

REPORT TO: Executive Board
DATE: 17 October 2019
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Health and Wellbeing
SUBJECT: Healthy Weight in Halton- A Whole Systems Approach
2019- 2025
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to brief the Board on the development of Halton's Healthy Weight Strategy.

2.0 **RECOMMENDED: That the Board note the contents of the report.**

3.0 SUPPORTING INFORMATION

3.1 This is Halton's first whole systems approach to addressing healthy weight. Obesity is a complex problem that is linked to poorer health because it increases the risk of developing conditions such as type 2 diabetes, cancer and heart disease.

3.2 While we know that obesity is an imbalance between the amount of energy consumed and the energy expended, experience has shown us that the solutions aren't as simple as just informing people to improve their diets and increase their activity levels.

The whole systems approach enables us to identify the network of broad and interlinking factors that influence our lifestyle, and to work with new partners to create a health enhancing environment and find solutions.

3.3 According to the World Health Organisation worldwide obesity has nearly tripled since 1975. In 2016, more than 1.9 billion adults were overweight, over 650 million of which were obese. Childhood obesity is also a key challenge with 41 million children under the age of 5 being either overweight or obese.¹

3.4 In England, in 2016/17, over 61% of adults were overweight or obese.² Rates are also high in children; nationally over a fifth start primary school overweight or obese, rising to over a third by the time children reach Year 6³. Being obese in childhood increases the likelihood of being obese as an adult and doubles the risk of dying

¹ Obesity and overweight, WHO (2016)

² PHE, Fingertips (2018)

³ PHE (2018) NCMP and Child Obesity Profile

prematurely.

3.5 **Overweight and Obesity in Halton**

Rates of overweight and obesity in Halton remain a significant challenge. Data from the annual National Child Measurement Programme for Halton shows that by the time children start school at age 4-5, more than 25% of them are either overweight or obese, rising to almost 40% by the time they reach Year 6.

3.6 Rates of adult excess weight, according to the Halton Health Profile 2018, are similar to the England average with Halton at 61.1% and 61.3% being the national average. This high rate across the country and locally indicates a national challenge.

3.7 Over the past ten years there has been a huge amount of work to help the people of Halton maintain a healthy weight. A summary of these services is provided within the strategy but includes; the Healthy Child Programme, the Healthy Schools Programme, workplace health initiatives, Sure Start to Late Life and Health Checks. The strategy aims to build on the success of these programmes but will also look at new ways of working to reflect the many influences on obesity and the need to continue to work in partnership across agencies to improve outcomes.

3.8 **Whole-Systems Approach**

In order to address the challenge locally, Halton entered into a partnership with Leeds Beckett University with a view to designing local whole systems approaches to assist in preventing and tackling obesity. Halton was one of only 6 local authority areas across England chosen as a pioneer site.

The programme recognises the crucial role of local authorities (LAs) in tackling and working to prevent obesity. As well as having responsibility for many of the contributing factors (leisure services, parks and green spaces, planning, economic regeneration) local authorities can play a key co-ordinating role for engaging wider partners (health, education, housing providers, and the community and voluntary sector).

Working with researchers from Leeds Beckett university two initial workshops were held to utilise the whole-systems approach to identify priorities and form the basis for the strategy and action plan.

3.9 **Priorities for action**

Following the workshops a Whole Systems Obesity network was set up to refine the priorities and develop a range of actions for each one. The strategy itself sets out some the key actions, however, a more comprehensive [action plan](#) has been developed, to be overseen by the network and will be regularly updated and monitored to ensure it is delivering against the priorities for the lifetime of the strategy. The overarching priorities are outlined below:

- **Early Years** – Support breastfeeding, enable families to provide a healthy varied diet and encourage lots of active play.
- **Socio-economic**- Work with local businesses to promote a healthy workforce and remove the barriers to employment.
- **Food Knowledge and Environment**- Improve the food environment to enable people to make healthier choices and improve food knowledge and understanding.
- **Transport**- Reduce sedentary behaviour and improve the uptake of active transport and travel options to increase physical activity.
- **Physical Activity**- Improve uptake of physical activity by promoting availability, increasing the range of activities on offer and creating the right environment for people to be able to take part.
- **Built Environment**- Improve the built environment and infrastructure to enable people to access opportunities to improve their health and wellbeing.

3.10 **How will we measure success?**

As previously referred to, a comprehensive action plan sits behind the strategy with timescales and responsibilities. However, in order to understand how our actions are impacting on health and wellbeing locally, we will need to monitor progress against indicators in the Public Health Outcomes Framework.

This will include:

2.02i: Breastfeeding initiation: An increase in the percentage of all mothers who breastfeed their babies in the first 48 hours after delivery

2.06i: Child excess weight in 4-5 and 10-11 year olds- 4-5 year olds: A reduction in the prevalence of overweight (including obese) among children in Reception

2.06i: Child excess weight in 4-5 and 10-11 years olds- 10-11 year olds: A reduction in the prevalence of overweight (including obese) among children in Year 6

2.11i: An increase in the Proportion of population meeting the recommended “5-a-day” on a “usual day” (adults)

2.11iv: An increase in the proportion of the population meeting the recommended “5-a-day” at age 15

2.12: A decrease in the percentage of adults (aged 18+) classified as overweight or obese

2.13i: Percentage of physically active adults: An increase in the percentage of adults (age 19+) that meet CMO recommendations for physical activity (150+

moderate intensity equivalent minutes per week)

2.13ii: Percentage of physically inactive adults: A decrease in the percentage of adults (aged 19+) that are physically inactive (<30 moderate intensity equivalent minutes per week)

2.17: Estimated diabetes diagnosis rate: A reduction in the estimated diagnosis rate for people with diabetes aged 17 and over

2.19: Cancer diagnosed at early stage (experimental statistics): A decrease in the proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas and melanomas of the skin, diagnosed at stage 1 or 2

4.0 **POLICY IMPLICATIONS**

4.1 It is estimated that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra 9 years of life, preventing many individuals from reaching retirement age. In the future, obesity could overtake tobacco smoking as the biggest cause of preventable death⁴.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Failing to address the challenge posed by the obesity epidemic will place an even greater burden on NHS resources. It is estimated that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015. Annual spend on the treatment of obesity and diabetes is greater than the amount spent on the police, the fire service and the judicial system combined⁵.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

Childhood obesity is associated with a higher chance of premature death and disability in adulthood. Overweight and obese children are more likely to stay obese into adulthood and to develop non-communicable diseases (NCDs) like diabetes and cardiovascular diseases at a younger age. Obese children and adolescents suffer from both short-term and long-term health consequences⁶.

6.2 **Employment, Learning & Skills in Halton**

The human cost of obesity is well documented, however, obesity also has a wider

⁴[Health matters: obesity and the food environment - GOV.UK](#)

⁵[Health matters: obesity and the food environment - GOV.UK](#)

⁶[WHO | Why does childhood overweight and obesity matter?](#)

impact on our economy due to reduced productivity and obesity related illness making people unable to work⁷.

6.3 **A Healthy Halton**

Obesity increases the risk of developing a whole host of diseases. Obese people are:

- at increased risk of certain cancers, including being 3 times more likely to develop colon cancer
- more than 2.5 times more likely to develop high blood pressure - a risk factor for heart disease
- 5 times more likely to develop type 2 diabetes⁸

6.4 **A Safer Halton**

As the Foresight “Tackling Obesity Future Choices report” demonstrated, obesity is affected by a range of inter-related factors. This includes community safety and perceptions of crime which can impact on an individual’s ability to access open spaces or other sports and leisure opportunities. Therefore, this can have an impact on their ability to lead an active and healthier lifestyle. Local policies to improve community safety and reduce the fear of crime play an important part in reducing obesity.

6.5 **Halton’s Urban Renewal**

The physical environment can play an important part in improving health and wellbeing by enabling people to access opportunities for physical activity as well as social and leisure opportunities. It can therefore, play an important role in both reducing overweight and obesity.

7.0 **RISK ANALYSIS**

7.1 N/A

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The implementation of the healthy weight strategy should contribute towards reducing health inequalities in Halton.

9.0 **REASON(S) FOR DECISION**

9.1 To provide the Executive Board with the opportunity to comment on the Healthy Weight Strategy.

10.0 **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

10.1 There was no alternative option considered. The option of not having a healthy weight strategy would not be in the interests of the population.

11.0 **IMPLEMENTATION DATE**

⁷<http://obesityhealthalliance.org.uk/wp-content/uploads/2017/10/OHA-briefing-paper-Costs-of-Obesity-.pdf>

⁸ [Health matters: obesity and the food environment - GOV.UK](#)

11.1 November 2019

12.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

12.1 None