



Thurrock Healthy Weight Strategy

2014-2017



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1. Executive Summary

One of Thurrock Council's five corporate priorities is to 'Improve Health and Wellbeing'. The council has established a Health and Wellbeing Board (HWBB) that brings partners together to lead the integration of health and well-being services across the NHS and local government, to assess the community's assets and needs and develop a Health and Wellbeing Strategy (HWBS) to improve the health and well-being of the community and to reduce inequalities.

It is our vision for the population of Thurrock to achieve and maintain a healthy weight, to have healthy active lives that lead to a long life expectancy.

As a local authority we cannot do this alone, we need to work with our partners in the NHS, Education, Transport, the Community and Voluntary sectors, local businesses and individuals to address all the wider determinants that impact on this agenda.

The prevalence of obesity and overweight in Thurrock is above average in children and adults. The prevalence of obesity and overweight in children appears to be levelling off in recent years, however there continues to be a sharp increase between reception and year 6 in the proportion of children that are overweight and obese. Issues of inequality, ethnicity and disability are highlighted as important in tackling this worrying trend across the life span. The overarching aim of this strategy is:

To promote an ethos that supports people to achieve and maintain a healthy weight.

The overarching target of this strategy; *"To reduce the proportion of children and adults in Thurrock who are obese, achieving a sustained downward trend by 2016/17"* is broken down into targets and measured each year.

This strategy details the methods of consultation and engagement to date and the need to continue this approach to develop a sustainable pathway across the lifespan to deliver on the objectives and targets within the strategy.

Current commissioned services and projects are outlined. The need to work in partnership with a number of departments and organisations to achieve the aims and targets of this strategy including the following key areas:

- Developing Partnerships and Community Involvement
- Commissioning services and a comprehensive pathway
- Workplace Health initiatives
- Joint Strategic Needs Assessment Local Priorities
- Monitoring and Evaluation of targets and commissioned services via the strategic delivery action plan.

2. Introduction and Strategic Context:

The Health and Social Care Act 2012 introduced the establishment of a new public health system. All local authorities now have a duty to improve the health of the people in their area and have responsibility for commissioning appropriate public health services. Progress in public health is measured by the Public Health Outcomes Framework (PHOF). Public Health's key areas are:

- Health improvement
- Health protection
- Healthcare public health

The PHOF has domains relevant to addressing the topic of **overweight and obesity** and the following areas are relevant to the new duties of the local authority:

- Activities to tackle obesity such as community lifestyle and weight management services
- Increasing levels of physical activity in the local population
- Locally-led nutrition initiatives
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives on workplace health

One of Thurrock Council's five corporate priorities is to 'Improve Health and Wellbeing', demonstrating the Council's commitment to this agenda. The council has established a Health and Wellbeing Board (HWBB) that brings partners together to lead the integration of health and well-being services across the NHS and local government, to assess the community's assets and needs and develop a Health and Wellbeing Strategy (HWBS) to improve the health and well-being of the community and to reduce inequalities.

The HWBB priority in Thurrock is to 'improve health and well-being' and has three specific objectives that the Strategy will deliver:

- Ensure people stay healthy longer
- Reduce inequalities in health and well-being
- Empower communities to take responsibility for their own health and well-being.

The vision is to have 'resourceful and resilient people in resourceful and resilient communities'.

The strategy states that core principles will shape the delivery for the population of Thurrock, key components are prevention and early intervention; partnership working; integration and joint working; community-based solutions; choice, empowerment, control and personal responsibility. The Health and Wellbeing Strategy agrees one of two main priorities to be **"...to reduce the prevalence of obesity in Thurrock."** This Strategy is aligned to this main Health and Wellbeing priority and sits within it's framework, vision and aims.

3. Vision Statement

It is our vision for the population of Thurrock to achieve and maintain a healthy weight, to have healthy active lives that lead to a long life expectancy.

As a local authority we cannot do this alone, we need to work with our partners in the NHS, Education, Transport, the Community and Voluntary sectors, local businesses and individuals to address all the wider determinants that impact on this agenda.

4. Aims and Objectives:

The objectives of this Healthy Weight Strategy for 2014-17 are:

- To deliver a range of evidence based policies and programmes across different settings that reflect the needs of communities in Thurrock
- To tackle the inequalities in health outcomes in relation to obesity by targeting services appropriately
- To monitor progress related to targets as part of an on-going action plan to ensure activity and investment is effective and meeting local need
- Develop a less obesogenic¹ environment
- To focus on preventative measures around people achieving a healthy weight as well as providing treatment and weight management services for those people who are already overweight or obese
- Developing our parks and open spaces, having safer places to play and safe cycling and walking routes.
- Working with the planning department to ensure that developments are geared to promoting healthy lifestyles.
- To support the development and delivery of the Sport and Physical Activity Strategic Action Plan.

The overarching aim:

- **To promote an ethos that supports people to achieve and maintain a healthy weight**

5. National Targets

There are two indicators within the PHOF (2012) which are directly related to overweight and obesity:

- **Excess weight in 4-5 year olds**
- **Excess weight in 10-11 year olds**

These are based on National Childhood Measurement Programme (NCMP) data and show Thurrock similar to the England average for 4-5 year olds (22.1% compared to 22.2%), but higher than the England average for 10-11 year olds (35.5% compared to 33.3%) although statistically similar. These will be measured annually.

In addition, the strategy supports the national targets detailed in Healthy Lives, Healthy People (2011) report. These are:

“A sustained downward trend in the level of excess weight in Children by 2020”

“A downward trend in the level of excess weight averaged across all adults by 2020”

¹ The term ‘obesogenic environment’ refers to the role environmental factors may play in determining both energy intake and expenditure.

6. Local Targets

Overarching target:

“To reduce the proportion of children and adults in Thurrock who are obese, achieving a sustained downward trend by 2016/17 ”

This will be monitored annually by measuring the following:

| | Indicator | 2012/13 Thurrock baseline | 2016/17 target | Source |
|----|--|--|---------------------------|------------------------|
| 1. | Reducing obesity at reception year to be statistically similar or less than the national average. (9.3% England average 2012/13) | 9.6% | 9.3% | NCMP data |
| 2. | Reducing obesity at age 11 years to be statistically similar or less than the national average. (18.9% England average 2012/13) | 19.8% | 18.9% | NCMP data |
| 3. | Reducing the percentage of adults (16+) that are overweight or obese to be statistically similar or less than the national average. (63.8% England average 2012/13) | 70.8% | 63.8% | Active People's survey |
| 4. | Increasing the number of people who are physically active* to the same level or higher than the national average. (56% England average 2012/13) | 53.5% | 56% | Active People's survey |

*Defined as the number of adults getting 150 mins exercise per week.

Indicator number 3- excess weight in adults, this data was captured and published for the first time in 2012/13. Previous data was only available as a modelled estimate for adult obesity prevalence via the Health survey England in 2006-08. Therefore sufficient trend data on this indicator is not available to ascertain definite targets. Therefore the values have been included as an aspiration and may need to be altered during the course of the next few years.

7. What is Obesity and Overweight?

BMI = Body Mass Index is a number calculated from person's weight (kg) divided by the square of their height (m).

- An adult BMI of between 25 and 29.9 is classified as overweight
- a BMI of 30 or over is classified as obese

| BMI range (kg/m ²) | Classification |
|--------------------------------|----------------|
| < 18.5 | Underweight |
| 18.5 - 24.9 | Healthy weight |
| 25 - 29.9 | Overweight |
| 30 - 34.9 | Obesity I |
| 35 - 39.9 | Obesity II |
| = 40 | Obesity III |

Diagram A BMI

BMI does not take into account factors such as size of body frame, proportion of lean body mass, gender and age. However it is a fairly reliable indicator of body fatness for most people and is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. Although it does not measure body fat directly it has been shown to correlate well to direct measures of body fat. If there is doubt about a person's health risk, there are additional assessments that can be carried out such as waist circumference, skinfold thickness, discussions and questions about diet and physical activity.

Presently there is debate about the definition of childhood obesity and the best way to measure it in England.

The following methods are used:

- Royal College of Paediatrics and Child Health growth charts which include BMI, for children aged 2-18 (2012) are recommended for clinical practice.
- British 1990 growth reference (UK90) charts are used for Public Health programmes such as the NCMP.

The use of different methods has the potential to cause confusion for both clinicians and parents.

Assessing the BMI of children is more complicated than for adults because a child's BMI changes as they mature. Growth patterns differ between boys and girls, so both the age and sex of a child needs to be taken into account when estimating BMI. Because the relationship between a child's BMI and the level of fatness changes over time, fixed thresholds such as those used for adults should not be applied to children as they would provide misleading findings. For these reasons a growth reference must be used.

In essence overweight and obesity is simply an imbalance between the calories we consume as 'food and drink' and those we 'use up or burn' when active. However, this simplistic view hides a rather more complex and multifaceted explanation.(Foresight 2007) The term 'obesogenic environment' refers to the role environmental factors may play in determining both energy intake and expenditure.

8. National Picture

The Department of Health published a policy of “Reducing obesity and improving diet” on 25th March 2013 and was clear to describe the importance of reducing the prevalence and therefore costs associated with obesity. “In England, most people are overweight or obese. This includes 61.9% of adults and 28% of children aged between 2 and 15....Health problems associated with being overweight or obese cost the NHS more than £5 billion every year”.

I. Inequalities

As with many other aspects of health it has long been known that the lower a person's socioeconomic status, the more likely they are to be overweight or obese. The socioeconomic inequalities have increased in the UK since the 1960s leading to a wider gap in regards to both child and adult obesity with differences in prevalence in both age and gender.

Analysis from the NCMP suggests that obesity prevalence among children in both Reception and Year 6 increases with increased socioeconomic deprivation (measured, for example, by the 2010 Index of Multiple Deprivation (IMD) score). This is summarised by "obesity prevalence of the most deprived 10% of the population is approximately twice that of the least deprived 10%".

II. Ethnicity

It is difficult to summarise on a national scale as it incorporates a range of broad and complex factors with minority ethnic communities. There is data available from the 2004 Health Survey for England (HSE) including a "boost sample" from minority groups however it does not effectively reflect the national picture of obesity prevalence in adults from minority ethnic groups in combination with there being almost non-existent information for many smaller ethnic groups.

The National Obesity Observatory explains that there is an ongoing debate around the validity of information around the definition of obesity within different ethnic groups for adults and children by exploring that different groups are associated with "a range of different body shapes and different physiological responses to fat storage".

There is no straightforward relationship between obesity and ethnicity, with a complex interplay of factors affecting health in minority ethnic communities in the UK.

III. Disability

There is also limited data about the link between disabilities and obesity. It is accepted that those people with disabilities are more likely to be obese because of the assumed lower rates of physical activity compared to the general population. However it is also acknowledged that those people with learning difficulties often fall within the underweight or obesity group which suggests a number of other factors may be having an influence here.

9. Local Picture

I. Adult Obesity

The data for Thurrock shows that **70.8% of adults (aged 16 +) are overweight or obese**. The **England average is 63.8%**. The graph below shows that of the CIPFA (Chartered Institute Public Finance and Accountancy) comparator local authorities Thurrock has the second highest prevalence of Excess weight in adults however this is only statistically significantly higher than one of the comparator local authorities (Bolton).

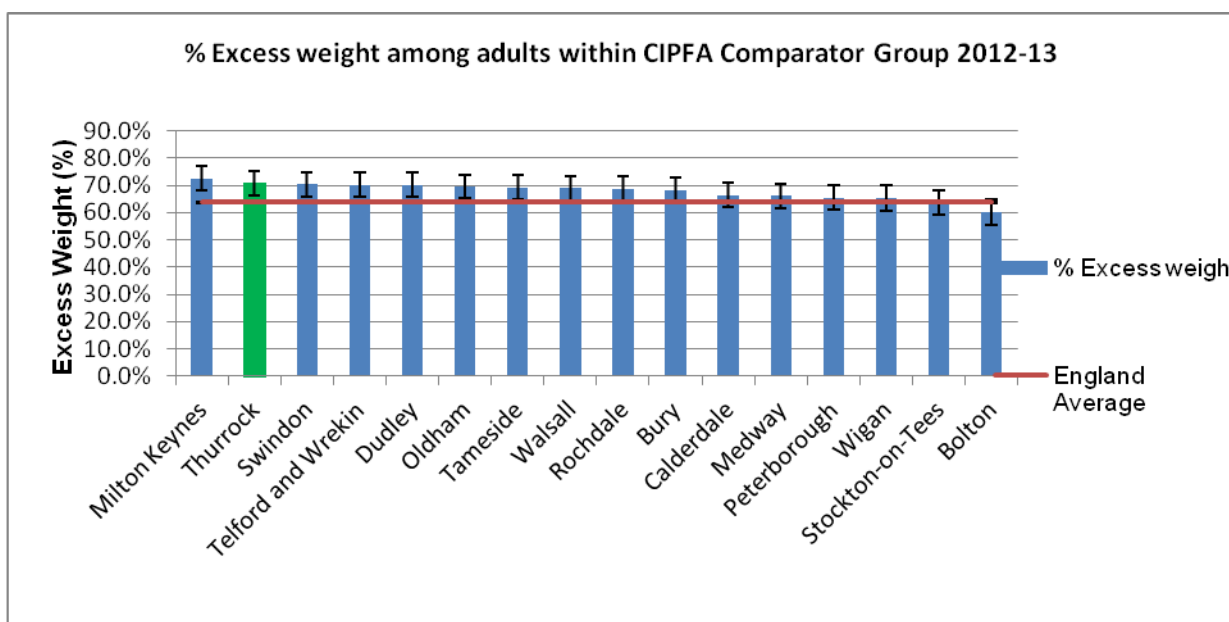


Figure 1 % Excess weight among adults within CIPFA Comparator Group 2012-13

II. Childhood Obesity

NCMP measures the weight and height of children in Reception (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) to assess underweight, healthy weight, overweight and obesity levels within primary schools. It has been in operation since 2006.

Children's heights and weights are measured and used to calculate a Body Mass Index (BMI) centile. The measurement process is overseen by trained healthcare professionals in schools.

The most recent NCMP data 2012/13 shows Thurrock to have an obesity prevalence in **Reception-aged** children of **9.6%**, which is significantly higher than the East of England average (8.1%), and is above the England average of 9.3%.

Obesity prevalence in Thurrock has shown a decrease in line with the regional trend (see Figure 1) Thurrock's prevalence in 2012/13 is statistically significantly higher than the East of England prevalence, whereas in 2011/12 there was no significant difference.

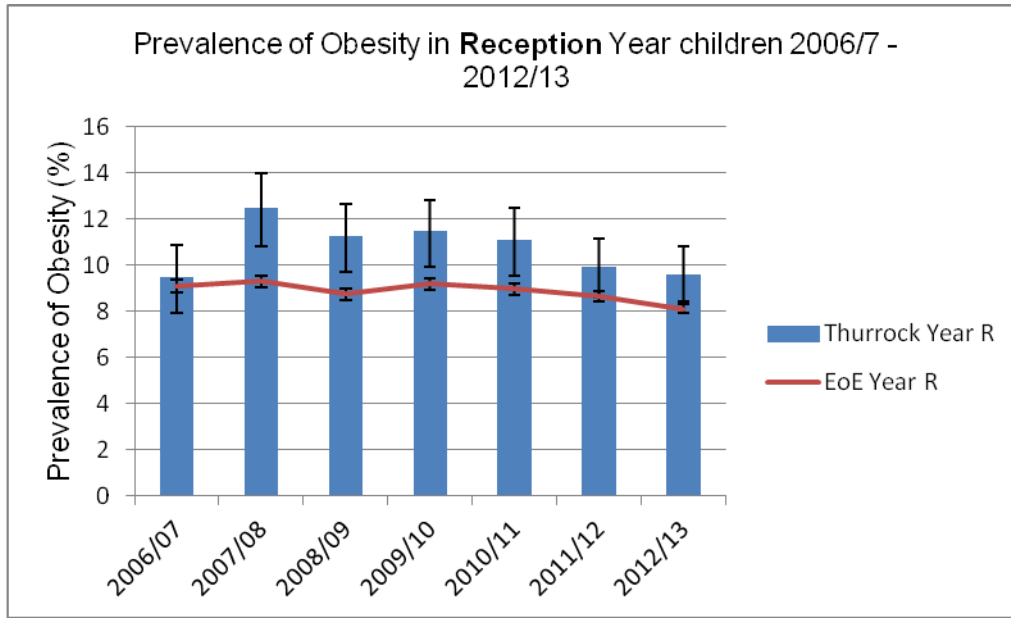


Figure 1: Obesity prevalence in Reception-aged children from 2006/07 – 2012/13 academic years for Thurrock and East of England.

The 2012/13 data shows Thurrock to have an obesity prevalence in **Year 6-aged** children of **19.8%**, which is more than double the local prevalence in Reception. Thurrock's prevalence is significantly higher than the East of England average (17.0%), and is above the England average of 18.9%, although not significantly so.

The trend in Year 6 children obesity prevalence in Thurrock mirrors the regional trend (see Figure 2). Thurrock's prevalence in 2012/13 is statistically higher than the East of England prevalence, which continues the trend observed since the 2007/08 data.

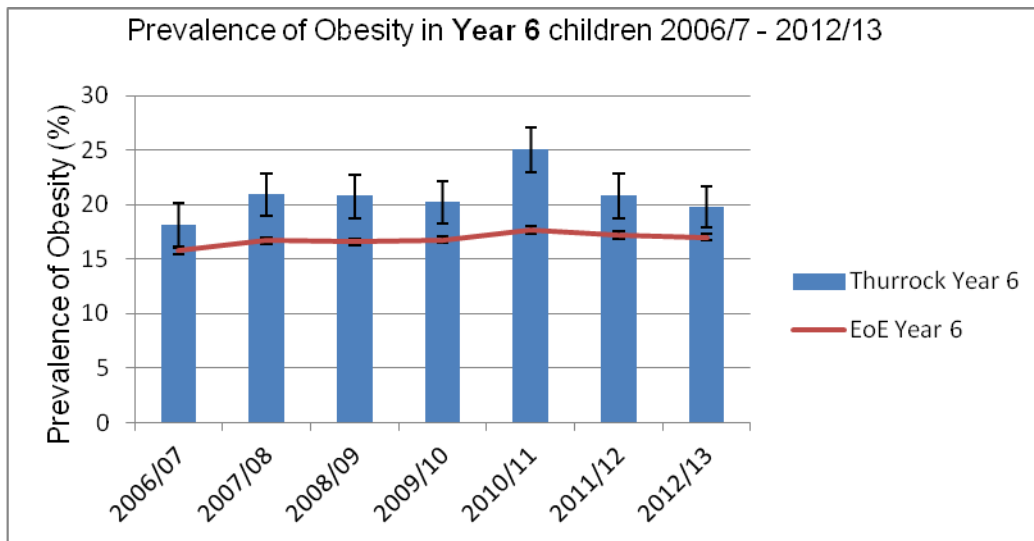


Figure 2: Obesity prevalence in Year 6 children from 2006/7 – 2012/13 academic years for Thurrock and East of England.

10. Current Services

I. Commissioned Services:

Healthy Weight and Expectant Mothers

Basildon and Thurrock University Hospital NHS Foundation Trust (BTUH) Maternity unit participated in a national Slimming World pilot HELP (Healthy eating and lifestyle in pregnancy). This pilot identified that 1 in 5 pregnant women in the UK were obese. It was identified that excessive weight gain in pregnancy can lead to long term obesity and can have an effect on childhood obesity as well.

To follow on from the participation in the HELP study the public health team have contributed to a further Slimming World pilot programme in conjunction with BTUH for expectant mothers in consultation with their midwives. The results of this pilot will be reported back to the Public Health team to determine the long term place for this initiative.

Eat Better, Start Better

The Public Health team have worked with the Learning and Skills team to deliver the Eat Better, Start Better, programme in Thurrock a two-year programme to improve food provision for children aged 1-5 in early years settings. The projects aims are:

- Improved, healthier food provision, including increasing nutrition and cooking skills knowledge in the workforce and parents, for children aged 1-5 in early year's settings and at home.

Following on from an evaluation, work continues to ensure the programme's sustainability.

Change 4 life – Lifestyle Weight Management – Children

The Change 4 Life team supports the reduction of childhood obesity within Thurrock by supporting children and parents to make healthier lifestyle choices and is targeted towards the most deprived areas. Families are signposted to the programme following identification of unhealthy weight through the National childhood Measurement Programme. Participants will be encouraged to reduce or maintain their BMI, increase the proportion of fruit and vegetables eaten daily, reduce sedentary activities and increase physical activities.

Healthy 4 Life programme delivered by Vitality

This is a tier 2 community based 12 week programme for adults offering information and support to individuals wishing to make sustainable lifestyle changes. The programme includes information sessions on healthy food choices, combating stress and the benefits of physical exercise. Participant feedback identifies that

*“The way in which healthy eating and exercise is promoted is far better than any quick fix you get with dieting and if followed properly it’s a change for life”
(Peter, South Ockendon, 2011)*

Active Sport 4 Life

Sport England funded Active Sport 4 Life project aims to demonstrate a clear link between improved health, life expectancy and participation in sport. The project encourages the most inactive members of the community (aged 14+), whose primary reason for referral through any programmes is they have a BMI of 28+, to access a programme of sports activities in existing sporting and active community groups to increase their participation to at least once a week for a minimum of 30 minutes. The project also supports small sports clubs to develop their communities to engage wider with people who are inactive.

Travel Thurrock

Central government funding was awarded to Thurrock to deliver a sustainable transport project, Travel Thurrock. The funding is available until March 2015 and aims to engage with residents, businesses and communities to promote travelling by sustainable and active modes, namely walking and cycling. Support is given to individuals, workplaces and schools to improve their health by removing the barriers to walking and cycling.

11. How has this strategy been developed?

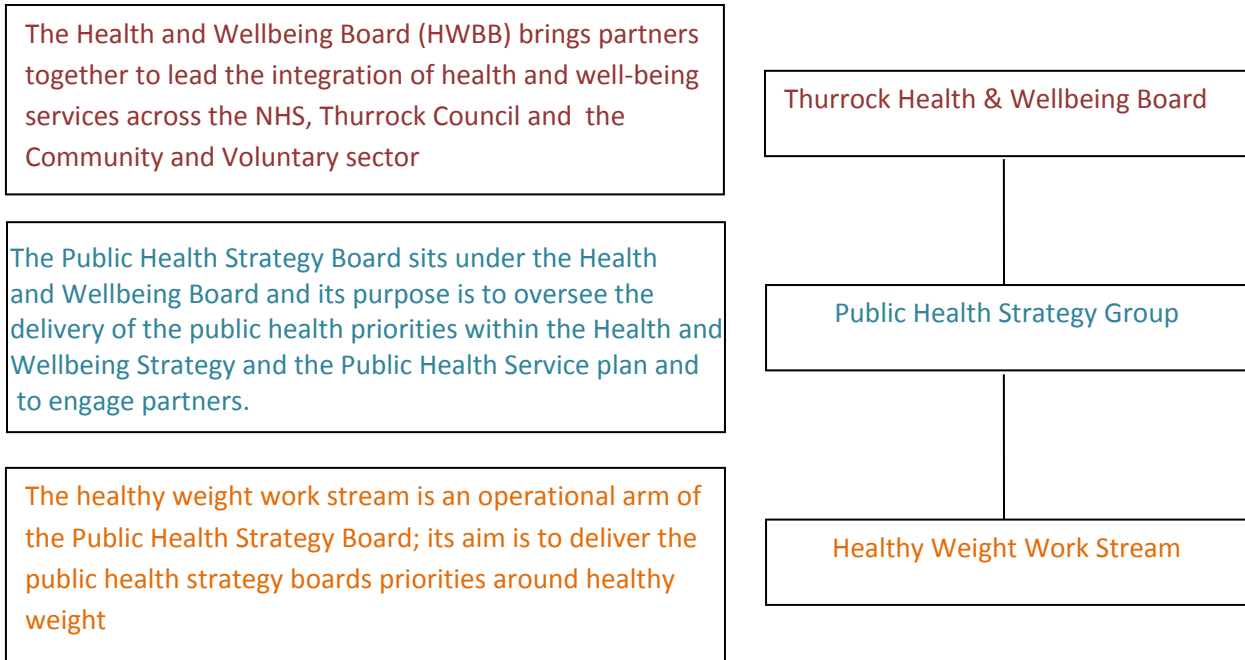


Diagram A Development of Strategy

The Healthy Weight work stream consists of Statutory and Community and Voluntary sector members who were instrumental in designing and delivering the data collection methods that evidenced this strategy.

I. Community engagement

In line with Thurrock Council's ethos of involving the community in developing services and solutions the strategy has an ABCD (Asset Based Community Development) approach. We have ensured that there have been opportunities for engagement and feedback with community organisations and individuals and the work stream membership is reflective of the voluntary and community sector.

Questionnaires (Appendix C)

Three questionnaires were developed using a similar approach as the satellite questions but with particular relevance to the groups they were sent to.

- A community questionnaire was sent to all Thurrock Council staff and cascaded out to community and voluntary groups. This questionnaire consisted of the same questions as the satellite questions but gave space for further dialogue of the type that would be collected during the face to face interviews.
- A GP questionnaire was sent to all Thurrock GP's and asked additional questions about their tier 3 and 4 referrals and preferred method of communication.
- A schools questionnaire was distributed to the Heads of Thurrock schools which asked for information about pupil's healthy activities within their school life.

Satellite Groups (Appendix D)

A series of satellite groups were held with a variety of community groups encompassing all sections to ensure a wide engagement of people and experience of lifestyle factors that influence a healthy weight.

Healthy Weight Workshop (Appendix E)

The final approach was to deliver a workshop to gather further information and to develop a network of interested stakeholders. The event brought together community, voluntary and statutory organisations that joined together to hear a series of presentations and to undertake group work around a series of questions pertaining to the obesity agenda. This was a well attended event with positive feedback and enthusiastic engagement from participants.

12. Working in partnership

The multifaceted nature of obesity necessitates a joined up approach to meet the complexity around obesity and overweight. Action is required at every level, a joined up approach from the individual to society, and across all sectors. Obesity cannot be effectively tackled by one discipline alone. There are various departments, services and partner organisations that can work together in a coordinated way to make a real impact.

I. Community and Voluntary Sector

Work with communities and the voluntary sector have a key role to play in tackling obesity and overweight. There is huge potential to engage with communities through the:

- development of community hubs and Local Area Coordinators
- existing channels through CVS and Healthwatch.
- development of volunteer and community champions to engage with hard to reach communities
- piloting of interventions and revised models of service delivery.
- Local Area Coordinators (LACs) developed with a health focus can play an important role in connecting people to opportunities to be physically active,
- community activation programmes such as 'Beat the street'
- programmes to support people with healthy cooking initiatives
- linking people to commissioned interventions as appropriate.

II. Education and learning

We know that there is a correlation between obesity and educational attainment (Cohen et al 2013) with obesity prevalence decreasing with increasing levels of educational attainment. Public Health works with Thurrock schools through:

- The National Child Measurement Programme delivered in schools by the school health teams measuring and weighing children to identify those that would potentially benefit from referral to a healthy weight programme.
- The school sports premium allows schools the opportunity to direct funds towards local solution around sport and physical activity.
- Programmes that link schools on an area wide basis such as 'Beat the Street'
- Programmes around healthy eating
- Programmes to engage pupils in activities that promote healthy weight, both physical and educational.

III. Environmental Health

The Environmental Health team have regular access to local food businesses in Thurrock and demonstrate a commitment to working in partnership to tackle obesity and overweight in Thurrock by:

- Establishing a Healthy Catering Commitment project.
- Encouraging outlets to change the way they cook and produce foods
- Linking with the PHRD

IV. Health and social care

Obesity increases the risk of many long term conditions such as diabetes, cardiovascular, respiratory and liver disease, muscular skeletal disorders and some cancers. This presents a significant challenge to the health and social care system.

Social care provision for very obese people can be costly through the provision of:

- housing adaptations
- carer support.

The embedding of physical activity and health eating support within existing social care pathways would benefit both the user and the challenges encountered by the service (see reference section for relevant frameworks)

V. Parks and green spaces

Parks and green space are important for communities and allow people the opportunity to be active in their leisure time. Thurrock has the benefit of the River and Beach environment within the local authority area. Maintenance and improved quality results in increased use of these facilities.

VI. Planning and environment

The development of links between the Public Health and Planning teams will allow closer collaboration on projects of joint interest including:

- looking at the close proximity of takeaways to schools in Thurrock (paper taken to overview and scrutiny committee.)
- working together to create a healthier built environment that allows people more opportunity to be physically active in the way buildings and spaces are designed.

VII. Sports and Physical Activity

Public Health works with Thurrock Sports and Physical Activity Partnership Group which has a wide membership including;

- local leisure centres
- school sports co-ordinators
- Active Essex,
- providers of weight management services,
- Council members and officers including Public Health
- volunteers of sporting, exercise and physical activities in Thurrock.

The aims of the partnership are to identify funding opportunities and work with other organisations in identifying and initiating sporting/activity projects. To assist in this there is a 'Physical Activity connector' who helps to;

- shape the work of the partnership and facilitate more joined up working.
- to drive forward projects that increase physical activity and sports in Thurrock
- identify members to be ambassadors for projects in their workplace and communities.
- to refresh the 'Active Thurrock' group
- to access Sport England funding such as 'Sportivate'.

VIII. Transport

In general in the last 50 years or so there has been an increase in car use and decrease in active travel such as cycling and walking. There are important health benefits related to walking and cycling. We aim to maximise the potential to encourage these forms of active travel. This also contributes to objectives in relation to sustainability and congestion. The Healthy Weight work stream benefits from partnership working with the Local Sustainable Transport Fund (LSTF) colleagues to:

- develop and commission the 'Beat the Street' project for Thurrock
- to include provision of cycling and walking infrastructure;
- engage and support to local businesses to encourage active travel;
- extensive support for school to promote cycling;
- Bikeability training at schools, Levels 1 and 2.

IX. Workplaces/Local Businesses

Working with local businesses and partners Public Health aims to increase access to and availability of healthy food choices through the Public Health Responsibility Deal. We will;

- encourage local workplaces and businesses to sign up to the Responsibility Deal
- support employees and customers to make healthier choices
- introduce policies to prevent, support and manage obesity
- encourage availability of healthy food choices in the workplace
- encourage provision and promotion of physical activity for example, by introducing walking meetings or non-working lunch times.

The effectiveness of such policies is dependent on the support and ongoing commitment of senior members of staff.

<https://responsibilitydeal.dh.gov.uk/wp-content/uploads/2013/04/130408-RD-Toolkit-Web-version.pdf>

X. Developing a clear referral pathway for Tiers 2 and 3

It will be essential to work with the CCG and NHS partners around whole system approach (tiers 3 and 4) in the development of a pathway for Healthy Weight Management. The existing pathway is incomplete and undergoing considerable change in the services commissioned by the Local Authority (tier 2). Work needs to be completed through the engagement with the work stream to develop and implement the pathway effectively in Thurrock.

The diagram below is to show the costs associated with commissioned tiers of services. It is recognised that some areas may fall within to more than one tier. i.e. community weight management interventions such as Weight Watchers and slimming world can be defined as a tier 2 intervention however in Thurrock these interventions are not currently commissioned for the whole population and are self funded and as such have been included as Tier 1.

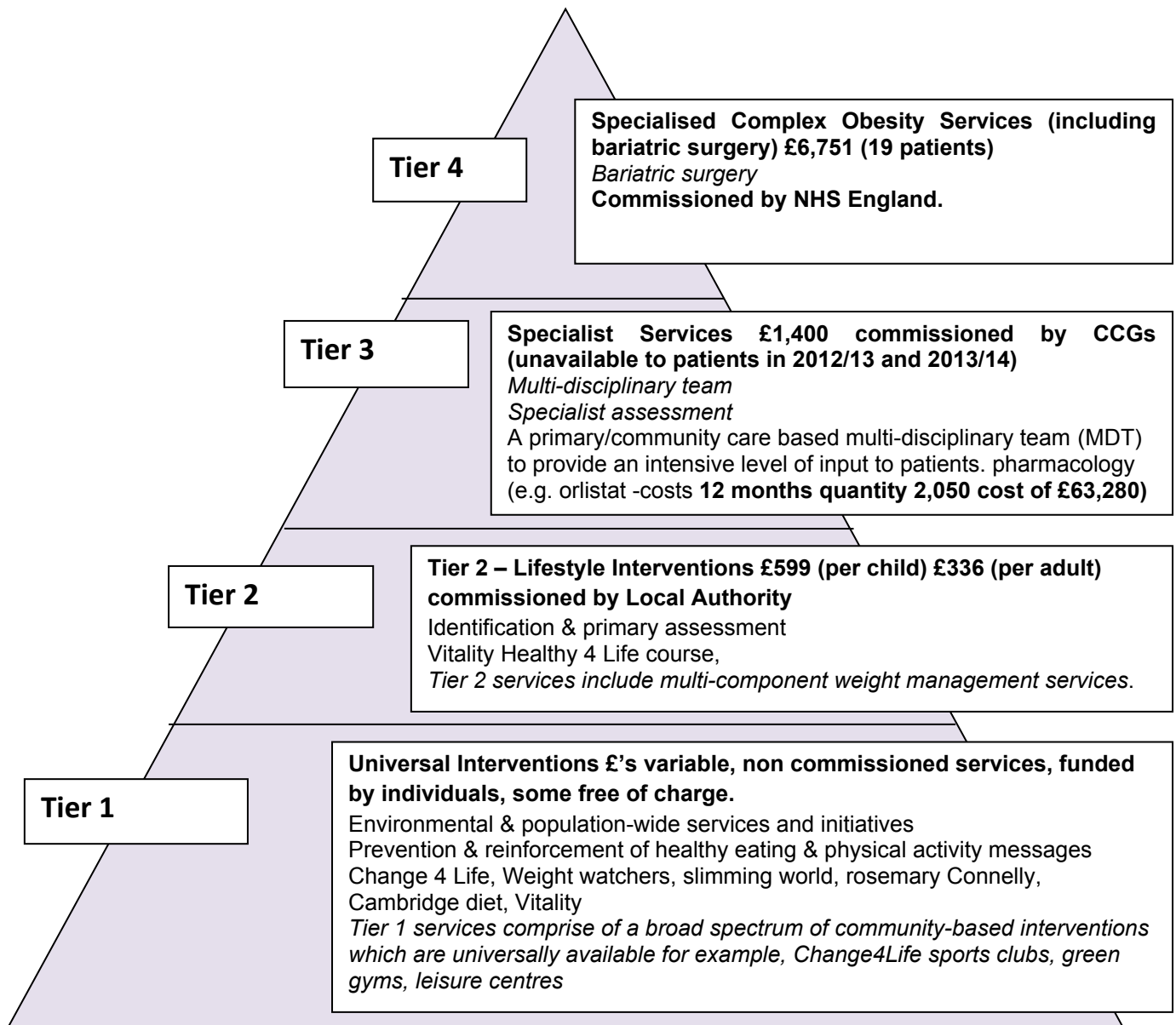


Diagram A: Tier Pathway, costs estimated per person based on commissioned services 2012/13

13. Commissioning a service for children:

During the consultation stakeholders were asked:

“What should a children’s community weight management project look like?”

Two of the top questionnaire responses were ***“prevention in schools”*** and ***“joint delivery of services for families”***.

To build on this feedback during the workshop, participants were asked:

- Who should be involved in delivering a family-focused weight management programme? What would their roles be?
- What else do you think we should all be doing (e.g. within schools/ homes/ communities) to promote a healthy weight in our children?

The key findings that evolved out of the questions were that involvement from universal services was important, libraries, youth workers and teachers were listed consistently.

A strong referral process was also identified as crucial in order to tackle overweight children.

Cohesive family physical activity services were also mentioned as being a potentially good idea in attempts to educate parents as well as placing importance on an active lifestyle for the whole family.

A key message was also that engagement should be sought from local businesses and suggested that perhaps a working together agreement be implemented for not only large supermarkets but small chip shops and newsagents were equally important.

14. Commissioning a service for adults:

During the consultation stakeholders were also asked:

“What should an adult’s community weight management project look like?”

Two of the top questionnaire responses were ***“focus on everyday activity, and fun exercise for all”*** and ***“Community involvement”***

To build upon this during the workshop participants were asked:

- What would fun exercise look like for the whole family?
- How can we make this sustainable?
- How can we involve communities and volunteers in adult healthy weight management groups/ activities?

Suggestions for an adult weight management service seemed to be very physically focused with most suggestions encouraging active participation rather than nutritional education. The suggestions including themed exercise sessions and linking into the above there was a strong recommendation for active sessions which included the whole family.

Geo caching was suggested as a fun idea that is becoming increasingly trendy. The idea would essentially be a large scale scavenger hunt incorporating adults and children through a range of difficulty levels.

Consistently through the adult and child focused question almost every table emphasised the need to utilise existing services and groups and were clear duplication would not be useful.

Suggestions were also made around the way the programme, in whatever form, was communicated to the community and it was suggested that council offices, GP surgeries TVs, leaflets and local media should all be considered.

Finally, a theme emerged around engaging young people to become trainers of active sport within the community. Incentives of employment, training schemes or accredited courses would inspire young people to become more active and community focused which could potentially be a good sustainability tool.

Stakeholders at the Healthy Weight Workshop (5 Dec 2013) discussed their ideas for a short mission statement to encompass Thurrock achieving a healthy weight:

“Helping Thurrock put a swing in its step”

“The GRASS is greener for those who stay leaner”

“Integrating healthy weight community cohesion”

“Meat, fruit, veg and fish combine to make a healthy dish.”

15. Future direction of Thurrock Weight Management Services and commissioning:

Looking at NICE (National Institute Clinical Excellence) guidance, national policy, and stakeholder engagement around the topic achieving a healthy weight in Thurrock, a new service model for weight management will be commissioned. This new service will commence on 1 April 2015 and will be responsive to the evidence and engagement sought.

The following areas of focus will be featured in what is commissioned from weight management services and also from other projects that will impact upon obesity and healthy weight within Thurrock:

Community involvement – There will be a general move towards tier 1 delivery being largely community based and delivered by the community through community and voluntary sector and the development of health champions (including youth health champions) and trainers.

Psychological support – To be built into service specifications of commissioned services to recognise the complex interplay of factors involved in over eating, unhealthy patterns that develop and breaking unhealthy cycles and relationships with food and exercise.

Psychological factors will be considered when commissioning and implementing new projects.

Family based inclusive approach- A family based approach when commissioning children and young people’s lifestyle weight management services is recognised as essential and will be a feature of the new service model. The age range of interventions will cover all ages with a variety of options covering the lifespan from cradle to grave removing the gaps in service that currently exist to ensure there is an offer for all.

Delivery -Services will be delivered in a non judgemental way recognising the common problems with perceptions of what constitutes a healthy weight, offering participants the

opportunity to explore this for themselves. Services will be responsive to the needs and assets of the population.

Develop better links with schools- This is considered essential with the redesigned service model to allow appropriate follow up from NCMP measurements and to engage as widely as possible with children and young people in Thurrock.

Emphasis on ‘fun’ activities- To be successful, sustainable and beneficial exercise and physical activity needs to be fun and responsive to what families and people in Thurrock want to do.

Exercise on prescription – Based on feedback, pilots and programmes will be explored to allow GP and professionals referral to exercise and evidence based weight management programmes.

From April 2015 a new Tier 1 to Tier 4 weight management pathway will be in place with clear referrals and outcome measures.

16. Next steps

I. Commissioning & Pathways

- All healthy weight initiatives and programmes will have defined priorities, key action points and reporting methods.
- Support GP's and Primary Care Professionals to have a pathway and tools (Activity directory) for undertaking brief interventions around healthy weight and referring into the relevant tier of weight management services and physical activity programmes.
- School activities and family programmes around healthy weight will be an important element in combating the rise in obesity between reception and year six children and these will be evaluated to measure success.
- In response to the engagement to date, specific programmes/projects will be commissioned with the objective of working to reduce the obesogenic environment in Thurrock.
- Developing a life course approach to aspects of commissioning and delivery is an important aspiration to allow an inclusive approach

II. Partnerships & community involvement

- Continue to develop the partnership working that has started with the Healthy Weight workstream and workshop held in December 2013
- There will be defined care pathways for the management of obesity that we will work to develop and implement in partnership through the Healthy Weight Workstream.
- Using local leadership such as Hubs and the Local Area Coordinators (LAC's) and the ABCD principles, communities will have played an important role in identifying and developing physical activity and healthy eating opportunities that are relevant to their local areas and resources.
- Communities will be involved in physical activity challenges such as 'Beat the Street'.

III. Workplace Health

- Thurrock Council is engaged in the Public Health Responsibility Deal pledges H04 and P4 around healthy eating and physical activity and is this is being cascaded out to further businesses.
- Businesses will be encouraged to provide healthy eating canteens and to increase walking, cycling and use of public transport rather than car use.

IV. JSNA local priorities

- The Thurrock JSNA will evidence success of recommendations of this strategy by providing local and national health profiles. Comparison against previous and national profiles will be key indicators of a healthy weight population shift within Thurrock.
- The JSNA can be used as a tool to evaluate the success of this strategy.

V. Monitoring and Evaluation:

Evaluation is vital for understanding what works and why and also for ensuring that funding is spent in the right way. Evaluating obesity interventions can be very challenging as short term success isn't always sustained over time and there are also often difficulties with following people up. This results in time delays in establishing long term effectiveness of interventions.

VI. Strategic Delivery Action Plan:

An action plan will be available in line the above section that will outline developments, programmes and actions that need to be developed to meet the obesity related targets that have been outlined. This is a working document developed by the Healthy Weight work stream and available from Thurrock Public Health Team. publichealth@thurrock.gov.uk

15. References:

- 1) Adult Health & Social Care Outcomes Framework 2012/13, Domain 1: 'Enhancing quality of life for people with care and support needs'.
- 2) Educational attainment and obesity: a systematic review. Cohen AK1, Rai M, Rehkopf DH, Abrams B (2013) *Obesity Reviews*. Volume 14, Issue 12, Article first published online: 25 JUL 2013
- 3) Public Health Outcomes Framework including Indicator 4.13: health-related quality of life for older people
- 4) NICE (2006). Clinical Guidance 43. *Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children*. National Institute for Health and Clinical Excellence.
www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf
- 5) Strategic Review of Health Inequalities in England Post-2010 (The Marmot Review), 11 February 2010
- 6) Department of Health Public Health Research Consortium, Law, C., Power, C., Graham, H. and Merrick, D. (2007), Obesity and health inequalities. *Obesity Reviews*, 8: 19–22
- 7) Rimmer J, Wang E, Yamaki K, & Davis B. FOCUS Technical Brief No. 24. Documenting Disparities in Obesity and Disability, National Center for the Dissemination of Disability Research (NCDDR) 2010.
- 8) Child and Maternal Health Observatory (CHIMAT). Disability and obesity: the prevalence of obesity in disabled children, 21 July 2011.
- 9) Foresight (2007) *Tackling Obesities: Future Choices – Project Report*. Government Office for Science. www.bis.gov.uk/foresight/publications/reports