

**Health and Wellbeing Board 29<sup>th</sup> April 2013**

**Report of the Director of Public Health**

**Obesity Strategy**

**Purpose of Report**

1. The purpose of this report is to present the refreshed 'Tackling Obesity' Strategy for Dudley Borough and the accompanying 5 year improvement plan 2013 to 2017.

**Background**

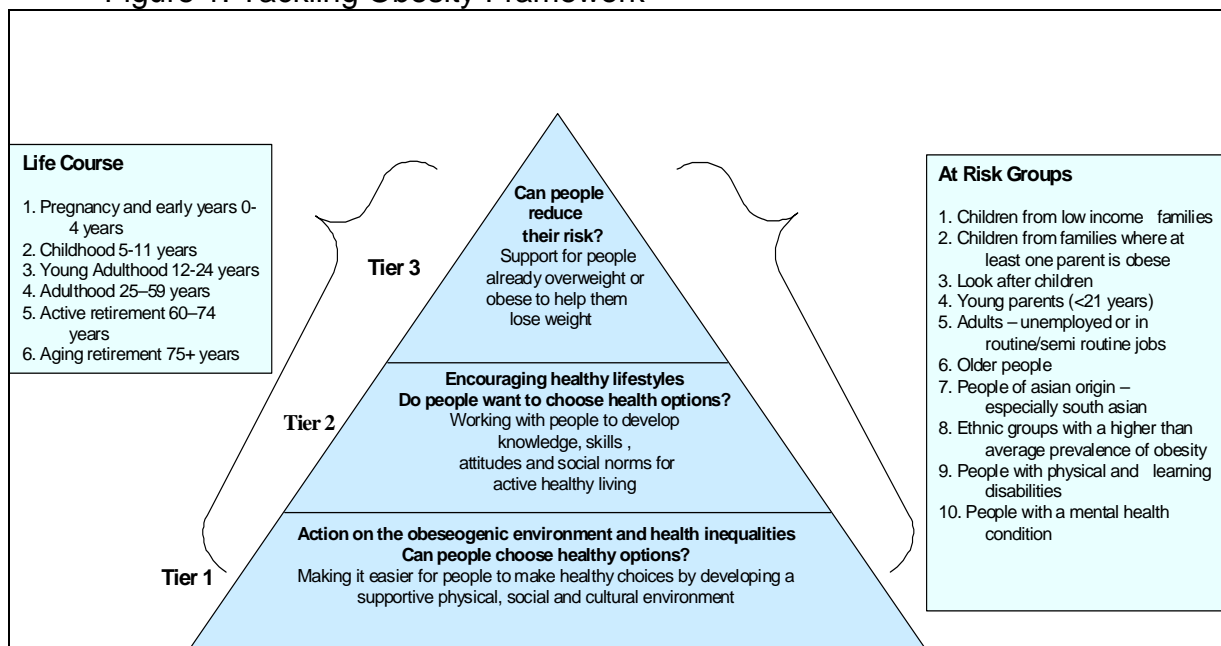
2. Obesity reduction is a long-standing priority for Dudley Borough. It is also a national priority with key outcomes identified in the Public Health Outcomes Framework:
  - i. Reception Year Children Obesity rates
  - ii. Year 6 Children Obesity Rates
  - iii. Obesity Rates in Adults
3. The first borough wide strategy (2005-2010) introduced an evidence based tiered framework for action across the prevention and treatment continuum (see figure 1), which was integrated into key local plans and strategies and has resulted in the implementation of a number of new interventions and services.
4. Following the conclusion of the 2010 strategy, an obesity health needs assessment (HNA) was conducted to evaluate impact, identify gaps and make recommendations for the subsequent strategy. The HNA and an executive summary will be made available on the Dudley MBC website.
5. The key highlights for Dudley Borough from the HNA include:
  - i. Adult obesity prevalence is increasing although levels are lower than England. The health inequality gap for obesity widened between 2004 and 2009.
  - ii. Child obesity prevalence is higher than England, although the rate of increase may be slowing down.
  - iii. Breast feeding initiation and duration are lower than the England and Regional rates. Young people do not see breast feeding as a viable option.
  - iv. Adult physical activity rates have increased, while fruit and vegetable intake has remained constant at low levels.

- v. Child activity levels drop off as children get older, fruit and vegetable intake increased between 2004 and 2009 but children are still consuming high levels of fatty and sugary snacks.
  - vi. There is an impressive number of interventions, services and policy work that are contributing to the reduction in obesity and promotion of healthy lifestyle behaviour.
  - vii. Dudley is a low prescriber of anti-obesity drugs and has low rates of referral for obesity surgery. This reflects the supportive range of alternative prevention and treatment programmes available to everyone in the borough.
6. Key conclusions from the service/initiative review within the HNA was that robust initiatives and services have been developed and are progressing, but have not yet impacted fully on the headline public health outcomes. It needs to be born in mind that tackling obesity is a long –term programme and that:
- i. The interventions implemented to tackle obesity have only just started and have not achieved their full implementation
  - ii. Lessons learned from tackling smoking behaviour, is that it takes longer than 5 years for the impacts of public health programmes to come to fruition.
  - iii. Some of the programmes although effective, have limited resources, are very small and therefore contribute only small impacts at the population level.
7. A small editorial team was set up to draft a new strategy and improvement plan 2013-2017 based on the recommendations from the HNA.

### **The Strategy**

8. The refreshed strategy gives an overview of why there is a need to reduce the levels of obesity in the borough, the current picture for the Borough and an overview of programmes and initiatives that currently contribute to tackling obesity.
9. The Vision is to **‘create an environment and culture where adults and children in Dudley have the opportunity to maintain a healthy weight’**.
10. The strategy aims to halt the rising trend in obesity in adults and to reduce the levels of child obesity from 23.4% (2006) to 18.5% by 2020.
11. Early years has been identified as a priority life-stage; people living in deprivation, black and minority ethnic communities and people with physical, mental or learning difficulties have been identified as priority at-risk groups in order to reduce the health inequality obesity burden.
12. The strategy adopts a 3 tier approach to tackling obesity with action at the environmental, personal lifestyle, and weight management treatment levels (see figure 1).

Figure 1: Tackling Obesity Framework



13. The improvement plan builds on the programmes and initiatives set up over the last 5 years, with a view to maximise their reach and impact at the population level. (Inset 1, 2 and 3 provides case-studies on 3 such programmes). However, there is a need for a step change. The new duty placed on the Local Authority to improve the health of its population will provide a platform to take us to the next level, for example through action on the environment such as planning guidance for health and prioritising active travel. This will ensure that the next 5 years secure real positive changes in the headline public health outcomes.

#### Inset 1

##### **Kelly, a 41 year old working mum from Kingswinford lost over six stone in 14 months.**

Weighing in at 19stone 2lbs in Sept 2011 and wearing size 30 clothes Kelley, a nurse at Russells Hall Hospital, was beginning to feel quite ill- breathless and struggling to walk properly. Her GP referred her to Slimming World in September 2011, She was surprised at how much she could eat and still lose weight. A typical day's meals consisted of Weetabix with skimmed milk for breakfast, homemade soup or jacket potato for lunch and a tasty low fat meal from the Slimming World programme for dinner. After just 14 months she had lost an amazing 6st.

Today Kelly not only monitors her diet but she also takes regular exercise by walking her dog and going swimming. She is considering buying a bike, as she aims to reach her target of losing just over nine stone by April 2013. At 12st 7 1/2 lbs she is now down to a size 14 but her aim is to reach 9st 7lbs and a size 10.

Kelly's family have been a tremendous support and have joined her in her weight loss programme. Her husband has lost three stone and her 21 year old daughter has also joined Slimming World.

14. The improvement plan covers the following strategic objectives:

**Tier 1: Environment: Making it easier to make healthier choices**

- Expand the reach and impact of programmes that increase access to healthy food
- Further develop transport infrastructure to prioritise active travel
- Use the urban design and planning process to increase access to physical activity opportunities and access to healthy food
- Increase structured delivery of physical activity programmes by 5%/year targeting the most deprived areas and BME women
- Industrialise workplace wellbeing programmes across all sectors in Dudley Borough

**Tier 2: Lifestyles: Knowledge, skills and attitudes**

- Develop and sustain public health campaigns to raise the public consciousness on healthy living
- Focus on the early years and primary school ages to foster healthy habits from an early age
- Increase the number of mothers breast feeding at 6 to 8 weeks
- Increase the numbers of people accessing the lifestyle services and health improvement programmes

**Tier 3: Obesity treatment pathways for adults and children**

- Increase referrals to the child weight management pathway
- Further improve long-term outcomes from both adult and children's weight management pathways
- Increase referrals from secondary care and mental health to the adult weight management pathway
- Increase referrals and further improve outcomes for children and adults with learning difficulties who are obese
- Maintain low levels of anti-obesity drug use and surgical treatments for obesity

**Inset 2**

By the time Donna attended her first antenatal booking in November 2010 she had already gained one stone in weight. Worried about this weight gain, she, was happy to be referred to the Health In Pregnancy Support Service (HIPSS). Donna confided that she expected to put on over four stones, as this was the experiences of friends and family. She was also aware that portion sizes were her downfall. She worked during her pregnancy to reduce portion sizes and increase her activity. Donna chose regular swimming, especially as HIPSS was able to provide her with a referral for half price swimming at her local leisure centre.

Although she found working towards personal goals hard work, and hated changing her breakfast from chocolate caramel biscuits to a healthier alternative, she appreciated the massive benefits and was delighted with her pregnancy weight gain of just 8kg.

HIPSS support proved invaluable during Donna's third week of breastfeeding when Ellie wasn't gaining weight quick enough. Donna called her HIPSS

Support Worker who gave her the confidence to continue. She committed to continue her new healthy habits and extended the behaviours to include Mark, her partner, and Ellie. She has continued to lose weight reaching 64.5kg (BMI 29) in November 2011. Her partner also lost 2 stone.

### Insert 3

**Peter, a patient under the care of the Ridge Hill Centre, a specialist therapeutic service assisting people with learning difficulties, lost nearly four stones with the help of Slimmer's Kitchen.**

Paul, who has moderate learning disabilities, was referred to the Health Access Service by his GP for an initial assessment to help him address his weight. At 17st 6lbs with a BMI of 36 and high cholesterol, Paul was an ideal candidate for the Slimmer's Kitchen weight management programme. Paul received support and encouragement from a Health Access Service nurse whilst attending Slimmer's Kitchen, where he was encouraged and empowered to make sustainable lifestyle changes, through healthy eating and regular exercise.

After attending the programme Paul continued to receive one-to-one support on a regular basis and managed to reduce his weight by 3st 12lbs, bringing his BMI down to 29.2 and reducing his cholesterol level to 4.3.

15. In order for successful outcomes, the strategy must create 'leadership for change' across all sectors and Dudley MBC directorates. Obesity reduction is 'everyone's' business. A set of principles has been developed that partner organisations and Dudley MBC directorates are invited to sign up to and it is also anticipated that they will build actions in the improvement plan into their own yearly action plans and will contribute to an obesity strategy annual report.
16. Key deliverables will also be driven through key partnership groups:
  - i. PAiCE ( Physical Activity in the Community Environment)
  - ii. Food and Nutrition Steering Group
  - iii. Adult Weight Management Group
  - iv. Child Obesity Task Group
17. There has been consultation on how to tackle obesity with partner agencies, Dudley MBC directorates, and the public. Public consultation activity made use of the existing health forums and networks within the borough, and also brought in comments from linked consultations. From the Health and Wellbeing Strategy public consultation, supporting healthy lifestyles to reduce obesity, smoking and alcohol was the top priority for adults and the second priority for children.
18. The obesity strategy delivery will contribute to the Health and Wellbeing Strategy. It is recommended that progress and performance is monitored through the systems set up to monitor the Health and Wellbeing Strategy.

## **Finance**

19. Any financial implications arising from the strategy will be met from within existing budgets between the agencies, service redesign or from successful application to external funding sources.

## **Law**

20. There is no specific law relating to this report content.

## **Equality Impact**

21. The impact of obesity on different groups and communities was extensively reviewed within the HNA and resulted in the life-stages and at-risk groups detailed in this report being prioritised. The establishment of the Health and Wellbeing Board also provides an opportunity to influence partner organisations to consider equity issues in relation to obesity prevention and treatment.

## **Recommendations**

22. It is recommended that the Board ratify the Dudley Borough Obesity Strategy and improvement plan for 2013 to 2017.
23. It is recommended that the Board support and encourage partners to contribute to the improvement plan, incorporate the actions into their own organisational/directorate action plans and contribute to the obesity strategy annual report.
24. It is recommended that Board agrees to accept a yearly annual report for this strategy



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