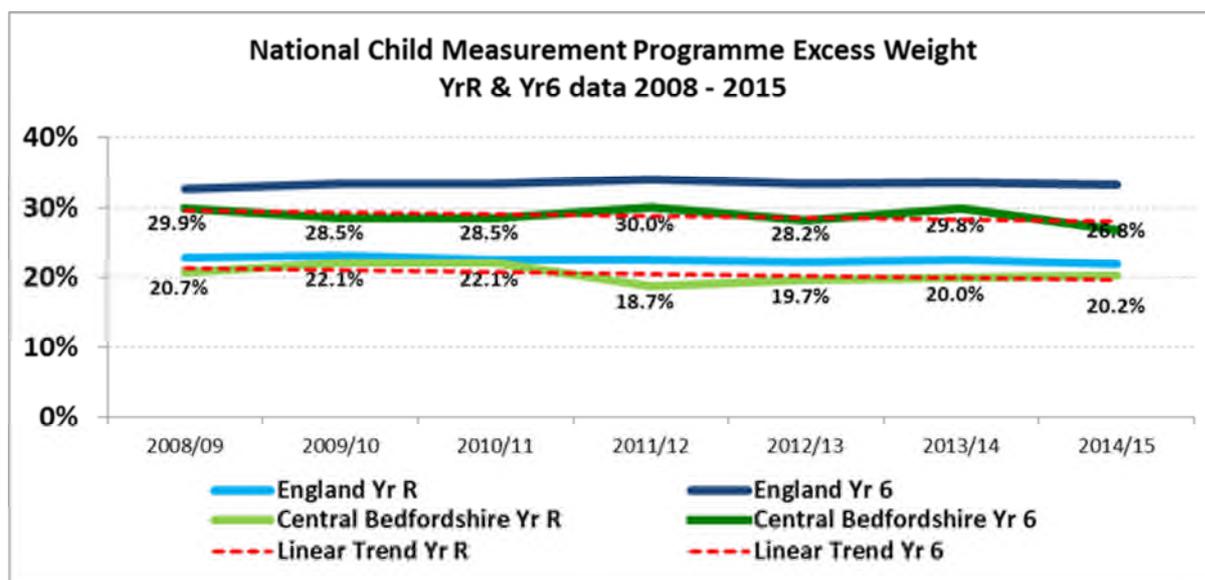
<sup>2</sup> This is a complex calculation based on height, weight, and appropriate age and sex reference charts. In England, the British 1990 (UK90) growth reference charts are used to determine the weight status of an individual child and population of children.

<sup>3</sup> The thresholds identified in Table 3 are population monitoring, they are not the same as those used in a clinical setting for individuals (where overweight is defined as a BMI of ≥91st but <98th centile and obese is defined as a BMI ≥ 98th centile).

<sup>4</sup> based on postcode of residence

Overweight	Year R	13.0%	12.4%	12.8%
	Year 6	12.4%	13.8%	14.2%
Excess Weight (Very Overweight & Overweight combined)	Year R	20.2%	20.7%	21.9%
	Year 6	26.8%	30.7%	33.2%
Healthy Weight	Year R	79.1%	78.5%	77.2%
	Year 6	72.2%	68.0%	65.3%
Underweight	Year R	0.7%	0.8%	1.0%
	Year 6	1.0%	1.4%	1.4%

Trend data over a 7-year period from 2008 shows a downward trend for Year R and Year 6 for excess weight as shown below:



The current ward data available (2014/15) shows the wards with the highest levels of excess weight are:

Year R:- Parkside, Houghton Conquest/Haynes, Dunstable Central.  
Year 6:- Manshead, Northill, Aspley/Woburn.

### b) Prevalence: Adults

The latest data, based on the Active People Survey (2012), is shown in the table below:

Categories	Central Bedfordshire	East of England	England
Obesity	23.7%	23.2%	23.0%
Overweight	45.3%	41.9%	40.8%
Excess Weight (Overweight & Obesity combined)	69.0%	65.1%	63.8%
Healthy Weight	30.0%	33.8%	35.0%
Underweight	0.7%	1.0%	1.2%

In terms of excess weight, this equates to approximately **145,000** adults in Central Bedfordshire.

Ward level data is available for 'obesity' only, based on modelled estimates. The five wards in Central Bedfordshire with the highest prevalence are as follows; with clear similarities to the ward level data for children and young people:

	<b>Ward of residence</b>	<b>% Obese</b>
<b>1.</b>	Parkside	28.9%
<b>2.</b>	Tithe Farm	28.4%
<b>3.</b>	Houghton Hall	27.4%
<b>4.</b>	Dunstable Icknield	27.3%
<b>5.</b>	Dunstable Northfields	27.0%

Prevalence of obesity in pregnancy is also a significant issue. For women in the first trimester, 37% of pregnant women are obese (BMI  $\geq$  30) (BHT-17%; L&D-20%).

#### **iv) Causes of Excess Weight**

Physiological, psychological, social and environmental factors all contribute to overweight and obesity in individuals, communities and wider society. Although personal responsibility in relation to diet and physical activity levels, plays a crucial part in weight gain, so does the 'obesogenic'<sup>5</sup> environment in which we live, with its abundance of energy dense food, motorised transport and sedentary lifestyles (Foresight, 2007).

#### **v) Risks associated with 'Excess Weight'**

##### **a) Children and Young People**

Being overweight or obese in childhood has consequences for their health and emotional well-being, in both the short and long term. Type 2 diabetes, previously considered an adult disease, has increased dramatically in overweight children as young as five, and referred to as 'diabesity'<sup>6</sup>. Raised blood pressure and cholesterol can also be identified in obese children and adolescents. In addition, overweight and obese children and young people are more likely to become obese adults. The emotional and psychological effects of being overweight including teasing and discrimination by peers; low self-esteem; anxiety and depression. Obese children may also suffer disturbed sleep and fatigue.

##### **b) Adults**

Overweight and Obesity are associated with a range of health problems including type 2 diabetes, heart disease and cancer. The risk of type 2 diabetes for obese women is 13 times greater and 5 times greater for obese men compared to those who are not obese (HSCIC, 2011). There is also an increased risk of other diseases, including angina, gall bladder disease, liver disease, osteoarthritis and stroke. One third of obese adults in England have a limiting long-term illness compared to a quarter of adults in the general population. It is estimated that life expectancy is reduced by an average of 2 to 4 years for those with a BMI of 30 to 35 kg/m<sup>2</sup> and 8 to 10 years for those with a BMI of 40 to 50 kg/m<sup>2</sup> (NOO, 2010).

In both men and women, BMI generally increases with age although the patterns of obesity differ amongst ethnic groups. Although there are people in all population groups who are overweight or obese, obesity is related to social disadvantage.

<sup>5</sup> obesity promoting

<sup>6</sup> ([http://www.noo.org.uk/NOO\\_about\\_obesity/child\\_obesity/Health\\_risks](http://www.noo.org.uk/NOO_about_obesity/child_obesity/Health_risks))

A systematic review of the childhood predictors of adult obesity showed that maternal obesity and weight gain during pregnancy are related to higher BMI in childhood and subsequent obesity in adulthood. Women who have diabetes during pregnancy are likely to have obese offspring<sup>7</sup>.

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<sup>7</sup> independent of genetic factors



# Central Bedfordshire

**A great place to live and work**

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