

Healthy Weight

To: Adults and Health Committee

Meeting Date: 24 June 2021

From: Val Thomas, Deputy Director of Public Health

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: The Healthy Weight Strategic Framework and its implications for the system.

Recommendation: It is recommended that the Adults and Health Committee;

- a) Endorse the outline Strategic Framework for Healthy Weight.
- b) Endorse a time-limited review of the barriers and enablers for addressing Healthy Weight locally.
- c) Support engaging system leaders in adopting the Healthy Weight framework and the learning from the review.
- d) Support the delivery of an immediate programme of awareness and campaign targeting those most at risk of the poor outcomes from COVID-19 that are associated with obesity.

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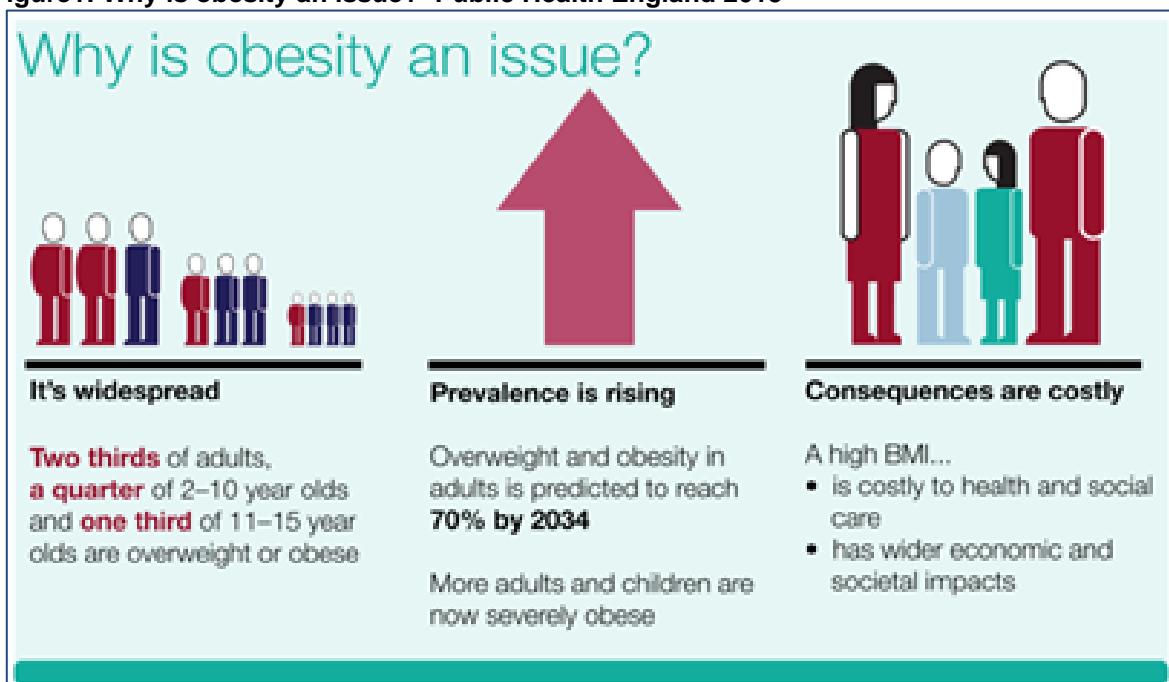
1. Background

- 1.1 There is a considerable focus upon obesity across national, regional and local systems reflecting concern with regard to its wide ranging impacts upon health and wellbeing outcomes but also more widely, across the determinants of health. Just prior to the start of the COVID 19 pandemic, work had commenced to refresh the Cambridgeshire Healthy Weight Strategy. Despite efforts focused upon COVID-19 over the past year there have been ongoing concerns about the need to address the issue. The Clinical Commissioning Group (CCG) launched at the end of 2020 its “BMI can do it campaign”. The Health Committee also supported addressing obesity and achieving Healthy Weight. It supported a time-limited project to identify the barriers and enablers for addressing the issue in Cambridgeshire through a system wide approach along with agreeing priorities that will have the most impact.
- 1.2 Due to the surge of COVID-19 and the necessary response both the local authority driven work and the CCG campaign were paused. However, given the levels of obesity and emerging evidence that COVID-19 has created both structural and behavioural changes that have exacerbated rates of obesity, this paper lays out an outline strategic framework for healthy weight and recommends actions for taking the work forward.
- 1.3 This paper describes the impact of obesity and the need to engage organisations from across the system to support the strategic framework for a healthy weight that is found in this paper. The support of the Committee will be important to drive this through and across organisations.

2. Main Issues

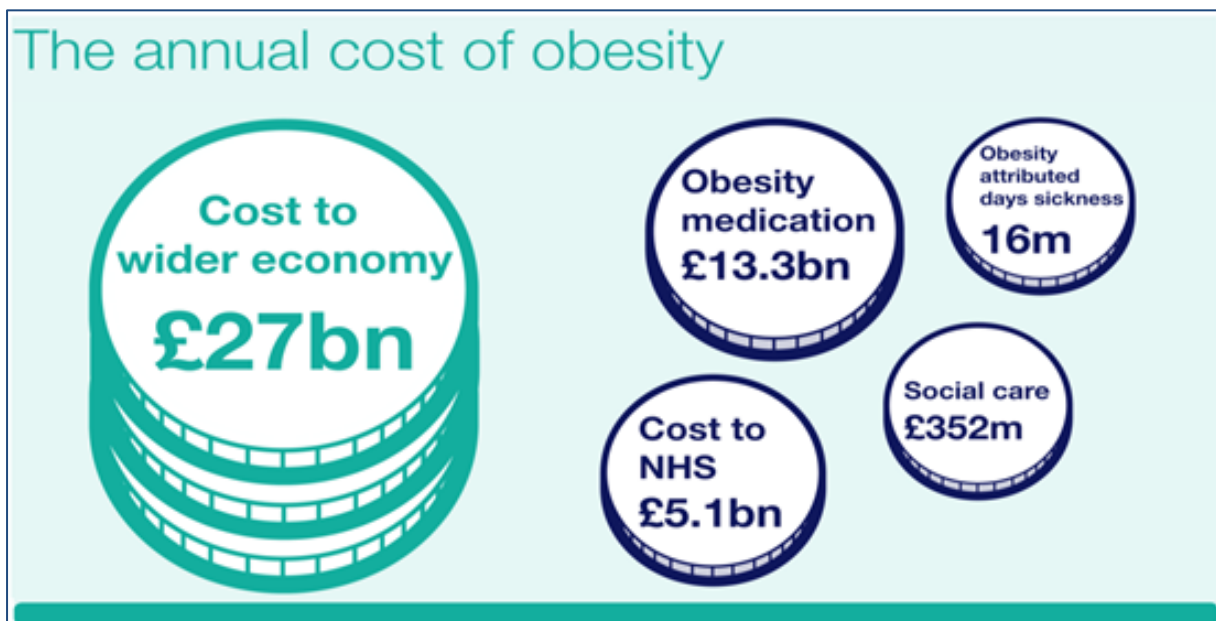
- 2.1 Obesity and malnutrition (especially in older people) are increasing. Being overweight or malnourished increases the risk of poor health, creating substantial implications for health, social care, and the economy. Obesity and malnutrition (especially in older people) are increasing.

Figure1: Why is obesity an issue? Public Health England 2015



- 2.2 Obesity reduces life expectancy by three years on average, increasing to eight to ten years for morbid obesity. It increases the risk of developing serious diseases, including diabetes, heart disease and at least 12 types of cancer. It is also associated with have an adverse impact on mental health and increased hospital admission and death from COVID-19. Although the health impacts of obesity are more widely known in terms of healthy weight, the effects of malnutrition are also serious and make people more vulnerable to disease.
- 2.3 Obesity incurs significant direct annual costs of £5.1 billion, which increases to £27 billion if the costs to the whole system are included. The continuing increase in prevalence of excess weight will have a significant impact on the annual cost of obesity. An additional £2.51 billion a year in direct health costs alone is predicted by 2035. By 2035, the indirect costs of excess weight are predicted to be £13.98 billion. Malnutrition cost an estimated £19.6 billion in 2011/12 in England. Of the total figure, older adults accounted for over half. Around two thirds of malnutrition cases are not recognised; the impacts include an increased burden of disease and treatment costs. The estimated cost has increased significantly from the previous estimate of £13 billion in 2007. The cost of malnutrition is anticipated to increase with an ageing population and rise in health and social care costs. In 2013 The National Institute for Health and Care Excellence (NICE) identified malnutrition as the sixth largest source for potential NHS savings; a reduction in costs to the NHS of £45.5 million a year could be made through early identification and treatment of malnutrition in adults, even after training and screening costs.

Figure 2: Public Health England Excess weight and COVID-19. 2020



- 2.4 Nationally, the majority of the adult population in England are overweight or obese (63% in 2018, later figures are not available due to the pandemic impact on data collection). Obesity prevalence increased steeply between 1993 and around 2000, with a slower rate of increase after that. The proportion of healthy weight adults has declined over this period and is predicted to continue to do so. 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.

2.5 Excess weight includes those who are overweight and obese. In 2018/19, 62% of the population fell into the excess weight category. At that time, Fenland (71.5%) and Huntingdon (68.0%) had rates of obesity higher than the national average.

Table 1: Percentage of Adults with excess weight in Cambridgeshire. Source: Public Health Fingertips 2019/20

Area	% Excess weight	Versus England
Cambridge City	46.4%	16.4%
East Cambridgeshire	58.8%	4.0%
Fenland	74.5%	-11.7%
Huntingdonshire	64.8%	-2.0%
South Cambridgeshire	58.1%	4.7%
Cambridgeshire	60.2%	2.6%
England	62.8%	0.0%

2.6 Excess weight amongst children is a good predictor of adulthood obesity. The National Child Measurement Programme (NCMP) is an annual measuring of all children in school years reception and year 6. Due to COVID-19, the 2019/20 school year measuring was not completed and only about 75% of the data was collected consequently local level data is not deemed sufficiently robust at this coverage. However, the national headlines are that in reception, year 6 obesity prevalence has increased, and children living in deprived areas are twice as likely to be obese. The data for 2018/19 are found in the Table 2 below and reflect the impact of deprivation but also the doubling in rates between reception & year 6.

Table 2: Childhood obesity in Cambridgeshire NCMP 2018/19

Area	Percentage of Reception children overweight or obese	Percentage of Year 6 children overweight or obese
Cambridge City	6.10%	14.10%
East Cambridgeshire	6.60%	14.10%
Fenland	8.90%	20.20%
Huntingdonshire	7.30%	15.40%
South Cambridgeshire	6.20%	11.80%
Cambridgeshire	7.00%	14.80%
East of England	8.50%	17.70%
England	9.40%	19.90%

2.5 The two key health related behaviours that impact upon weight are physical activity and diet.

In Cambridgeshire, Fenland has the lowest rates of physically active adults, and it is statistically below the national average. The other Cambridgeshire districts are statistically significantly higher than the national average.

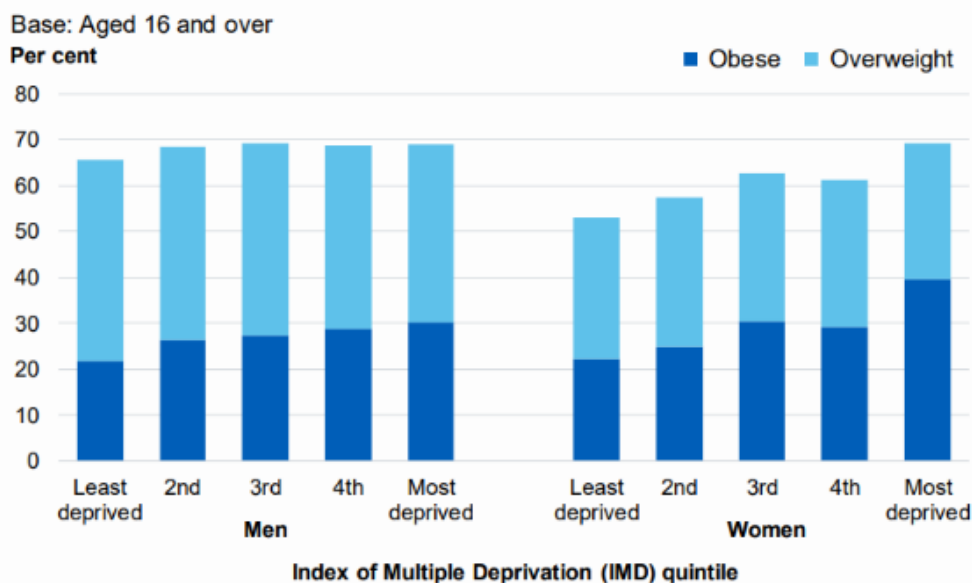
Table 3: Percentage of Physically Active Adults in Cambridgeshire & Peterborough.
Source: Public Health Fingertips 2018/19

Area	% inactive	Versus England
Cambridge City	75.0%	-8.6%
East Cambridgeshire	70.9%	-4.5%
Fenland	62.7%	3.7%
Huntingdonshire	71.4%	-5.0%
South Cambridgeshire	74.9%	-8.5%
Cambridgeshire	71.0%	-4.6%
England	66.4%	0.0%

2.6 Poor diet is a contributing factor of unhealthy weight. Data from the National Diet and Nutrition Survey (NDNS) show dietary intakes are below recommendations for fruit and vegetables, fibre and oily fish. Intakes of saturated fat and sugar are above recommended amounts. Adult men also tend to exceed recommended levels of red and processed meat. For most nutrients there has been little or no change in consumption in recent years; 28% of adults and 18% of children met the recommended '5 a day' fruit and vegetable consumption in 2018.

2.7 The striking factor about obesity is that it is national challenge affecting the population from childhood through adulthood to older age groups. However, the risk of obesity is higher for those people aged between 55-74 years, people living in deprived areas and in some Black, Asian and Minority Ethnic (BAME).

Table 4: Prevalence of obesity and overweight by IMD and sex (HSE 2019)

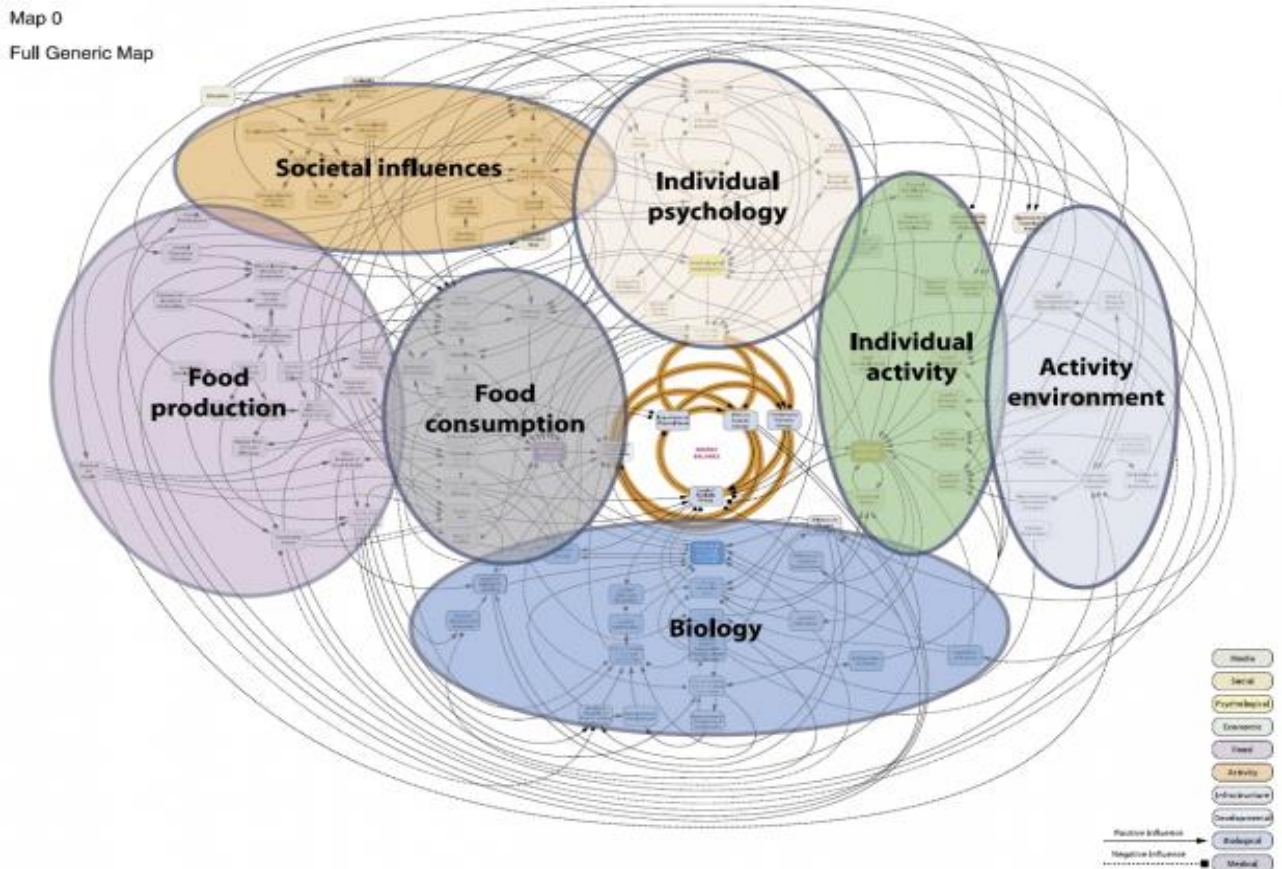


Source: NHS Digital

2.8 The influential Foresight Report (2007) provided clear evidence that obesity, which can be applied in many ways to malnutrition, is associated with multiple factors, which involve many levels of interactions between people, their determinants, and the social and physical environment.

It is the most famous of the Foresight images in Figure 3 that captures the need for a “whole systems” approach.

Figure 3: Foresight thematic causation of obesity. Foresight systems map Tackling Obesities: Future Choices Report 2007



The obesity system map has been instrumental in creating a balanced perspective about the roles of the individual and the environment. More specifically, the independent contributions of a poor diet and physical inactivity as drivers of excess weight gain, an awareness that some individuals are biologically more susceptible to weight gain, a recognition of the impact of the environment on personal ‘choices’, and hence much greater acknowledgement of the interactions between the environment and the individual.

However, there is the view held by many experts in the field that more could be to incorporate “systems” thinking into tackling obesity if the following five causes cited in the Report are to be tackled in any meaningful way.

- Biological
- Behaviour – Diet and Physical Activity
- Life course impacted but early life is critical
- The Environment
- Economic drivers of consumption

A whole systems approach to obesity provides unique opportunities to implement evidence-based effective changes, working collaboratively to successfully target and address the underlying causes of the problem and remove the barriers to achieving a Healthy Weight. Appendix 1 provides a synopsis of the evidence for addressing obesity and achieving a healthy weight.

The key features of successful whole system approaches included full engagement of relevant partners and community; strong leadership, embedding in broader policies and local evaluation.

- 2.9 The current system's landscape provides both strategic and operational imperatives along with opportunities or enablers that make taking forward a robust collaborative approach timely.
- There is emerging evidence that COVID-19 will increase rates of obesity. Lifestyle changes with decreased levels of activity, especially amongst those at greatest risk, increased alcohol consumption and diet changes are reported. In addition, structural factors especially income loss and increased hardship amongst the often already more deprived decreases opportunities for healthy diet choices.
 - The COVID-19 pandemic has necessitated effective collaborative working across the system that remains palpable. The development and sustaining of this collaboration into the recovery period provides a strategic foundation for a system wide approach to tackling obesity.
 - The pandemic has necessitated national and local policy changes. Addressing obesity also calls for national and local policy change. There is evidence that local environments and their associated local policies relating to, for example, open spaces or access to fast food all contribute to the adoption of healthier lifestyles.
 - Nationally all local systems should have an Integrated Care System (ICS) in place by April 2022 and the local system is already developing this at pace. This provides a strong driver for addressing obesity both at primary prevention level but also across health and social care services. The health system costs, through the impact of obesity on rates of diabetes especially but also cardiovascular disease, provide a strong financial motivation to address obesity.
 - The "Integration and innovation: working together to improve health and social care for all" White Paper released in February 2021" is essentially about ICSs. However, it recognises obesity is currently the most important public health challenge and that addressing it, is clearly a system wide issue that calls for far reaching joined up local policy and interventions. The Paper states that it will be taking forward national policy changes that will introduce further restrictions upon advertising and food labelling.

- The Think Communities approach provides the opportunity to embed preventative approaches to obesity at a local level with communities and services. Communities are ideally placed to provide support for their members to enable them to think about and change their lifestyles. Similarly, local services can be shaped to fit the needs of local communities. The conceptual thinking about place and communities provides a strong foundation for ensuring that this challenge is owned and driven at a local level.

- Many services, provided by organisations across the system, can make a difference through the messages they give their users and how their services are delivered. Within the local authority, both internal and commissioned services, there are many opportunities for developing interventions to tackle obesity.

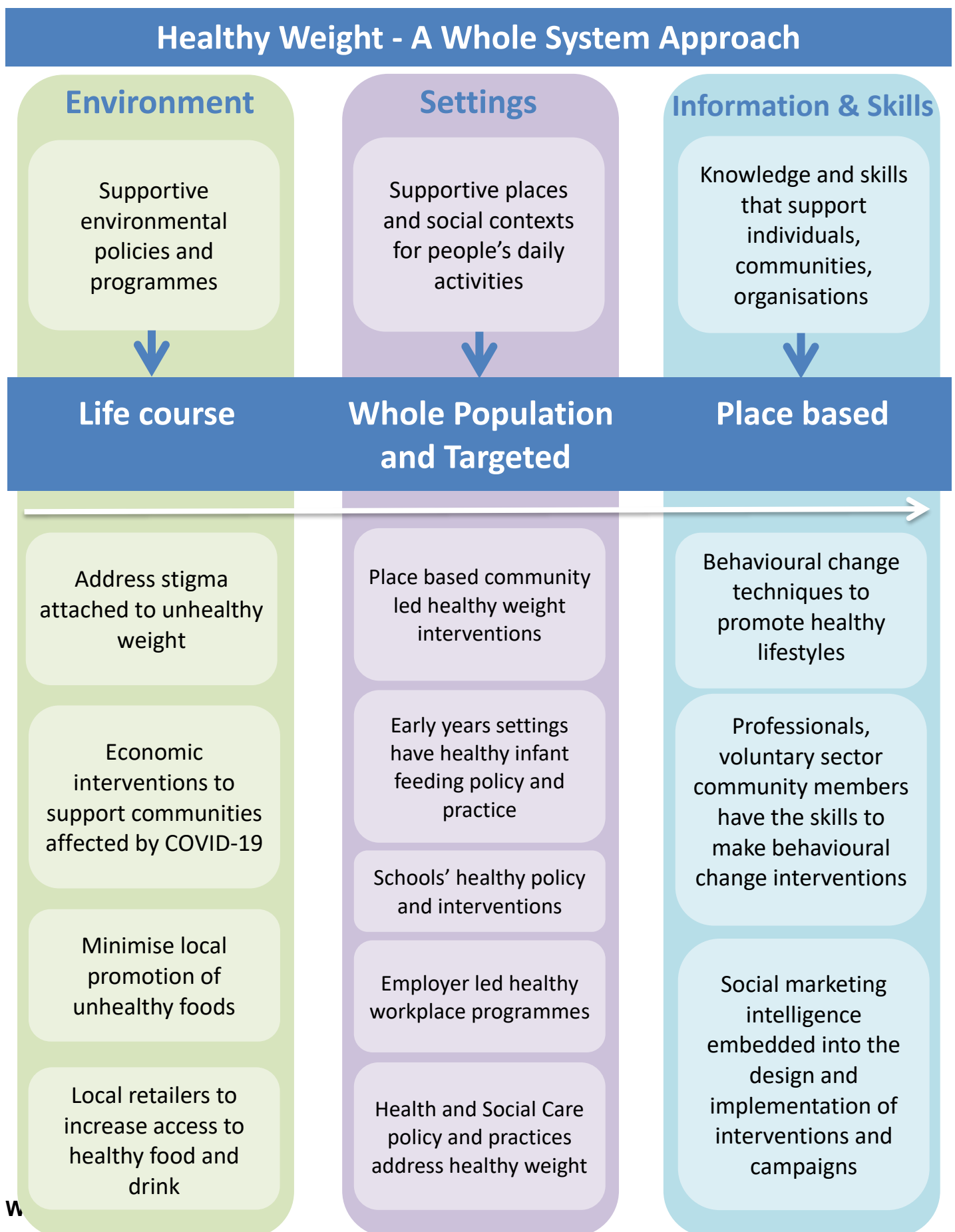
- In Cambridgeshire, we already have solid foundations in place that support Healthy Weight and we must look to utilise these, and build on them where necessary, as well as identifying and working to fill any gaps in the system. Public Health through its Public Health Intelligence team monitors obesity related information and commissions a range of lifestyle services, which are provided in different settings but there are other initiatives across the system. Appendix 2 provides an overview of these services and initiatives

A Strategic Framework for Tackling Obesity

- 2.10 The following is a proposed strategic framework for tackling obesity. It includes a proposal that the term Healthy Weight is adopted, as it is a more holistic term and takes into that although obesity is the most prevalent unhealthy weight, malnutrition also requires consideration. In addition, obesity has negative connotations that are counter-productive to behaviour change. The interventions for achieving Healthy Weight are largely unchanged whatever the terminology.
- 2.11 The framework focuses upon the three evidence based areas for interventions that cut across the prevention and the treatment of obesity. It identifies three strategic areas and includes how these strategic approaches can be applied across the system. Locally there are existing interventions that reflect this framework. However, if these are to achieve maximum traction and for new evidence based interventions to be developed the whole system is required to engage and adopt the proposals.

Figure 4 is a Strategic Framework for tackling Healthy Weight and is followed by the rationale for adopting the proposed interventions – see next page

Figure 4: A Strategic Framework for tackling the prevention and management of Healthy Weight



The Environment

Physical and built environment: there is evidence that policies that influence the physical or built environment such as ensuring the availability of green spaces or addressing safety and security have a positive effect upon physical activity through increasing access to opportunities to walk or cycle.

Food environment: evidence suggests that national fiscal and regulatory interventions affect consumption of, for example sugar-sweetened beverages and fast food at a population level. Recent evidence-based recommendations for a 5% level for sugar intake in school aged children and teenagers are not only associated with health benefits but also wider cost savings to the NHS.

Local policies affecting, for example, workplaces and restaurants are also associated with supporting behaviour change through access to wider range of healthy foods.

There is considerable concern with fast food outlets, which are usually more heavily concentrated in areas of higher deprivation and often near schools. There is growing evidence that links the proliferation of fast food outlets with adverse healthy eating behaviour and that policy can be effective in limiting their numbers.

Healthy Settings

Settings can be described as a place or social context where people engage in daily activities where environmental, organisational, and personal factors interact to affect health and wellbeing. A settings approach calls for a holistic and multi-faceted approach that enables the implementation of comprehensive strategies and provides an infrastructure for improving health. Often a life course approach is adopted, and the strategy addresses early years or under 5s, schools, workplaces and communities.

Early years: Evidence-based examples that support healthy behaviours include, for example, baby-friendly settings, which are associated with increased breastfeeding rates, policies that support healthy eating and physical activity in pre-school settings such as nurseries.

Schools: Policies that ensure that there is space and appropriate facilities have been found to be effective in the creation of supportive cultures. Practical interventions include the introduction of School Sports Clubs, nutrition education and gardening opportunities.

Workplaces: Workplaces are an important setting to access and influence the working age population. Loss of productivity due to obesity related conditions is well documented. There is evidence that creating healthy workplace policies, leadership, champions, management framework, culture and interventions can create an environment that can improve employee health. Typical programmes include travel plans, walking and cycling campaigns, a health check, and brief interventions (see below).

Community Settings: Creating a whole community culture and ethos for a healthy lifestyle where individuals and communities take responsibility for their health requires building community capacity and skills. It is about creating a social environment that supports and enables community members to adopt healthy behaviours. For example, a recent

comprehensive series of evidence reviews found community interventions are especially effective where women and low-income families have been involved.

Information and Skills for Healthy Behaviours

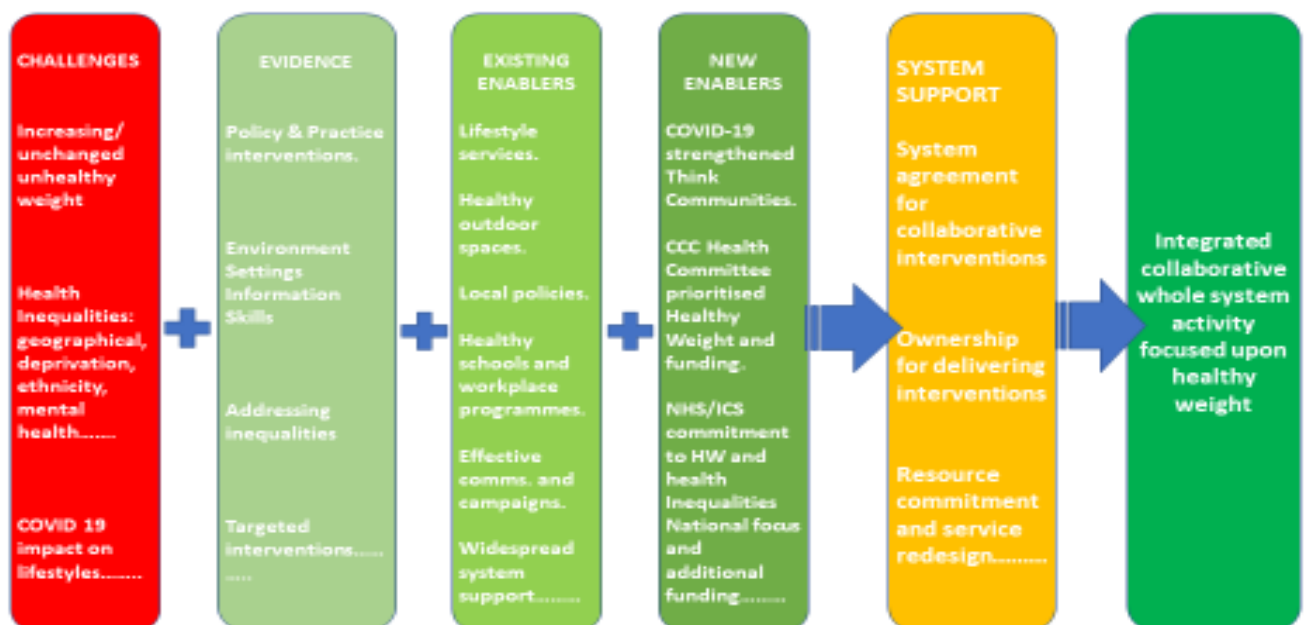
Central to the whole systems approach to healthy weight is behaviour change. Creating a supportive built and natural environment along with facilitative settings does not always result in the required behavioural changes in levels of physical activity and healthy eating. Evidenced based interventions for behavioural change focus upon the role of communications and professionals. They reflect underlying psychological models of human behaviour that describe the interface between knowledge, attitudes and behaviour. Examples of successful programmes are the behavioural change programme, Making Every Contact Count and physical activity programmes based in primary care.

2.12 This paper has presented an overview of the issues relating to obesity. Central is the focus upon a systems wide approach as being essential if we are to achieve substantial and enduring change. The proposed strategic framework provides a structure to the evidence-based interventions in terms of strategy and delivery. It requires adoption by the system and commitment to taking it forward.

Funding has been approved (£80,000) for a time-limited project to identify the barriers and enablers for addressing Healthy Weight in Cambridgeshire along with the priorities that will have the most impact. The output will be a system wide implementation plan that has partner commitment and involvement. Fig. 5 captures the steps that need to be included.

Figure 5: Getting to Healthy Weight

Getting to a Healthy Weight.....



3 Alignment with corporate priorities

3.1 Communities at the heart of everything we do

The report above sets out the implications for this priority in 2.9, 2.11

3.2 A good quality of life for everyone

The report above sets out the implications for this priority in 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.9, 2.11

3.3 Helping our children learn, develop and live life to the full

The report above sets out the implications for this priority in 2.11

3.4 Cambridgeshire: a well-connected, safe, clean, green environment

The report above sets out the implications for this priority in 2.11

3.5 Protecting and caring for those who need us

The report above sets out the implications for this priority in 2.1, 2.2

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in 2.3

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

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

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.3 Statutory, Legal and Risk Implications

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

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.4 Equality and Diversity Implications

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

- Any equality and diversity implications will be identified before any service developments are implemented

4.5 Engagement and Communications Implications

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

- Any equality and diversity implications will be identified before any service developments are implemented

4.6 Localism and Local Member Involvement

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

- Services will require the ongoing support of local communities and members to address the health and wellbeing impacts of the pandemic.

4.7 Public Health Implications

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

- The adoption of the Healthy Weight Strategic Framework will drive forward action to tackle obesity and other unhealthy weights that increase the risk of poor health outcomes.

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings. Status: Neutral

Explanation: The adoption of the Healthy Weight Strategic Framework does not include actions that impact upon buildings

4.8.2 Implication 2: Low carbon transport. Status: Positive

Explanation: The Healthy Weight Framework promotes increased physical activity and the adoption of schemes such as Active Travel.

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Status: Positive

Explanation: The Healthy Weight Strategy promotes the development of green spaces as means of promoting physical activity

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral

Explanation: The adoption of the Healthy Weight Strategic Framework does not include actions that impact upon waste management and tackling plastic pollution.

4.8.5 Implication 5: Water use, availability and management:
Status: Neutral

Explanation: The adoption of the Healthy Weight Strategic Framework does not include actions that impact upon waste management and tackling plastic pollution.

4.8.6 Implication 6: Air Pollution.
Status: Positive

Explanation: The Healthy Weight Strategy encourages and promotes physical activity and less reliance on transport.

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Status: Positive

Explanation: The Healthy Weight Strategy has focus upon those most at risk of an unhealthy weight, which is associated with higher rates amongst the more deprived and vulnerable communities. Individual and communities will be supported to adopt behaviours that will enable them to be more physically active and less reliant upon the use transport.

Have the resource implications been cleared by Finance? Yes or No

Name of Financial Officer:

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes or No

Name of Officer:

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes or No

Name of Legal Officer:

Have the equality and diversity implications been cleared by your Service Contact? Yes or No

Name of Officer:

Have any engagement and communication implications been cleared by Communications? Yes or No

Name of Officer:

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes or No

Name of Officer:

Have any Public Health implications been cleared by Public Health? Yes or No

Name of Officer:

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer? Yes or No

Name of Officer:

5. Source documents guidance

5.1 Source documents

NHS, 2014, 'Obesity could 'rob you' of up to 20 years of health', <https://www.nhs.uk/news/obesity/obesity-could-rob-you-of-20-years-of-health>

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[Luppino FS, de Wit LM, Bouvy PF, Stijnen T, Cuijpers P, Penninx BWJH, et al. \(2010\) Overweight, obesity, and depression: a systematic review and meta-analysis of longitudinal studies. Archives of General Psychiatry 2010;67\(3\):220-9](#)

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Scarborough P, Bhatnagar P, Wickramasinghe KK et al. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006/07 NHS costs. J Public Health (Oxon) 2011;33(4):527-35

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Department of Health (2011). Healthy Lives, Healthy People: A call to action on obesity in England. Available at: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england> (Accessed: 31 March 2016).

¹Cancer Research UK (2016). Tipping the Scales: preventing obesity makes economic sense. Available at: http://www.cancerresearchuk.org/sites/default/files/tipping_the_scales_-_cruk_full_report11.pdf (Accessed: 31 March 2016).

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Brunton G., Caird J., Stokes G., Stansfield C., Kneale D., Richardson M., Thoms J., Community engagement for health via coalitions, collaborations and partnerships A systematic review Institute of Education EPPI-Centre report Review 1(2016)

Brunton G. Caird J., Kneale D., Thomas J., Richardson M. A systematic review Institute of Education EPPI-Centre report Review 2(2016)
<https://www.nice.org.uk/guidance/ph6/chapter/Appendix-C-the-evidence>

Integration and innovation: working together to improve health and social care challenge. Integration and innovation: working together to improve health and social care for all (HTML version) - GOV.UK (www.gov.uk)