

## Healthy Weight in Cambridgeshire

To: Health Committee  
Meeting Date: November 15 2020  
From: Director of Public Health

Electoral division(s): all

Forward Plan ref:

Key decision: No

Outcome: The Committee is asked to consider the Cambridgeshire obesity issues and the proposals for contributing to the achievement of Healthy Weight outcomes.

Recommendation: The Committee is asked to agree the following recommendations.

- a) To commission a time limited project to identify the barriers and enablers for addressing Healthy Weight in Cambridgeshire through a system wide approach and the priorities that will have the most impact.
- b) To allocate up to £80,000 to the project which will also include drawing up an implementation plan that has partner commitment and involvement.
- c) To lead and work with partners on the immediate development and delivery of a programme of awareness raising and a 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 The COVID-19 pandemic has focused attention on obesity due to its association with susceptibility and poorer outcomes. The Health Committee has prioritised the issue and recently held a “Blue Sky” workshop to clarify how it wants to address this key Public Health challenge.
- 1.2 All participating workshop members have agreed that going forward the term Healthy Weight would be used instead of obesity except in appropriate, usually clinical contexts. The following key areas were identified for development.
- Drive forward a system wide approach
  - Embed a proportionate approach that will address health inequalities
  - Ensure that the whole organisation is committed to addressing obesity
  - Think Communities needs to be an integral part of the approach
  - Allocation of resources to undertake a gap analysis, evaluation and capacity to drive efforts across the system.
- 1.3 Just prior to the start of the COVID-19 pandemic, work had commenced to refresh the Cambridgeshire and Peterborough Healthy Weight Strategy. This paper provides a brief overview of the following factors.
- The evidenced based strategic drivers for improving obesity and aligns them to the priority areas.
  - Evidence of good practice.
  - What is currently being undertaken in Cambridgeshire.
  - The potential priorities for action along with any immediate associated costs.

# 2. Main Issues

- 2.1 Excess weight and obesity are both widespread and widely recognised as a key public health issue. In England, two thirds of adults, a quarter of two to ten year olds and one third of 11-15 year olds are overweight or obese. By 2050 obesity is predicted to affect 60% of adult men, 50% of adult women and 25% of children. Excess weight (overweight and obesity) is a leading cause of disease in England, associated with increased risk of multiple chronic diseases, including many of the leading causes of death. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year. These factors combine to make the prevention of obesity a major public health challenge.
- 2.2 The striking factor about obesity is that it is a national challenge affecting the population from childhood through adulthood and the older age groups. However within the national and local picture there are differences in the impact of obesity and there are inequalities primarily related to deprivation.

Table1: Childhood obesity in Cambridgeshire

Area	Percentage of Reception children overweight or obese	Percentage of Year 6 children overweight or obese
Cambridge City	6.1%	14.1%
East Cambs	6.6%	14.1%
Fenland	8.9%	20.2%
Hunts.	7.3%	15.4%
South Cambs	6.2%	11.8%
Cambs	7.0%	14.8%
East of England	8.5%	17.7%
England	9.4%	19.9%

Table 2: Adult obesity in Cambridgeshire

Area	Percentage of adults overweight or obese
Cambridge City	43.4%
East Cambs	60.0%
Fenland	68.5%
Hunts	65.1%
South Cambs	58.1%
East of England	62.1%
England	62.0%

- 2.3 Being overweight or obese is recognised as a significant risk factor for Type 2 diabetes, heart disease and hypertension, all risk factors for developing more severe diseases.

It has rapidly emerged that excess weight, a BMI over 25, is associated with higher risk of hospitalisation and admission to intensive care for those with COVID-19. Evidence also suggests a possible higher risk of death from COVID-19 with increasing BMI, an association that persists once other factors such as age, sex, ethnicity and socioeconomic status are accounted for.

- 2.4 Members at the “Blue Sky “ workshop agreed that the influential Foresight Report “Tackling Obesity” published in 2007 continues to inform thinking on addressing obesity. It presents the factors that obesity or Healthy Weight strategy needs to address over the next 40 years, categorising the causes of obesity as:

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

Highlighting the multifactorial and complex determinants of obesity, the report argues that an effective approach to preventing and treating obesity must be an on-going, sustainable effort, targeting all life-stages and causes. Central to the Foresight Report is that it clearly articulates that these factors demand a system wide approach through which all partners

must consider, reverse and prevent the multiple determinants of obesity.

- 2.5 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. Key features of successful whole system approaches included full engagement of relevant partners and community; strong leadership, embedding in broader policies and local evaluation.
- 2.6 Evidence indicates a number of strategic levers that impact upon obesity or the obesogenic environment and sit in different parts of the system. People's diets are influenced by a range of factors, including preferences and habits formed early on in life, educational opportunities, employment and psychosocial factors that influence behaviours such as family food preferences and meal patterns. National initiatives and policy changes can be supported and championed, but there are local opportunities that should also be used.
- Planning and Licensing – using planning and licensing powers to limit the concentration of unhealthy fast food retailers in key areas, such as around schools or in more deprived communities. Use licensing and planning powers to increase access to food for preparation in the home and reduce access to calorie dense, nutrient poor food.
  - Working with Local Business – partnering with local food outlets to encourage voluntary changes, such as reducing sodium, sugar or fat content of meals or facilitating the display of more nutritional information. Accessible nutritional information in restaurants and cafes, highlighting the larger portion sizes compared to at-home equivalents and the proportion of calories consumed through out-of-home dining.

Case Study: Gateshead Council – Getting Tough on Takeaways: Gateshead Council has introduced tough planning restrictions that allow officers to turn down applications for new takeaway shops in areas with high levels of obesity, a large number of takeaways, or close to schools and leisure centres. An environmental health post has been funded to liaise directly with takeaways in an attempt to get them to adopt better practices by using healthier ingredients and ways of cooking the food.

- 2.7 Physical activity and the physical environment has positive effects on obesity and excess weight, but also on wider health and wellbeing outcomes.
- Public Transport – strategic review of public transport incentivising public transport use (e.g. subsidising certain travel or loyalty discount for consistent use), disincentivising non-active transport whilst providing more accessible options (e.g. limiting parking areas, congestion charge)
  - Access to Cycling – increasing access to affordable bicycles for deprived or communities underserved by public transport (e.g. subsidising bicycle purchase, rollout of rental bicycles/redistribution of existing rental bicycles, supporting bicycle road safety courses for all ages), encouraging more bicycle use through more parking points, maintenance, improvement or extension of cycle lanes.
  - Increasing Walking – ensuring access to suitable footpaths and pavements along routes (e.g. identifying roads with no footpath, working with communities to maintain

footpaths in rural areas), local incentives for increasing walking (e.g. local campaign rewarding step targets/increase in steps taken over time with discounts/vouchers)

- Housing – influence housing planning/development to incorporate access to green space, public transport and adequate space, use housing levers to ensure such standards in social housing.

2.8 Tackling and preventing excess weight and obesity at a young age is vital to prevent even higher levels of preventable chronic disease in the future.

- School Meals – support/incentivisation for improving school meals, increasing access to fruit and vegetables within schools, working with schools to remove or limit vending machines or unhealthy food choices
- Education – developing educational packages or working with charity partners to deliver targeted healthy behaviour education within schools or to communities, working with NHS partners such as General Practitioners (GPs), school nurses and health visitors to incorporate healthy behaviour education into existing encounters
- Promoting Physical Activity – partnering with schools to incorporate more physical activity into the school day, facilitating more active transport to schools (e.g. supporting walking buses, providing safe crossings at key junctions), facilitating or subsidising physical activity groups or teams in local communities to encourage participation

2.9 A successful approach to tackling obesity requires concerted and coordinated action, across the life course. Targeting the working age population can halt or reverse the early sequelae of excess weight, prevent the development of chronic disease and disability and create the conditions for healthy ageing.

- Lead by Example – work with local government partners to increase access to active transport schemes (e.g. cycle to work), incentivise healthier options in the workplace such as subsidising healthier meals, contributions to gym or sport club memberships, encourage group activities such as Park Run.
- Public and Private Partnership – work with other employers to highlight the benefits of promoting healthy behaviours (e.g. increased satisfaction with work, higher productivity, less absenteeism), link employers with available services, improve workplace access to public and active transport to promote active transport to work, engage and work with employers to implement healthy behaviour campaigns (e.g. Couch to 5K).

2.10 The prevalence of obesity in different communities demonstrates significant socioeconomic, gender and ethnic inequalities. Such inequalities should be considered in the strategic prioritising, planning, commissioning interventions along with their delivery and evaluation. The intention is to effectively target resources where they are most required and not amplifying further existing inequalities. This work should include the two following approaches.

- Accessibility – use community consultation to effectively target interventions, with a better understanding of the barriers, ensure interventions are accessible (e.g. consideration of financial or time cost on the individual, and resource invested to widen accessibility)

- Community Engagement – work with higher risk communities to target health behaviour education and interventions appropriately, work with community connectors and health champions to increase community resilience and awareness, engage and consult with target communities to understand the expressed need and current barriers

2.11 In Cambridgeshire we already have solid foundations in place to be able to 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.

#### Cambridgeshire County Council Public Health Commissioned Services for Healthy Weight

- Tackling inequalities: This is embedded into local work. Data is constantly analysed and utilised in order to inform our strategic direction, planning, commissioning and delivery priorities. For example, within the integrated lifestyles service there are specific KPI's around engaging deprived and hard to reach communities and we regularly performance monitor the provider to ensure that the service is weighted according to greatest need.
- Integrated Lifestyles Service: The Healthy You Service offers free support and advice to both adults and children around a number of lifestyle topics, including healthy eating, weight management and physical activity. Its intensive weight management services (tier 3) is jointly funded with the CCG.
- National Child Measurement Programme (NCMP): Provides some significant opportunities locally. The data helps to inform commissioning locally, and target resources in areas of greater need, and also allows us to track the effectiveness of any programmes and interventions targeting this age group.
- Healthy Schools Service: This aims to build resilience amongst our local children and includes a universal school based nutrition programme, as well as addressing the particular needs of children and young people related to obesity. There are a number of health and wellbeing awards included within the healthy school's service such as the Food Smart accreditation scheme. Alive and Kicking is a 6 week in school programme for children aged 7-11 to raise awareness of healthy eating and physical activity, and supporting wider school events. The Office of the Police and Crime Commissioner provides some funding for this Service.
- Healthy Workplaces Service: Aims to promote and manage the health and wellbeing of staff through a range of workplace based health interventions.
- Healthier Options: A local scheme which aims to increase healthier food and drink choices when eating out locally. It is led by Public Health, but delivered on the ground by Environmental Health Officers, and is for small and medium sized food outlets with a hygiene rating of 3 or above.

## Other Healthy Weight Initiatives

There are many interventions/initiatives being undertaken by organisations and partnerships across Cambridgeshire. The following describe some of wide ranging work that is being undertaken.

- **Communications and campaigns:** There is increasing collaboration between Cambridgeshire County Council's communications team, Public Health leads and partners to ensure that messages and campaigns to support Healthy Weight, such as physical activity and healthy eating campaigns, reach our local residents.
- **Prevention services:** Alongside the universal prevention work commissioned by Public Health are interventions which include population-wide services and initiatives that are provided/delivered by partners. These are targeted at the prevention of obesity and reinforcement of healthy eating and physical activity messages. The prevention element of the Integrated Lifestyles Service is delivered by a consortium made up of the District Councils (along with Living Sport). In addition, District Councils all manage or sub-contract leisure, environmental and community facilities that offer physical activity, sport and exercise opportunities which are accessible to all.
- **Local Maternity and Neonatal System (LMNS):** The LMNS provided a small pot of funding for Public Health to work on a prevention project with the overarching outcome of women having increased knowledge and skills to avoid weight gain before, during and after pregnancy.
- **Best Start in Life:** Some of the priorities that form part of the Best Start in Life work stream have synergies with obesity related interventions, such as a focus on infant feeding (including improving breastfeeding rates and providing information on appropriate formula use to avoid overfeeding) and healthy weaning. Again, this supports the life course approach and helps towards the vision that healthy messages and practices should be seen as the norm from a young age.
- **Local NHS:** The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Sustainable Transformation Partnership (STP) have prioritised obesity; an acknowledgement of its impact on health outcomes, especially diabetes and the cost to the health system. The CCG has allocated funding for both the prevention and treatment of obesity and has launched its BMI can do it campaign in 2020. There is considerable collaboration between the NHS and the local authority in taking forward work jointly.
- **Healthy Weight and Recovery:** The challenge of tackling obesity and enabling Healthy Weight is being addressed through Public Health and Prevention Recovery Sub-Group which reports to the COVID-19 Recovery Board which is part of the Local Resilience Forum. This presents a unique opportunity for multi-system working and an opportunity to build health enabling principles into the wider infrastructure, influencing housing, licensing, town planning, education, business, transport.
- **Policy and Investment Forums:** There is continued work within the system in different policy and investment forums. For example active travel is included in the Local Cycling

and Walking Investment Plans. Although this is often from more of an environment perspective rather than Healthy Weight per se these inclusions do focus attention upon the impact the environment has upon Healthy Weight. COVID has contributed to these developments. The Local Resilience Forum subgroup for Environment Recovery, in its COVID-19 Green Recovery Plan, dedicates an outcome to active travel, including investment in walking and cycling and reprioritising highways infrastructure to create more space for safe active travel.

- In addition this Recovery Sub-Group has identified the impacts of COVID-19 on health behaviours, including any negative consequences as well as positive impacts and opportunities. One of the areas of focus is nutrition and obesity, and a large part of this work is to monitor the impact of COVID-19 on health inequalities, identify any new or widening inequalities, and ensure we are working together as a system to reduce these.
- Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy (2020-2024): The draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy (2020-2024) includes a commitment within the system in priority 3 to staying healthy throughout life, with a specific section on Healthy Weight, obesity and diabetes; along with more broadly addressing inequalities. Although further development of the Strategy was suspended because of the pandemic, there was clear support across the system for the Healthy Weight priority.

2.12 The “Blue Sky” thinking workshop also supported identifying and strengthening existing opportunities to address Healthy Weight. This would include reviewing the Authority’s services and initiatives to identify how they can be developed to impact on Healthy Weight. This would include in particular Children and Adult services, for example Better Start in Life or Social Care. There are also opportunities in areas such as Planning and Development.

The concepts embedded in the Think Communities approach which the Local Authority has adopted will be key in engaging with communities and supporting them to grasp Healthy Weight and take action. Engaging and consulting with target communities to understand their expressed needs and current barriers to Healthy Weight is key. Along with supporting higher risk communities to target health behaviour and interventions, working with community connectors and health champions to increase community resilience and awareness using the Think Communities approach will ensure that communities are also part of the system wide efforts to address Healthy Weight.

2.13 Although there is considerable activity relating to Healthy Weight the initiatives are not part of an overarching strategic approach. There is substantial evidence that Healthy Weight efforts are most effective when part of a co-ordinated system wide approach. Based on this understanding it is proposed that the Health Committee commissions a time limited project to undertake the following pieces of work.

- Identify the barriers and enablers for having an integrated strategic and delivery model for addressing Healthy Weight.
- Gaps in local policy, programmes and services and the impact upon inequalities.
- Priority areas for addressing Healthy Weight in terms of needs, equality and achievability.

### 3. Alignment with corporate priorities

#### 3.1 A good quality of life for everyone

The report above sets out the implications for this priority in 2.1, 2.2, 2.3, 2.7, 2.8, and 2.11

#### 3.2 Thriving places for people to live

The report above sets out the implications for this priority in 2.4, 2.6, 2.7, and 2.9

#### 3.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in 2.2, 2.3, 2.8, and 2.11

#### 3.4 Net zero carbon emissions for Cambridgeshire by 2050

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

- Central to addressing Healthy Weight is the promotion and adoption of active lifestyles that encourage walking and cycling and that these are embedded into social, leisure and working lives with less dependency on transport options associated with higher carbon emissions.

### 4. Significant Implications

#### 4.1 Resource Implications

The report above sets out details of significant implications in 2.12

#### 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet points 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 Health Committee before proceeding.

#### 4.3 Statutory, Legal and Risk Implications

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

- The Public Health grant (in pursuant of the Local government Act 2003) can be used for both revenue and capital purposes to provide local authorities in England with the funding required to discharge the public health functions,

- Any legal or risk implications will be considered with the appropriate officers from these Departments and where necessary presented to the Health Committee before proceeding.

#### 4.4 Equality and Diversity Implications

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

- Any equality and diversity implications will be identified before any action is taken to address Healthy Weight.

#### 4.5 Engagement and Communications Implications

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

- Any actions taken to address Healthy Weight will include consultation and engagement with communities affected.

#### 4.6 Localism and Local Member Involvement

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

- Addressing Healthy Weight will involve working with individuals and communities to identify how they can work together to tackle the many barriers to reducing obesity and improving their health and wellbeing.

#### 4.7 Public Health Implications

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

- Addressing Healthy Weight will involve working with individuals and communities to identify how they can work together to tackle the many barriers to reducing obesity and improving their health and wellbeing.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Gus de Silva
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact?	Yes Liz Robin
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 Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Liz Robin

## 5. Source documents

### Source documents

Department of Innovation, Universities and Skills. (2007). Foresight Report - Tackling Obesity: Future Choices.

<https://www.gov.uk/government/publications/reducingobesity-future-choices>

Association of Directors of Public Health (2014) The Case for Action by the Active Transport for Healthier Living Coalition.

<https://www.adph.org.uk/wp-content/uploads/2014/07/20140617-Active-Transport-FINAL.pdf>

Public Health England (2017) Health Matters: Obesity and the Food Environment.

<https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2#factors-behind-the-rise-in-obesity-levels>

UK Chief Medical Officer's Physical Activity Guidelines. (2019)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf)

Bagnall et al, BMC Public Health (2019) Whole Systems approaches to obesity and other complex public health challenges: a systematic review.

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-6274-z>

Public Health England (2018) Calorie Reduction: The scope and ambition for action.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/800675/Calories\\_Evidence\\_Document.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800675/Calories_Evidence_Document.pdf)

Public Health England (2019) National Diet and Nutrition Survey Years 1 to 9 of the Rolling Programme (2008/9 -2016/2017) Time trend and income analysis.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/772434/NDNS\\_UK\\_Y1-9\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772434/NDNS_UK_Y1-9_report.pdf)

Public Health England (2020) Excess Weight and COVID-19.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/907966/PHE\\_insight\\_Excess\\_weight\\_and\\_COVID-19\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf)

Food Standards Agency and IPSOS Mori (2020) COVID-19 Consumer Tracker Waves 1 and 2.  
Base: 2,040 Online, England, Wales and NI, adults 16-75

<https://www.food.gov.uk/news-alerts/news/covid-19-consumer-tracker-waves-one-and-two-report-published>

Department of Health and Social Care. (2020). Tackling Obesity : Empowering adults and children to live healthier lives.

<https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives#a-call-to-action>