

HEALTHY WEIGHT STRATEGY

To: **Health Committee**

Meeting Date: **September 7th 2017**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **KD2017/35** *Key decision* **Yes**

Purpose: **To provide an overview of the Healthy Weight Strategy and feedback on the consultation that was taken across the system**

Recommendation: **The Health Committee is asked to:**

a) The Health Committee is asked to approve the Healthy Weight Strategy and the Implementation Plan

b) To endorse partners taking forward the Implementation Plan.

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1. BACKGROUND

- 1.1 Achieving a Healthy Weight for the population is a major public health challenge. Healthy weight is fundamental for good health and wellbeing and demands a joined up collaborative whole systems wide approach if it is to be addressed effectively. The Cambridgeshire Healthy Weight Strategy supports delivery of the five strategic objectives of the Cambridgeshire Health and Wellbeing Strategy 2012-17 and it is firmly embedded into the Cambridgeshire and Peterborough System Transformation Prevention Strategy. It has been developed with the support of the Cambridgeshire Public Health Reference Group (PHRG).
- 1.2 The Healthy Weight Strategy considers the impact of the increase in the prevalence of unhealthy weight along with evidence based interventions for prevention through to treatment for the associated poor health outcomes. There is a focus on diet and physical activity as the key factors that influence a healthy weight. Nationally and locally, there is a considerable emphasis upon obesity and excess weight dominates the focus of the Strategy. However, information is also included on malnutrition (referring to underweight for the purposes of this Strategy) and how it is affecting health in Cambridgeshire and Peterborough. Please note that although this Strategy was developed predominantly by Cambridgeshire, partner Peterborough's information is included reflecting the Cambridgeshire and Peterborough Clinical Commissioning Group's involvement in its development. The full Draft Healthy Weight Strategy is attached as Appendix 1.
- 1.3 In July 2016 the Health Committee was asked to approve the Healthy Weight Strategy as a draft document for further engagement and consultation. Secondly to endorse a system wide event to engage organisations and communities in finalising and agreeing the Implementation Plan. The system wide event had national level "experts" presenting and was attended by representatives from a wide range of organisations. Participants were asked to prioritise areas that could be taken forward in an implementation plan. The identified priorities have been central to the development, with partners, of the attached Implementation Plan, (Appendix 2) which reflects the key areas of the Strategy. The Healthy Weight Strategy and its Implementation Plan was subsequently approved by the PHRG.

2. MAIN ISSUES

Prevalence – Childhood Obesity

- 2.1 An unhealthy weight includes malnutrition but the focus nationally and locally is currently upon overweight and obesity, which are seen as a major public health challenges. The last twenty years has seen an unprecedented increase in levels of overweight and obesity. The poor health associated with overweight and obesity and the cost of addressing these are the drivers behind this Strategy.
- 2.2. The National Child Measurement Programme (NCMP) annually measures all children in reception and year 6 classes in schools across the country. In 2015/16 the NCMP data shows that nationally 12.8% of Reception children are overweight and a further 9.3% are obese. In Year 6, 14.3% of

children are overweight and an additional 19.8% (double the 9.3% rate in reception) are obese.

In 2015/16 nearly one in five Reception, children in Cambridgeshire start school overweight or obese (18.7%). In Year 6, over one in four Year 6 children is overweight or obese. (28.2%). Prevalence data is more varied within Cambridgeshire districts with Fenland consistently having the highest prevalence of excess weight year on year, 21.4% in Reception and 33.9% in Year 6

- 2.3 Since 2007/2008 the prevalence of child overweight and obesity in Cambridgeshire has been below the national figure with some variation from year to year. However, there are persistent differences between the Cambridgeshire districts. Table 1 indicates the differences in percentages of obesity between the districts with Fenland having the highest levels in Cambridgeshire. It also shows that obesity doubles between reception and Year 6 schoolchildren.

Table 1- Recorded Obesity Prevalence in Cambridgeshire Districts and Peterborough 2015/16

Area	Reception (%)	Year 6 (%)
Cambridge	6.0%	11.3%
East Cambridgeshire	6.8%	15.3%
Fenland	8.7%	20.0%
Huntingdonshire	7.3%	15.8%
South Cambridgeshire	5.9%	12.6%
Cambridgeshire	6.9%	14.9%
Peterborough	9.3%	19.8%
England	9.3%	19.8%

Source: HSCIC, NCMP 2015/16

Prevalence - Adults

- 2.4 The majority of the adult population in England are overweight or obese (64.8% 2013-15). Adult obesity prevalence has increased from 14.9% in 1993 to 25.6% in 2014. Morbid obesity (the most severe category of obesity) has more than tripled in this time, affecting 2% of men and 4% of women in 2014. Modelling suggests obesity levels could increase to 60% of men, 50% of women and 25% of children by 2050. Using current trends, adult overweight and obesity will reach 72% by 2035 - almost three in four UK adults. In Cambridgeshire and Peterborough, modelling indicates that these figures will increase by 2031 to 69.4%
- 2.5 It was estimated that in 2013-15 in Cambridgeshire 63.2% of local adults were either overweight or obese, slightly lower than the national average of 64.8%
- 2.6 There are differences in adult prevalence of excess weight between Cambridgeshire districts. In 2013-15 Fenland had the highest percentage of adults with excess weight (72.9%) followed by East Cambridgeshire (68.1%) and Huntingdonshire (67.3%). All three districts were significantly above the

national average for this measure. Cambridge (47.6%) is the only district to have significantly lower estimated levels of excess weight than England (64.8%), which is likely to be affected by the higher proportion of young adults in the city.

Table 2: Adult excess weight in Cambridgeshire & Peterborough. Source: Public Health Outcomes Framework (data based on 2013-15)

Area	% Unhealthy Weight
Fenland	72.9%
East Cambridgeshire	68.1%
Huntingdonshire	67.6%
South Cambridgeshire	63.6%
Cambridge City	47.6%
Cambridgeshire	63.2%
Peterborough	70.8%
England	64.8%

Prevalence - Malnutrition

- 2.7 There is a poor understanding of the rates of malnutrition but it is estimated that over three million people in the UK are thought to be malnourished or at risk of malnutrition. Around 1.3 million older people aged over 65 years are estimated to be within this figure. The majority of these people are thought to be living in the community (93%) with a minority in care homes (5%) or in hospital (2%). Local estimates are determined by applying national estimates to the population, which means that in Cambridgeshire and Peterborough there are 13,000 to 18,300 older residents who are malnourished. By also considering lifestyle and psychosocial risk factors, there may be an estimated 29,000 older people at increased risk of malnutrition in Cambridgeshire.

Physical Activity

- 2.8 Regular physical activity is a key factor in achieving a healthy weight and reducing the risk of obesity. Activity levels have declined and England is now 24% less active than in 1961. Current trends predict this will increase to 35% by 2030. Just over half of all adults (57% in 2015) currently meet physical activity guidelines (67% of men and 55% of women). Two in ten (22% in 2015) 5 to 15 year olds meet recommended levels of exercise (23% of boys and 20% of girls). The proportion of children meeting the weekly guidelines has fallen since 2008 (28%) although physical activity levels have improved since 2012. Activity levels decrease in older children, and girls show the lowest levels of physical activity across all age groups in 5-15 year olds.
- 2.9 There are fewer inactive adults in Cambridgeshire (25.3%) compared to England (28.7%). There are differences amongst the districts. Cambridge City has the lowest levels of physical inactivity (14.7%), East Cambridgeshire (29.7%) is similar to the England average and Fenland (37.4%) has higher inactivity levels than the rest of the county and England.

Unhealthy Weight and Inequalities

- 2.10 There are unhealthy weight inequalities amongst different population groups.

Deprived communities, certain ethnic groups, people with disabilities, long-term conditions or mental illness, children with obese parents and looked after children have a higher risk of an unhealthy weight, which is reflected by higher rates of poor health outcomes.

Unhealthy Weight and Health

- 2.11 Unhealthy weight has considerable implications for health, social care and the economy. Excess weight in adults reduces life expectancy by three years on average, increasing to eight to ten years in morbid obesity. It increases the risk of developing serious diseases, including diabetes, heart disease and some cancers. Childhood obesity has physical and mental health consequences and increases the risk of being an overweight adult. Health, social care and the economy are also impacted by malnutrition, which has serious health effects and makes people more vulnerable to disease.

The Costs of Unhealthy Weight

- 2.12 High levels of unhealthy weight places substantial demands on health, social care services and the wider economy. An additional £2.51 billion a year in direct health costs are predicted by 2035. This is for treatment for excess cases of coronary heart disease (CHD), type 2 diabetes, stroke and cancer resulting from increasing prevalence of obesity. By 2035, the indirect costs of excess weight are predicted to be £13.98 billion. Diseases associated with excess weight relate to sixteen percent of NHS costs. Of these, 60% relate to diabetes, coronary heart disease and stroke; 30% to osteoarthritis and 10% to cancers.

Figure 1: Obesity Harms Communities. Public Health England 2015, Making the case for tackling obesity

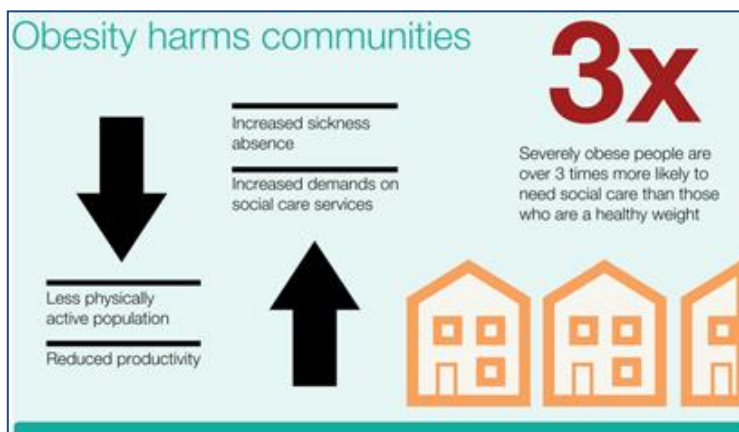
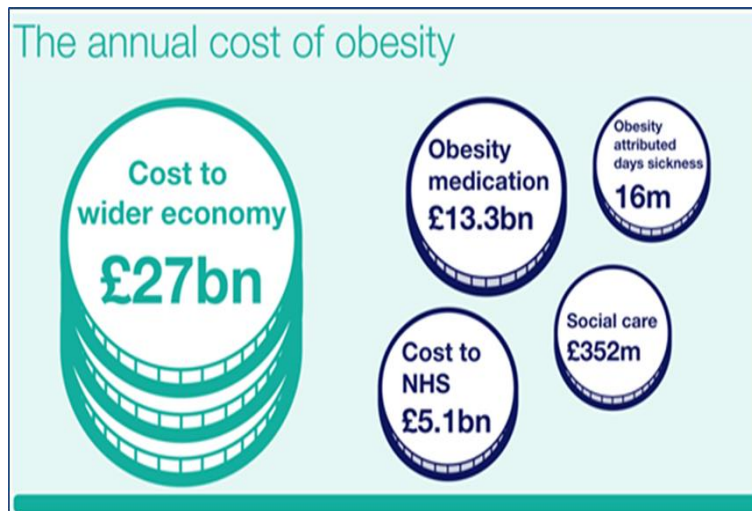


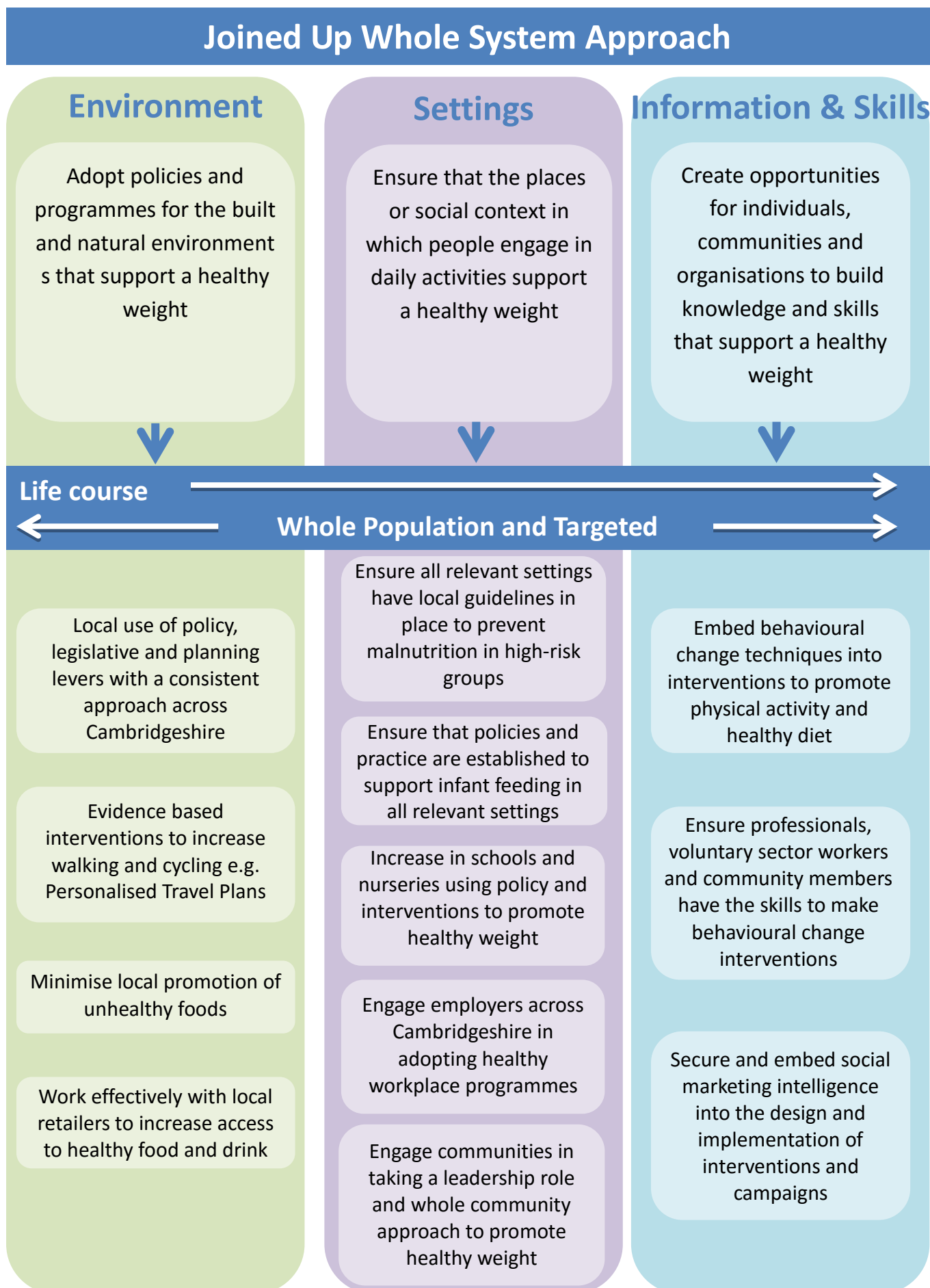
Figure 2: Annual Cost of Obesity. Public Health England 2015



The Healthy Weight Strategy

- 2.13 The Strategy describes the extent of the issue and its effect upon health in terms of outcomes and the costs to health and social care. Figure 3 is a high level summary of the Healthy Weight Strategy. It has been developed from the best available evidence. The underpinning theme of the Strategy is that addressing unhealthy weight requires a multi-factorial approach; interventions need to be system wide, holistic and joined up across all sectors. Action to address unhealthy weight needs to be embedded into policies and strategies at a local level. It requires population wide interventions but also targeted approaches for specific groups with a high risk of or with existing high unhealthy weight prevalence. A life course approach is essential with interventions being divided into three areas, the environment, place based or settings and through information and skills development to support behavioural change.
- 2.14 The Strategy indicates the types of evidence based interventions that will need to be implemented. It provides examples of good practice from local and national areas as indicators of how work can be carried forward.

Figure 3 – Healthy Weight Strategic Framework for Action



Next Steps

- 2.15 Addressing the issue of unhealthy weight, especially obesity, will only be possible through the joint efforts of organisations and communities across the whole of Cambridgeshire. This Strategy and its Implementation Plan was developed with partners and has secured support from many parts of the system. Taking forward the Implementation Plan will require the collaborative use of resources to ensure that the Implementation is effective.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The report above sets out the implications for this priority in paragraph 2.18

3.2 Helping people live healthy and independent lives

The report above sets out the implications for this priority in paragraphs 2.17, 2.19 and 2.20

3.3 Supporting and protecting vulnerable people

The report above sets out the implications for this priority in paragraphs 2.11, 2.13, 2.16, 2.17, 2.19 and 2.20

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The following bullet points set out details of significant implications identified by officers:

- The costs of unhealthy weight are indicated in paragraphs 2.19
- Implementing the strategy will require funding to implement many of the system wide evidence based interventions that will affect the resource allocation of organisations across the county.
- The interventions recommended reflect the current cost-effectiveness evidence.

4.2 Statutory, Risk and Legal Implications

The following bullet points set out details of significant implications identified by officers:

- Unhealthy weight can have a wide-ranging negative impact on the health and wellbeing of the population. In the past 20 years rates have increased dramatically
- If this increase is not addressed, there is a very high risk that there will be an increased burden of obesity related disease that will impact heavily upon health and social care services.

4.3 **Equality and Diversity Implications**

The following bullet points set out details of significant implications identified by officers:

- The Strategy indicates the unhealthy weight inequalities and how these would need to be addressed.
- Targeted approaches are indicated.

4.4 **Engagement and Consultation Implications**

The following bullet points set out details of significant implications identified by officers:

- Members are being asked to approve the Healthy Weight Strategy and the Implementation Plan.

4.5 **Localism and Local Member Involvement**

The following bullet points set out details of significant implications identified by officers:

- Implementation of the Strategy will involve working with communities to support them to engage with the agenda through community action.

4.6 **Public Health Implications**

The following bullet points set out details of significant implications identified by officers:

- Unhealthy weight is a major public health issue due to its substantial impact on health.
- It requires interventions at community and organisational levels i.e. across the whole system.
- These will need to include targeted actions that will address the inequalities associated with unhealthy weight and are indicated in the Strategy

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes 16 Aug 2017 Name of Financial Officer: Clare Andrews
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes 22 nd Aug 2017 Name of Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes 17 Aug 2017 Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes 18/ Aug 2017 Name of Officer: Liz Robin

Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Joanne Dickson
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes 18 Aug 2017 Name of Officer: Liz Robin
Have any Public Health implications been cleared by Public Health	Yes 18 Aug 2017 Name of Officer: Liz Robin

Source Documents	Location
<p>Cambridgeshire and Peterborough Healthy Weight Strategy</p> <p>Links to all the information provided in this paper can be found in the Strategy</p> <p>Public Health Reference Group – Membership details</p>	<p>\\ccc.cambridgeshire.gov.uk\data\CFA Public Health\Shared\Health Improvement\Obesity\PHRG Obesity Strategy from 201</p> <p>..\..\..\Shared\Director of Public Health\Director of Public</p>

