Kent Healthy Weight Strategy 2015-2020

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Kent is a place where healthy lifestyles are the normal way of life and where every adult and child is informed, able and motivated to make positive choices regarding nutrition and physical activity.

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Executive Summary

Obesity is a serious and growing problem. Nearly 770,000 people in Kent are estimated to be either overweight or obese. Moderate obesity (BMI 30-35 kg/m2) reduces life expectancy by an average of three years, while morbid obesity (BMI 40–50kg/ kg/m2) reduces life expectancy by 8–10 years. This 8–10 year loss of life is equivalent to the effects of lifelong smoking.

Most recent projections predict that health costs associated with obesity are likely to rise nationally by £2bn between 2010 and 2030. The impact of this on the Kent health economy is estimated to be over £55m. This is contributed to by 44% of the incidence of diabetes, 23% of heart disease and between 7%-41% of certain cancers. This will also have an increased impact on social care costs. An estimated 16 million days of sickness absence a year are attributable to obesity, in addition obese people are less likely to be in employment than people of a healthy weight and the associated welfare costs are estimated to be between £1 billion and £6 billion. The NHS and local authority are major employers so this will impact on their available workforce.

In 2011 the Department of Health published Healthy Lives: Healthy People: A call to action on obesity in England. Its ambition is to achieve:

- 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.

Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. However there are many complex behavioural and societal factors that combine to contribute to the causes of obesity. The Foresight Report (2009) identified over 100 variables directly or indirectly affecting weight. Tackling obesity therefore needs to involve all sections of society as the underlying causes are embedded in the way we live, learn, work and play.

The Kent Healthy Weight Strategy is a three-year strategy organised into four themes and 17 priorities representing the major challenges and opportunities for Kent over the next 10 to 20 years. The four themes are:

1. Take action on the environmental and social causes of unhealthy weight

Individual action to tackle excess weight is increasingly challenging as there are more outlets available for purchasing and consuming foods that are calorie dense and contain excess sugar and fat. The majority of people are more sedentary due to a decrease in manual and semi-manual occupations and increased use of cars means that people are becoming more physically inactive. Action needs to be taken to tackle the wider determinants of health such as improvements to housing, the built environment and open spaces and parks.

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2. Give every child the best start in life and into adulthood

This ambition is enshrined in the Marmot Report and the Healthy Child Programme. It is one of the outcomes of the Kent Health and Wellbeing Strategy. An increase in the initiation and 6-8 week prevalence of breastfeeding is a key part of this strategy as is establishing healthy eating patterns and encouraging physical activity such as active play, playground games and sport.

3. Develop a confident workforce skilled in promoting healthy weight

We will not achieve a healthy weight for all the people of Kent if we only rely on weight management services alone. There is a need to develop the front-line workforce with the confidence and skills to raise the issue and to provide brief intervention in a range of settings. This should be seen as part of a holistic programme that supports making every contact count.

4. Provide support to people who want to lose weight, prioritising those from specific groups

There is a need to provide a comprehensive well communicated pathway for adults and for families to access community weight management programmes. There are a number of specific groups who are at higher risk from obesity than the general population. These include people on a lower income, adults of South Asian and African origin, people with depression, those who stop smoking and people with disabilities. People with a learning disability are 80% more likely to be physically inactive compared with the population and are likely to become obese at an earlier age. Sufficient specialist weight management should be provided as the gateway to bariatric surgery and these pathways need to be jointly developed across commissioning and include services provided as part of the South East National Diabetes Prevention Programme.

How will we get to our ambition?

A strategic approach will be led by Public Health with the support of both the Kent Adult Health and Wellbeing Board and the Children and Young People's Health and Wellbeing Board, supported by the local Boards, the Clinical Commissioning Groups and District and Borough Councils, the third sector and other partners. A mechanism similar to that which is in place for Tobacco Control should be considered.

There's a growing appreciation and expectation that in order to improve health and address health inequalities we need to build on engagement with communities to build on assets to improve health and wellbeing. The knowledge, skills and interests of Kent people will be crucial to improving healthy weight.

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Priorities and action plans will be based on analysis and intelligence. It will also be important to consider whether universal or targeted approaches are appropriate. It is a huge agenda and although some work needs to be undertaken in tandem, there will need to be a consensus on what can be achieved more easily over a short period of time and what is a longer term, but urgent ambition. It is envisaged that there will be a strategic Implementation Plan but with more local and programme based action plans sitting below this.

Performance monitoring is key and will be the determined by the Healthy Weight Strategic Group. There will be a number of reporting strands which will report through their own governance arrangements. However bringing these strands together as part of the Healthy Weight Strategy will ensure action is progressed.

The Standard Evaluation Framework for Weight Management Interventions will be used to guide the evaluation of all commissioned programmes. Evaluation and Monitoring will need to be central to this Strategy to ensure that investment is made in interventions with proven outcomes. Links to an academic institution should be pursued. Timescales for implementation and local targets will be specified in the detailed action plans.

Investment will need to be sought from a number of commissioning and other funding streams and would be expected to be increased given the priorities for integrated working and the focus of prevention in the 5 Year Forward Plan. Mapping of assets would assist the further development of the strategic approach.

Workforce health and workforce development are key to the success of the Strategic Plan and are likely to have the biggest impact on tackling obesity. The reach of public sector employees across the local community is enormous. In addition we will need to develop the workforce to ensure that they are competent, confident and affective in delivering interventions. This includes those in the NHS, the Local Authority (including planning, transport, sport and leisure, early help services), schools, communities and the voluntary sector and others. Those who are giving advice to the public should be role models and demonstrate they have adopted the health behaviours that they are advocating. Occupational Health and Human Resource departments could be involved in empowering their own staff to be a healthy weight.

To show value for money it will be necessary to accurately calculate return on investment to inform procurement. This will require the ability to develop person level linked datasets across all the relevant health and care settings. The principles of data sharing include collecting NHS numbers, having a systematic common process with common definitions and all data needs to flow into a single data warehouse.

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Why Do We Need A Healthy Weight Strategy for Kent?

Tackling obesity and ensuring that all Kent people have the necessary knowledge and support to achieve a healthy weight is an urgent priority. The Kent Healthy Weight Strategy will support the ambition of the Five Year Forward Plan which puts prevention centre stage calling for a radical upgrade in prevention and public health. The move towards better integrated care and changes in patients' health needs and personal preferences is an opportunity to prevent some long term conditions but also to improve the outcomes of people who are living longer.
Nearer to home the Kent Healthy Weight Strategy supports the ambitions of the five outcomes of the Kent Joint Health and Wellbeing Strategy, the Transformation Programme and the Kent Inequalities Action Plan.

Public health is about the organised efforts of society and is therefore well placed to provide a co-ordinated approach to implement this strategy. Public Health will work across local authority departments with the support of both the Kent Adult Health and Wellbeing Board and the Children and Young People's Health and Wellbeing Board, supported by the local Boards, the Clinical Commissioning Groups and District and Borough Councils, the third sector and other partners. Evaluation and monitoring will need to be central to this Strategy to ensure that investment is made in interventions with proven outcomes.

With public sector resources shrinking, demand growing and health inequalities widening, Health and Wellbeing Boards must acknowledge the multifaceted role of districts and integrate this into a 'whole-system' focus on preventative public health policy. In two-tier areas, achieving improvements across the Public Health Outcomes Framework Indicators will be dependent upon the delivery of district frontline statutory and discretionary services, innovative use of its public assets and utilisation of its local partnerships District Councils Network.

The impact of obesity on physical health

The recommended measure of weight is Body mass index (BMI). Raised body mass index is a major risk factor for non-communicable diseases such as heart disease and stroke, diabetes, musculoskeletal disorders (especially osteoarthritis which is a highly disabling degenerative disease of the joints) and endometrial, breast and colon cancers.

Being overweight is associated with increases in risks for a number of conditions. 10% of obese people have diabetes compared with 2% of people who are a healthy weight. There is a 40% increase in the number of deaths from heart disease for each 5 kg/m2 increase in BMI amongst middle-aged people. 10% of all cancer deaths among non-smokers are related to obesity. People with morbid obesity live on average 8–10 years less than people who are a healthy weight - which is similar to the effects of life-long smoking.

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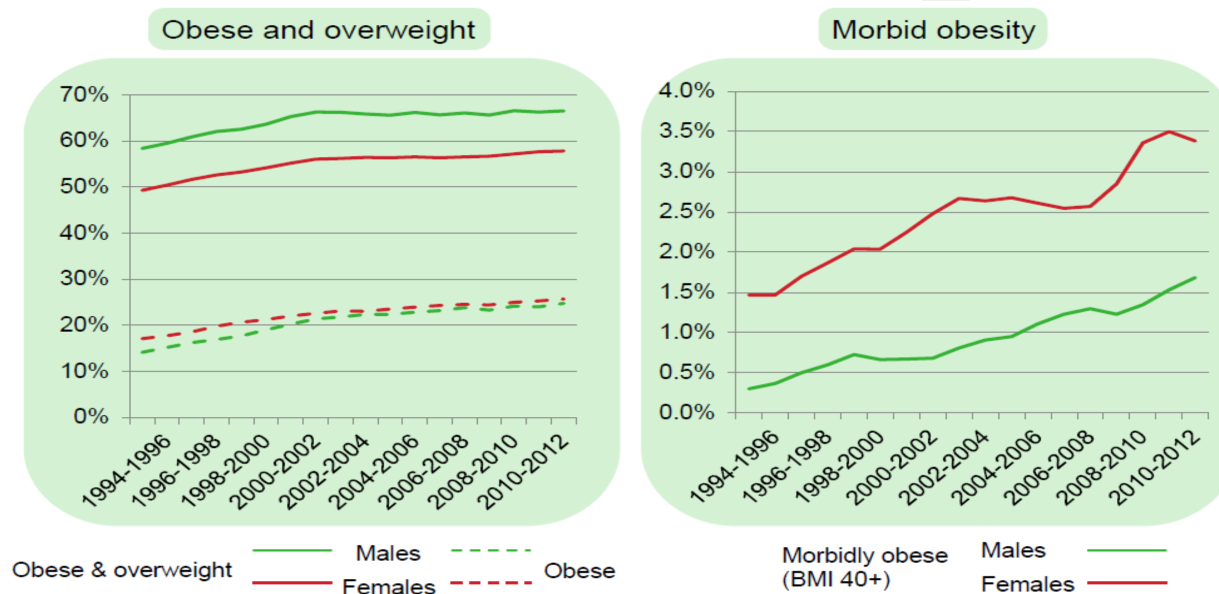
The impact of obesity on maternal and child health

Maternal obesity significantly increases risk of foetal congenital anomaly, prematurity, stillbirth and neonatal death. Obesity is also associated with poor mental health in adults and stigma and bullying in school. Children with a BMI in the overweight and obese range are more likely to become overweight or obese adults.

Rates of overweight and obesity are rising and morbid obesity is a particular problem for women.



The impact of diet in maintaining a healthy weight

Relationship between diet on healthy weight

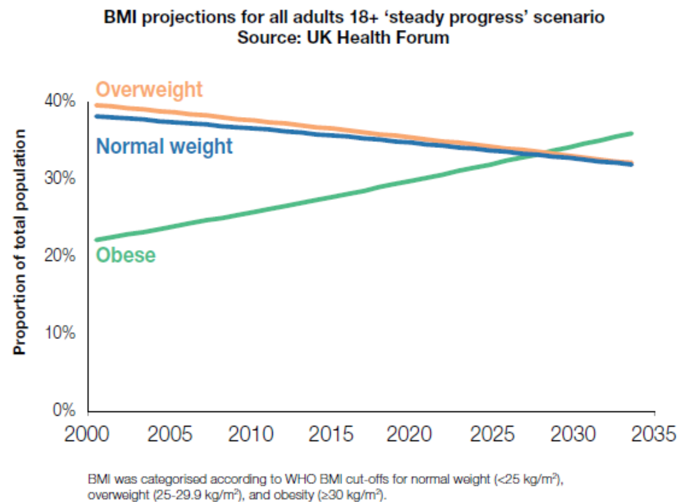
Healthy eating has two main facets; nutrition and calorie intake. Healthy weight is determined by calorie balance and consuming an amount of calories that lead to the maintenance of a healthy weight. To be healthy, it is also necessary for the content of these calories to come from healthy sources, namely fruit, vegetable and non-processed foods like lean meat.

We know that poor diet has a direct impact on health; an estimated 70,000 premature deaths in the UK could be avoided each year if diets matched nutritional guidelines. We also know that one in two women and one in three men are insufficiently active for good health.

The impact of obesity on the economy

There are significant social and health costs associated with the treatment of obesity and its consequences, as well as costs to the wider economy arising from chronic ill health. Unless something is done urgently the trends shown in Figure 1 below will cause the projected costs shown in Table 5.

Figure 1: Body Mass Index Projections UK 2000-2035



The UK Health Forum predicts that overweight and normal weight will decline but obesity will increase steadily. Reversing trends to 1993 levels would results in an 28% reduction in type 2 diabetes and a total of £77 million costs avoided by 2034. If current trends continue 1:3 people will be obese by 2034 and I in 10 will develop T2 diabetes.

The Foresight Report (2007) estimated that by 2050 the cost of treating its co-morbidities in the UK will reach £49.9billion. More recent projections predict that health costs associated with obesity are projected to rise nationally by £2bn between 2010 and 2030. The impact of this on the Kent health economy is estimated to be over £55m extra funding needed. (This is using the number of Kent residents as a proportion of the whole of England 2013 population, KMPHO)

Table 5: Estimated additional costs to England and Kent associated with obesity

	2010		Projected cost increase 2030
ENGLAND	53,865,817		£2,000,000,000
KENT	1,493,512		
Kent % of whole England	2.77%		£55,453,053

This is contributed to by 44% of the incidence of diabetes, 23% of heart disease and between 7%-41% of certain cancers.

Table 6 below shows a very crude approximation of additional costs to CCGs by 2030.

Table 6: Estimated additional costs related to obesity to CCGs by 2030

CCG	2012 registered population*	% Kent population	Additional cost (£m)
NHS West Kent CCG	466,245	31.1%	£17.2m
NHS Dartford Gravesham and Swanley CCG	248,912	16.6%	£9.1m
NHS Ashford CCG	123,536	8.2%	£4.5m
NHS Canterbury and Coastal CCG	212,388	14.2%	£7.9m
NHS Swale CCG	108,377	7.2%	£4.0m
NHS Thanet CCG	139,545	9.3%	£5.3m
NHS South Kent Coast CCG	200,403	13.4%	£13.4m
total	1,499,422	100%	£55.4m

*NHS England CCG 2012 registered population

This will also have an increased impact on social care costs, estimated to be £352m currently.

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The impact of obesity on productivity

An estimated 16 million days of sickness absence a year are attributable to obesity at a cost of £16m, in addition obese people are less likely to be in employment than people of a healthy weight and the associated welfare costs are estimated to be between £1 billion and £6 billion. The NHS and local authority are major employers so this will impact on their available workforce.

Policy for Change

In 2011 the Department of Health published Healthy Lives: Healthy People: A call to action on obesity in England. Its ambition is to achieve:

- 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.

The ambitions reflect a shift away from solely focusing on obesity to include overweight as well, this is termed excess weight. The Public Health Outcomes Framework contains published data on excess weight prevalence. It also changes the focus from children to families as part of the life stage approach and from an individual choice to supportive environmental change. It also puts greater emphasis on the psychosocial aspects of weight management.

The Kent Healthy Weight Strategy will support the ambition of the Five Year Forward Plan which puts prevention centre stage calling for a radical upgrade in prevention and public health. The move towards better integrated care and changes in patients' health needs and personal preferences is an opportunity to prevent some long term conditions but also to improve the outcomes of people who are living longer.
Nearer to home the Kent Healthy Weight Strategy supports the ambitions of the five outcomes of the Kent Joint Health and Wellbeing Strategy and the Kent Inequalities Action Plan.

Public health is about the organised efforts of society and is therefore well placed to provide a co-ordinated approach to implement this strategy. Public Health will work across local authority departments with the support of both the Kent Adult Health and Wellbeing Board and the Children and Young People's Health and Wellbeing Board, supported by the local Boards, the Clinical Commissioning Groups and District and Borough Councils, the third sector and other partners. Evaluation and monitoring will need to be central to this Strategy to ensure that investment is made in interventions with proven outcomes.

With public sector resources shrinking, demand growing and health inequalities widening, Health and Wellbeing Boards must acknowledge the multifaceted role of districts and integrate this into a 'whole-system' focus on preventative public health policy. In two-tier areas, achieving

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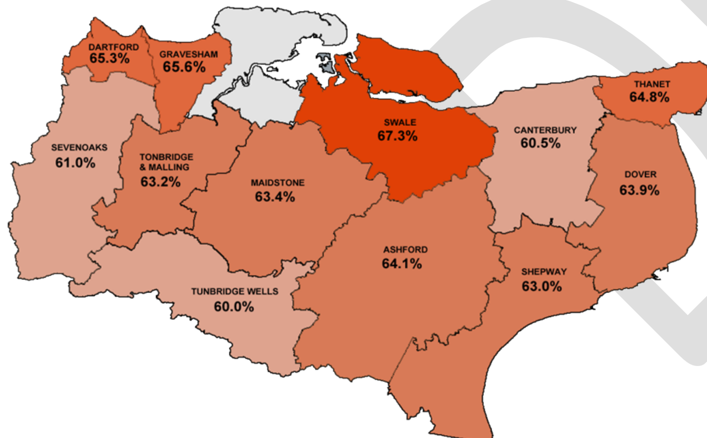
improvements across the Public Health Outcomes Framework Indicators will be dependent upon the delivery of district frontline statutory and discretionary services, innovative use of its public assets and utilisation of its local partnerships District Councils Network.

What has happened since the last strategy?

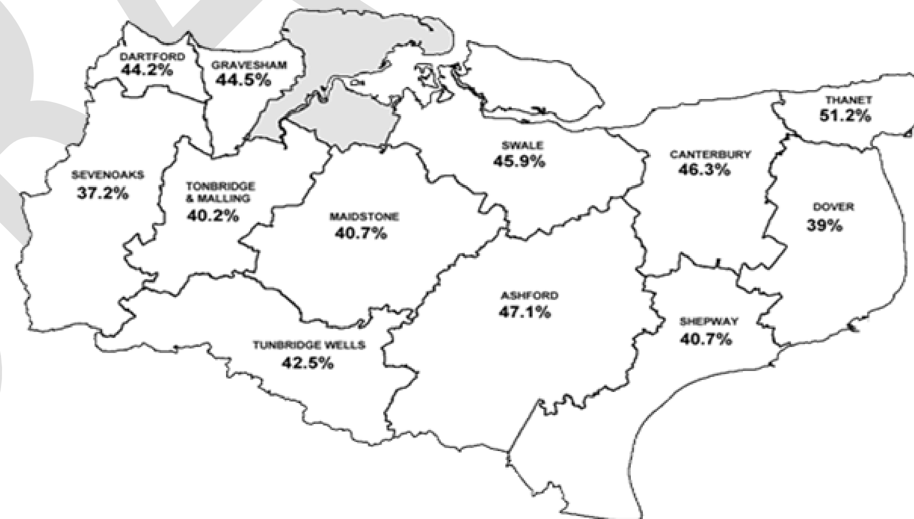
Successes from the previous strategies (2010 and 2011-2013) have included the commissioning of community breastfeeding services, implementing a full adult obesity pathway and implementing a comprehensive Alcohol Strategy. A lot of excellent work has taken place but it has been small scale and has lacked strategic oversight and scrutiny. No real progress has been made on implementing a Childrens healthy weight pathway and this is a priority for the future. The previous pathway called for workforce development across a range of organisations; more could be done and the imperative now is to ensure that this is taken forward at scale; resources will need to be made available for this. Since that time there have been considerable changes and there are fresh challenges to be faced including ensuring an effective pathway for adults is maintained and a pathway for children and young people is realised. Approaches need ownership across the whole system, agreed with all partners, including Clinical Commissioning Groups and Boroughs and Districts.

The Challenge for Kent

This map shows the percentage of the adult population classed as overweight and obese by local authority area. Obesity affects all population groups, but is related to social disadvantage.



Swale Dartford and Gravesham have the highest rates.



This map shows rates of people not meeting recommended levels of physical activity by local authority area. Physical activity is an independent health risk factor, but people above a healthy weight are often inactive. Increasing levels of PA can help to achieve and maintain a healthy weight as well as reduce health risk through inactivity. People living in the most deprived areas are twice as likely to be physically inactive as those living in the least deprived areas. Men are more active than women in virtually every age group. On average, disabled people are half as likely as non-disabled people to be active. Swale, Ashford, Canterbury and Thanet are most inactive.

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Trends of overweight, obesity and excess weight in children measured by the National Child Measurement Programme 2006/07—2014/15

Figure 2: Prevalence of overweight and obesity: reception year

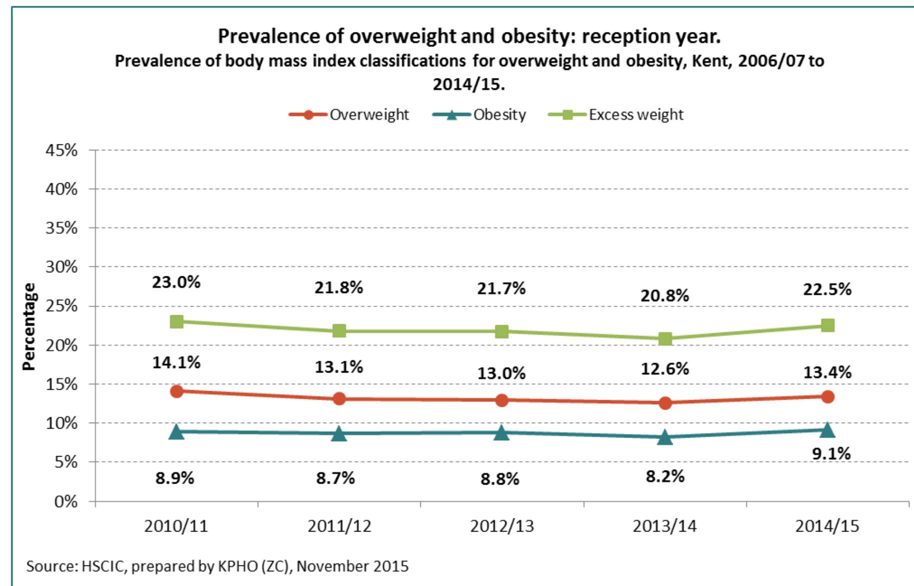
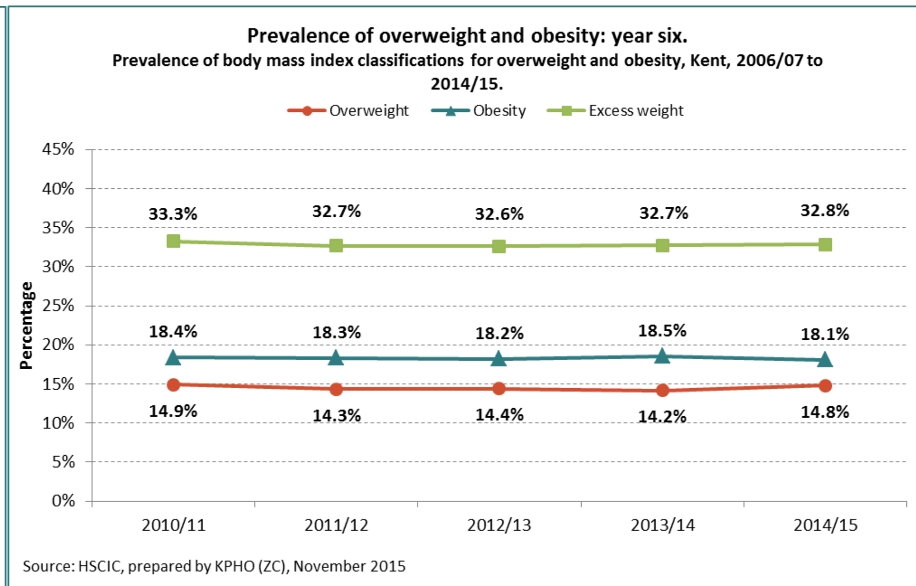


Figure 3: Prevalence of overweight and obesity: year 6



Prevalence of overweight, obese and excess weight in children 2014/15

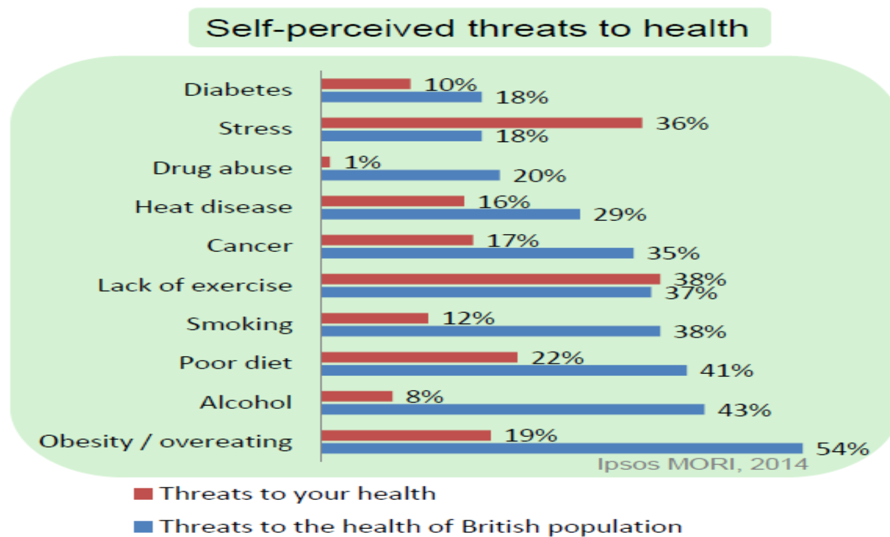
In 2014/15, for the majority of Districts, the prevalence of overweight was similar to Kent. The exception to this is Canterbury, where a lower proportion of year R pupils were measured as being overweight (11.4%). The majority of Districts were also similar to the South East and England in terms of the prevalence of overweight. The exceptions are Shepway, Swale and Dartford. In the majority of Districts the prevalence of obesity was similar to Kent. The exceptions are Dartford and Thanet which are higher than the Kent, South East and England rates. 6.8% were obese in Sevenoaks; lower than Kent and England. For the majority of Districts, the prevalence of excess weight is similar in comparison to England and Kent. The exceptions are Dartford which is higher and Canterbury which is lower. Whilst levels of excess weight in Dover and Thanet were found to be similar to the Kent average, they were both higher than the South East and England.

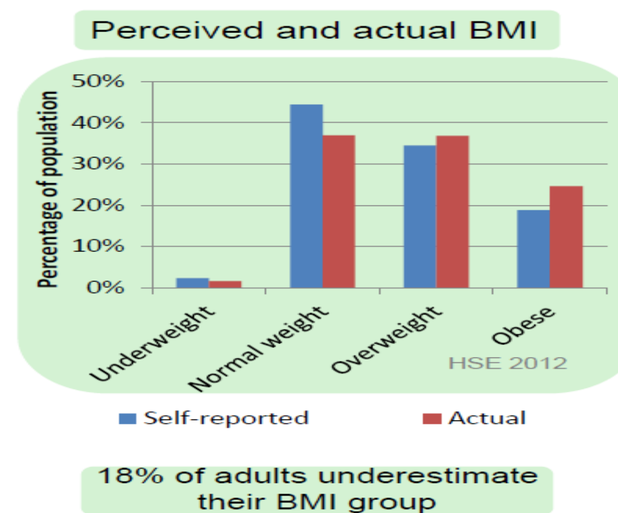
In 2014/15, for all 12 Kent Districts, the prevalence of overweight amongst year 6 pupils was similar to Kent. The majority of Districts were also similar to the South East and England in terms of the prevalence of overweight. The exception is Gravesham, where 16.9% were overweight; higher than the South East and England. Whilst obesity levels in Ashford, Dartford, Shepway and Swale were found to be similar to the Kent and England averages, they were all higher than the South East. The prevalence of excess weight for the South East region is much lower

than both the Kent and England averages. Eleven of the 12 Kent Districts (except Sevenoaks) had higher levels of excess weight than the South East average.

Perceptions of Weight

Some research shows that many parents receiving feedback letters from the National Child Measurement Programme who were interviewed do not perceive their child to be an unhealthy weight. Many that acknowledge their child is overweight do not perceive a related health risk. Implications for practice include the need for health professionals to understand how these parental perceptions are formed, and to refine communication about healthy weight and health risk to parents. The Chief Medical Officer raised concerns about the normalising of unhealthy weight in her annual report in 2014. She stated that 52% of overweight men and 30% of overweight women believe they are a healthy weight.





What can we all do to achieve and maintain a healthy weight?

Healthy Eating

Eatwell Guide (March 2016)

The Eatwell Guide should be used by organisations and individuals to make sure everyone receives consistent messages about the balance of foods in a healthy diet in accordance with the available evidence.

The Eatwell Guide shows how much of what we eat should come from each food group. This includes everything we eat and drink during the day. So, we should try to:

•eat at least 5 portions of a variety of fruit and vegetables every day

•base meals on potatoes, bread, rice, pasta and other starchy carbohydrates; choosing wholegrain versions where possible

•have some dairy or dairy alternatives (such as soy drinks); choosing lower fat and lower sugar options

•eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily)

•red and processed meat: limit to less than 70g per day if you usually consume more than 90g every day

•choose unsaturated oils and spreads and eat in small amounts

•drink 6 to 8 cups/glasses of fluid a day

If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

School Food Standards:

- include high-quality meat, poultry or oily fish, fruit and vegetables, bread, other cereals and potatoes
- no fizzy drinks, crisps, chocolate or sweets in school meals and vending machines
- no more than two portions of deep-fried, battered or breaded food a week.

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Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Check the label on packaged foods

Each serving (150g) contains

Energy	Fat	Saturates	Sugars	Salt
1046kJ 250kcal	3.0g	1.3g	34g	0.9g
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Eat at least 5 portions of a variety of fruit and vegetables every day

Fruit and vegetables

Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Potatoes, bread, rice, pasta and other starchy carbohydrates

Beans, pulses, fish, eggs, meat and other proteins

Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat

Dairy and alternatives

Choose lower fat and lower sugar options

Oil & spreads

Choose unsaturated oils and use in small amounts

Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Source: Public Health England in association with the Welsh government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Physical Activity

To stay healthy, adults aged 19-64 should try to be active daily and should do:

- At least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity such as cycling or fast walking every week, and muscle-strengthening activities on two or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms)

Helping children and young people maintain or work towards a healthy weight:

Walking children should participate in at least 180 minutes of physical activity, activities may include:

Under 5s:

- 'Tummy time'
- pulling, pushing and playing with other people
- 'Parent and baby' swim sessions.

Under 5s who can walk:

- energetic play, e.g. climbing frame or riding a bike
- running and chasing games
- Walking/skipping to shops, a friend's home, a park or to and from a school.

5-18s:

- bike riding
- playground activities
- vigorous intensity physical activities will cause children to get warmer and breathe much harder Sports such as swimming or football.

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Consultation

What 602 Kent adults told us about what would help lose weight

- Available and affordable fresh fruit and vegetables 95%
- Access to local leisure facilities 91%
- Helping people with healthy eating 81%
- Local walks led mostly by volunteers 87%
- Weight loss classes 90%
- Exercise classes that your GP tells you to attend 79%
- Having one to one meetings with an adviser 79%
- Being able to walk and cycle near to where you live 47%
- Classes that help pregnant women to be a healthy weight 75%
- Having advice on healthy eating 96%
- Health Trainers 81%
- Taking part in sport 77%

Children and Young People

A short questionnaire was designed and tested with a group of young people. It was completed by 120 children aged 11-12 in a school and 12 young people aged 13-24 in a youth setting. It was also made available on survey monkey. In total there were 178 responses. The answers were free text and then grouped in the analysis.

They told us

- Being overweight causes diabetes, breathing problems and affects the heart
- Overweight young people are likely to be bullied
- Overweight young people also have problems with physical activity and not being able to take part in activities
- The best way to deliver health messages is TV adverts
- Family activities should be provided so that they get more exercise
- Healthy food should be more accessible
- Promote messages such as the 5 a day campaign
- Families need to be encouraged to eat healthy foods and have support at the same time
- Educate and give information about being overweight or how to avoid it
- Use social media such as Facebook
- Get a professional athlete or celebrity on board to promote the messages would encourage families to act

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The best way to deliver health messages is TV adverts

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Families need to be encouraged to eat healthy foods and have support at the same time

Overweight young people are likely to be bullied

Use social media such as Facebook

Educate and give information about being overweight or how to avoid it

Healthy food should be more accessible

Family activities should be provided so that they get more exercise.

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What did our partners in health and social care and the voluntary sector tell us?

They told us they wanted:

- locally tailored services
- enhanced community capacity
- additional resources for targeting services at areas of greatest inequality.

Key themes:

- **Strategic Direction** joint priority setting, agreement on strategy, common goals and outcomes
- **Commissioning** needs to reflect differential levels of obesity, put measures into specifications
- **Service Users** acceptability, accessibility, building trust, holistic offer, social and fun
- **Workforce** huge potential untapped front line work force with training needs
- **Communication** simple clear consistent messages, knowing what interventions are in place
- **Pathways** life course approach, knowing referral process and motivation key
- **Into practice** Signage walking route and using stairs; workplace interventions.

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What Actions are we going to take?

Actions		Level	Description
Take action on the environmental and social causes of unhealthy weight Give every child the best start in life and into adulthood		**Universal**	Provide environments that promote and encourage healthy weight by making physical activity the default option in areas such as transport, built environment, parks and open space. Promote access to affordable healthy food. Implement the Healthy Child Programme, Healthy Schools and Healthy Workplaces programmes.
Provide support for specific target groups Develop a confident workforce skilled in promoting healthy weight		**Targeted**	Provide interventions for individuals most at risk. Targeted early intervention and tackling inequalities in obesity. Provide interventions to reduce inactivity and enable healthy eating in a sensitive and non-stigmatising way.
Provide support to people who want to lose weight		**Specialist**	Provide comprehensive pathways for adults and children that are acceptable and accessible for those who need help.

Targets

- **a substantial downward trend in the level of excess weight in adults in England by 2020**
- **a sustained downward trend in the level of excess weight in children in England by 2020**
- **halve reception year obesity prevalence by 2018**

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Kent Strategic Objectives for Healthy Weight

The Kent Healthy Weight Strategy is a three-year strategy organised into four themes and 17 priorities representing the major challenges and opportunities for Kent over the next 10 to 20 years. The four themes are:

1. **Take action on the environmental and social causes of unhealthy weight**

Individual action to tackle excess weight is increasingly challenging as there are more outlets available for purchasing and consuming foods that are calorie dense and contain excess sugar and fat. The majority of people are more sedentary due to a decrease in manual and semi-manual occupations and increased use of cars means that people are becoming more physically inactive. Action needs to be taken to tackle the wider determinants of health such as improvements to housing, the built environment and open spaces and parks.

2. **Give every child the best start in life and into adulthood**

This ambition is enshrined in the Marmot Report and the Healthy Child Programme. It is one of the outcomes of the Kent Health and Wellbeing Strategy. An increase in the initiation and 6-8 week prevalence of breastfeeding is a key part of this strategy as is establishing healthy eating patterns and encouraging physical activity such as active play, playground games and sport.

3. **Develop a confident workforce skilled in promoting healthy weight**

We will not achieve a healthy weight for all the people of Kent if we only rely on weight management services alone. There is a need to develop the front-line workforce with the confidence and skills to raise the issue and to provide brief intervention in a range of settings. This should be seen as part of a holistic programme that supports making every contact count.

4. **Provide support to people who want to lose weight, prioritising those from specific groups**

There is a need to provide a comprehensive well communicated pathway for adults and for families to access community weight management programmes. There are a number of specific groups who are at higher risk from obesity than the general population. These include people on a lower income, adults of South Asian and African origin, people with depression, those who stop smoking and people with disabilities. People with a learning disability are 80% more likely to be physically inactive compared with the population and are likely to become obese at an earlier age. Sufficient specialist weight management should be provided as the gateway to bariatric surgery. Newly diagnosed people with diabetes should be offered a six month specialist weight management programme leading to surgery.

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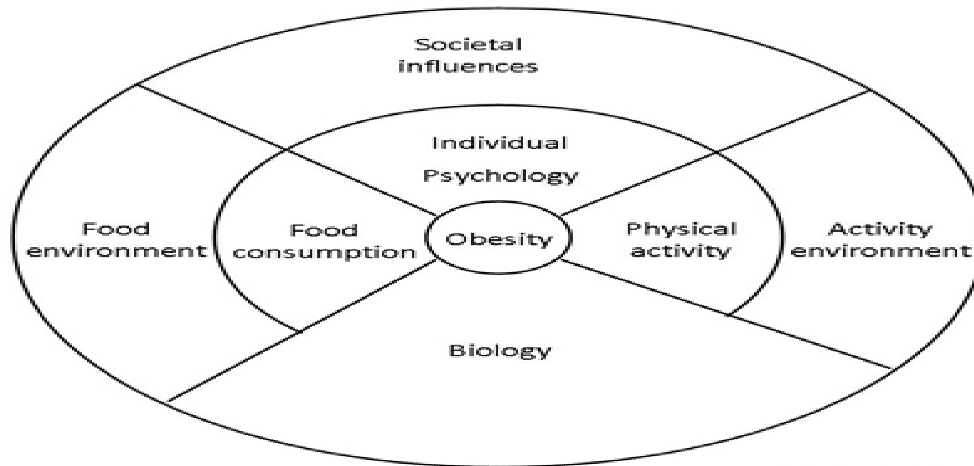
Theme 1 Take action on the environmental and social causes of unhealthy weight

Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body’s metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. However there are many complex behavioural and societal factors that combine to contribute to the causes of obesity. The Foresight Report (2009) identified over 100 variables directly or indirectly affecting weight.



Source: Foresight systems map, 2007

The graphic above shows the main factors that contribute to overweight and obesity in individuals. These are the food environment, food consumption, activity environment, physical activity, societal influences and individual psychology and biology.

The Foresight Report states ‘the current prevalence of obesity in the UK population is primarily caused by people’s latent biological susceptibility interacting with a changing environment that includes more sedentary lifestyle and increased dietary abundance’.

There are many other physiological factors that influence our weight, such as early development before and after birth, how much physical activity we do and the types of food we eat. Our weight is affected by our habits and beliefs. These in turn affect behaviour around healthy eating and physical activity. Low mood has been linked to obesity.
There are also links between social inclusion, wellbeing and physical activity and people not feeling fully in control of the food they eat. Social issues are important determinants of obesity in children and adults. Addressing deprivation through broad action across Kent through the Mind the Gap Strategy will improve health, including healthy weight.

Economic factors can influence an individual's ability to choose a diet that is lower in fats and sugars and access opportunities to be physically active. Concerns about safety, anti-social behaviour and crime may also deter people from being physically active in their local area.
A plentiful supply of energy dense, flavour enhanced food and the day to day use of labour-saving devices means that it has become 'normal' to gain excess weight. Environmental factors affecting weight include how local housing estates are designed to encourage and enable people to walk and cycle compared with driving, the accessibility of shops and public services and the availability of good quality sport and leisure opportunities, including parks and open spaces.

Children are more vulnerable to inadequate pre-natal, infant and young child nutrition. At the same time, they are exposed to high-fat, high-sugar, high-salt, energy-dense, micronutrient-poor foods, which tend to be lower in cost but also lower in nutrient quality. These dietary patterns in conjunction with lower levels of physical activity, result in sharp increases in childhood obesity while under nutrition issues remain unsolved. We know that as more adults and children become overweight and obese that it becomes the norm. Press coverage showing pictures of morbidly obese people in stories about obesity encourages people to conclude that they are 'not like that' and therefore not at risk. It is very important that when implementing a strategy for Kent that these findings are considered when planning interventions or when giving brief advice.

District Councils are well placed to provide interventions through their housing, environmental health, leisure services, parks and green spaces, planning and community safety and licensing functions.

Workplaces are also well-placed to intervene. The Corporate Health and Performance Group study found that obese employees take significantly more short – and long-term sickness absence than workers of a healthy weight and that there is growing evidence to support employers becoming more involved in tackling obesity. The study showed that obese people took 4 days extra sick days a year and for every 1,000 people employed this resulted in productivity losses of £126,000.

NICE recommends that workplaces provide opportunities for staff to eat a healthy diet and be more physically active, through:

- active and continuous promotion of healthy choices in restaurants, hospitality, vending machines and shops for staff and clients, in line with existing Food Standards Agency guidance
- working practices and policies, such as active travel policies for staff and visitors
- a supportive physical environment, such as improvements to stairwells and providing showers and secure cycle parking
- recreational opportunities, such as supporting out-of-hours social activities, lunchtime walks and use of local leisure facilities, incentive schemes (such as policies on travel expenses, the price of food and drinks sold in the workplace and contributions to gym membership) that are used in a workplace should be sustained and be part of a wider programme to support staff in managing weight, improving diet and increasing activity levels.

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Theme 1: Take action on the environmental and social causes of unhealthy weight (ES)

Priority – Improve food standards in all settings (ES1)

Actions – ES 1.1 Provide public education including knowledge and skills across all age ranges
ES 1.2 Increase access to nutritious and tasty food
ES 1.3 Provide training for front-line staff and identify champions
ES 1.4 Implement mass coverage campaigns e.g. sugar reduction campaign/C4L/one you

Priority – Increase levels of physical activity in all settings (ES2)

Actions – ES 2.1 Increase usage of leisure, sport and recreational facilities
ES 2.2 Increase use of the natural environment including parks, public rights of way and natural open spaces
ES 2.3 Implement Kent Active Travel Strategy
ES 2.4 Identify and mentor people who are inactive
ES 2.5 Implement mass coverage campaigns e.g. sugar reduction campaign/C4L/one you

Priority – Reduce social isolation (ES3)

Actions – ES 3.1 Local authorities should work with partners and communities to create safer homes and environments
ES 3.2 Local authorities should work with partners and communities to develop healthier environments including Healthy Towns

Priority – Create healthier environments (ES4)

Actions – ES 4.1 Undertake health impact assessments on major new builds
ES 4.2 Use planning and licensing powers to create healthier environments
ES 4.3 Reduce adult absenteeism caused by unhealthy weight

Theme 2: Give every child the best start in life and into adulthood

Children who are overweight or obese are at greater risk of a range of health problems, including asthma, high blood pressure, muscular-skeletal disorders, fatty liver disease, insulin resistance and type 2 diabetes, as well as obstructive sleep apnoea. In later life, adults are at greater risk of obesity, type 2 diabetes, cardiovascular disease, some cancers, obstructive respiratory disease, mental, emotional and social health problems and reproductive disorders.

Good nutrition and physical activity during pregnancy are very important. The consequences of poor nutritional status and inadequate nutritional intake for women during pregnancy not only directly affects women's health status, but may also have a negative impact on birth weight and early development and is therefore a priority for care givers. Most areas of Kent are under the national average for take up of Healthy Start. Healthy Start is a programme for women on benefits, which includes vouchers for nutritional foods and vitamins for baby and mother. Urgent action is needed to ensure that vitamins are available across Kent.

Maternal obesity can have very serious health outcomes including maternal death, miscarriage, pre-eclampsia, gestational diabetes and infection. Provision of weight management advice and support to pregnant women across Kent is varied.
Increasing rates of breastfeeding will have a number of beneficial outcomes for mother and baby. Breastfed babies have reduced risk of gastroenteritis, respiratory infections, obesity and type 1 and 2 diabetes. The mother is less likely to have breast or ovarian cancer. NICE recommends the following interventions to support breastfeeding:

- NHS commissioners and managers are advised to implement a structured programme to encourage breastfeeding within their organisations. It should include training for health professionals
- encourage breastfeeding by providing information, practical advice and ongoing support – including the help of breastfeeding peer supporters and advice on how to store expressed breast milk safely
- once infants are aged 6 months, encourage and help parents and carers to progressively introduce them to a variety of nutritious foods, in addition to milk.

Health Visitors, Early Help and Preventative Services and Childrens Centres staff are key to providing early intervention with families. This includes supporting breastfeeding, weaning, healthier food choices and active play. Other early years settings could be engaged and in addition there are a number of voluntary groups who work with families.

The National Weight Management Programme is undertaken in primary schools and there is more that can be done by schools working with partners to exploit this opportunity for interventions. Opportunities for work in all schools include the School Food Plan, the School Sports Premium as well as the resources within the Healthy Schools Team and School Nursing Service.

A priority is to identify the current services that would support children and families and how these should be integrated to provide a pathway for children and young people. A key element of this work will be the provision of training and development to support a range of people including health and social care staff and also other public and voluntary sector personnel. This should also be put in the context of changes in health visiting, school nursing and community children's services, where there are opportunities to design these interventions into new models of working.

The pictures above show a young boy enjoying running, some children planting seeds and a boy and a girl enjoying eating fruit and vegetables.

More needs to be known about what older children and young people would find acceptable. As children grow older many are less motivated to take part in physical activity, particularly girls. Engaging this age group needs to be a key strand of the implementation plan.

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Theme 2: Give every child the best start in life and into adulthood (BS)

Priority – Pregnancy and the first year of life (BS.1)

Actions –
BS 1.1 Increase the number of women who have a healthy weight prior to and throughout pregnancy
BS 1.2 Provide specialist support for all women with a BMI of 30 and above
BS 1.3 Increase the number of eligible women who apply for Healthy Start
BS 1.4 Increase breastfeeding initiation rates in all maternity services
BS 1.5 Set a baseline and a Kent target for continuation of breastfeeding at 6-8 weeks
BS 1.6 Train all health visitors to support parents and carers to responsive introduction of complimentary foods to their babies

Priority – Early Years and Preschool (BS.2)

Actions –
BS 2.1 Ensure consistent messages in line with Government guidelines are provided by all those working with this age group
BS 2.2 Commission a variety of training opportunities for practitioners around healthy lifestyles as part of an integrated model
BS 2.3 Develop and implement policies that cover healthy choices in play, learning and in snack and meal provision
BS 2.4 Health visitors to provide advice and support about healthy weight when children are weighed and measure at 2 ½
BS 2.5 Promote the UK Physical Activity guidelines for under 5's and ensure physical activity is embedded in all settings

Priority – Young Children (Key Stage 1&2) (BS.3)

Actions –
BS 3.1 Deliver a whole-family and whole-school approach to promote healthy eating and physical activity, to cheive or maintain a healthy weight
BS 3.2 Embed physical activity and physical literacy into cross-curriculum delivery
BS 3.3 Provide targeted support to schools which have the highest populations of children who carry excess weight
BS 3.4 Provide complete care pathways for the treatment of child obesity, reflecting the provision of services that are based on need and evidence based practice
BS 3.5 Develop school based interventions that reduce stigma associated with obesity in children

Priority – Young People (11-19 years) (BS.4)

Actions -
BS 4.1 Provide 11-19 year olds with information and encouragement about the benefits of a healthy diet and physical activity with additional life skills
BS 4.2 Identify and support those overweight, to achieve a healthy lifestyle in Early Help settings
BS 4.3 Deliver a whole-school approach to promote healthy eating and physical activity and ensure appropriate physical activity opportunities are available (and taken up) outside competitive or school sport offerings
BS 4.4 Young people to have access to complete care pathways for the treatment of obesity
BS 4.5 All relevant staff to have the capacity and knowledge to provide appropriate advice/brief intervention especially to those at risk of weight gain

Theme 3: Develop a confident workforce skilled in promoting healthy weight

There are two pictures above, one shows four women participating in a training programme demonstrating a balanced diet and the other picture shows two women receiving a certificate.

If we are to have any success in reducing the numbers of our population with excess weight we will have to work at scale. We already have untapped resources in our communities in Kent that can be mobilised to tackle this challenge.

Making Every Contact Count is a national programme that encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques) with the aim of empowering healthier lifestyle choices and exploring the wider social determinants that influence all of our health. It is aimed at everyone who comes into contact with members of the public and has the opportunity to have a conversation to improve health.

We know that there are some barriers to some of our frontline staff have experienced due to their confidence of raising the issue of weight so training and development will need to be a key strand supporting the strategy. We also don’ t need to do this alone, providing brief advice and motivational interviewing skills is relevant to a range of health improvement strands and some pooling of budgets to provide a universal and more tailored package of training around the issues should be considered.

We not only have a large number of health and social care staff in our communities we also have a large number of staff and volunteers who come into contact with many of the people that we need to reach such as housing, benefits advice, the voluntary sector, troubled families and many more. Senior managers within these organisations will need to be engaged as part of this strategy to ensure that this can happen.
Huge numbers of people are in employment in Kent. Workplace health and well-being is being promoted by the introduction of the Kent Healthy Business Award; more workplaces can be engaged by our combined efforts and there is a role for public bodies, particularly local authorities and health employers to be exemplars, showing what can be achieved and encouraging the others.

Theme 3: Develop a confident workforce skilled in promoting healthy weight (SW)

Priority – Training for front line workforce (SW.1)
Actions – SW 1.1 Develop MECC programme that includes building confidence and ability to give advice on healthy weight
SW 1.2 Identify key staff to be trained in MECC and motivational interviewing

Priority – Identify train and mentor Champions (SW.2)
Actions – SW 2.1 All partners to identify locality champions for healthy weight within their organisations
SW 2.2 Provide training and mentoring programme

Priority – Work with voluntary sector and other organisations to identify peer supporters/buddies (SW.3)
Actions – SW 3.1 Provide training and mentoring for community champions

Theme 4 Provide support to people who want to lose weight, prioritising those from specific groups

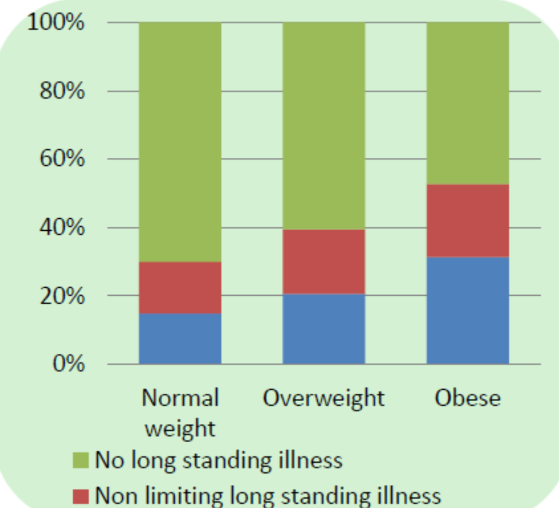
Obesity is a major public health challenge, with nationally, two-thirds of English adults obese or overweight. In Kent it is estimated that approximately 28% of the Kent adult population is obese (354,022). There are approximately 771,476 adults who carry excess weight defined as being overweight or obese. The following charts show the risks that these groups of people have for developing serious conditions and also how the heavier an individual is the more likely they are to have a long standing illness. These people will need help and support to mitigate the effects of their obesity and illnesses.

The prevalence of obesity and overweight changes with age. Prevalence of overweight and obesity is lowest in the 16-24 age group and generally higher in the older age groups among both men and women. There is a decline in prevalence in the oldest age group, which is especially clear in men. This pattern has remained consistent over time. Excess adult weight has partially levelled off but morbid obesity is increasing-particularly amongst women.

Relative risks of excess weight

Condition	Overweight	Obese
Colorectal cancer	1.51 (m) 1.45 (f)	1.95 (m) 1.66 (f)
Type II diabetes	2.40 (m) 3.92 (f)	6.74 (m) 12.41 (f)
Hypertension	1.28 (m) 1.65 (f)	1.84 (m) 2.42 (f)
Stroke	1.23 (m) 1.15 (f)	1.51 (m) 1.49 (f)
Congestive Heart Failure	1.31 (m) 1.27 (f)	1.79 (m) 1.78 (f)
Osteoarthritis	2.76 (m) 1.80 (f)	4.20 (m) 1.96 (f)

Wuh et al. 2009



One of the charts above shows the increased risk being overweight or obese has on colorectal cancer, type 2 diabetes, hypertension, stroke, congestive heart failure and osteoarthritis and the other shows that being overweight or obese is more likely to result in long standing illness.

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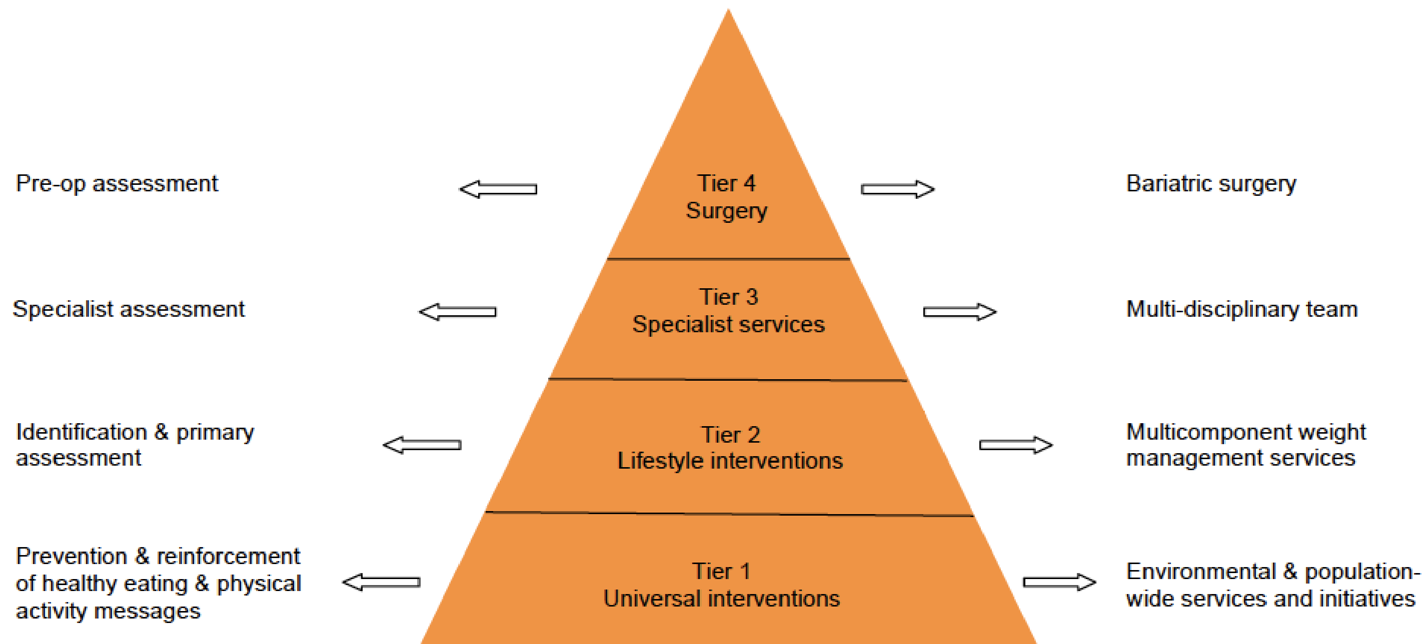
Interventions are provided for adults at four tiers. The chart below describes the interventions at each stage.

Adult Weight Management Pathway

Clinical Care Components **Commissioned Services**



The British Obesity and Metabolic Surgery Society (2014) produced the graphic above to show the different tiers of intervention described below.

Tier 1 are universal interventions that may include giving brief advice and providing interventions to prevent obesity which might include physical activity classes such as dancing or aerobics or interventions that promote healthy eating and may include a component of practical cookery. Both physical inactivity and poor eating habits may be affected by lack of a sense of wellbeing, which it is important to consider at every Tier.

Tier 2 interventions are for those people who have been identified as having excess weight who need more support to make changes in their behaviour. These are typically 10-12 week programmes with follow-up.

Tier 3 interventions are for people who typically have a BMI of 40 or higher who are offered a 12 month programme. They may be considering bariatric surgery and need to be on the pathway which starts in Tier 3.

Tier 4 is bariatric surgery which may be a gastric band or a bypass. This is commissioned by NHS England and provided by approved tertiary centres.

Screening programmes

Given the seriousness of obesity for health taking the opportunity to screen all patients for obesity (or to collate existing data on the BMI of patients) will help with the decision of whom to target. It is unlikely that all patients can be afforded individual weight management programmes and the decision on who to target for commissioned treatment programmes should be agreed within the health and social care system.

It would seem practical to initially target groups that are already being seen within GP practices such as:

- those attending coronary heart disease (CHD) clinics
- those attending diabetes clinics
- new patients to the practice.

It is likely that patients identified with non-diabetic hyperglycaemia will be offered an alternative programme designed to better prevent the onset of type 2 diabetes.

Commissioning and providing services that target specific at risk groups:

- obesity prevalence significantly increases with deprivation in women in England but not in men but men are less likely to seek help
- women during and approximately a year after childbirth can be at increased risk of gaining excess weight
- overweight and obesity is more common in Black Caribbean and African and Pakistani women than other women
- adults of South Asian origin may experience greater increased risk of ill health at a lower BMI than those of European origin

The charts below show the differences in obesity prevalence between different ethnic groups at different ages. In children 10-11 boys in all ethnic groups except those of Black African and Black Other origin are more likely to be obese than girls. Children of White British origin and Indian girls are less likely to be obese than other groups. This pattern changes in adulthood, the highest rates seen in Pakistani, Black African and Black Caribbean women and Black Caribbean men.

- people with depression are more likely to be obese and people who are obese are also at risk of developing depression
- people who stop smoking are at increased risk of gaining excess weight
- people with a learning disability have a higher prevalence of obesity
- women following the menopause are at increased risk of becoming morbidly obese

The majority of people who have an unhealthy weight would be supported by advice but would normally be signposted to a commercial weight management programme unless they are in an area of higher deprivation or in a specific identified at risk group.

Theme 4: Provide support to people who want to lose weight (SP)

Priority – Universal provision (SP.1)

Actions – SP 1.1 Healthy Living Pharmacies to offer lifestyle support
SP 1.2 Locality National Child Measurement Programme Groups to provide interventions linked to the measuring timetable
SP 1.3 Engage with communities to maximise assets
SP 1.4 Front line staff to signpost to refer for physical activity and healthy eating programmes

Priority – Primary Care (SP.2)

Actions – SP 2.1 Target groups already being seen at practice-on registers or new patients
SP 2.2 Target patients with a BMI >28 with a strong family history of diabetes or have hypertension
SP 2.3 Identify patients with non-diabetes hyperglycaemia for diabetes prevention
SP 2.4 Prioritise physical activity solutions to obesity-related conditions

Priority – Family Support (SP.3)

Actions – SP 3.1 Implement the children and young people's healthy weight pathway
SP 3.2 Children's Centres, Early Help, Health Visiting and School Nursing services to provide advice and support
SP 3.3 Increase uptake of family weight management programmes

Priority – Adult programmes (SP.4)

Actions – SP 4.1 Implement a strong adult weight management pathway
SP 4.2 Make use of the range of community options for example health trainers, weight management courses, NDPP, exercise referral, commercial programmes and provide support for maintaining changes
SP 4.3 Provide specialist weight management programmes with lifetime follow up to ensure maintenance of behaviour change

Priority – Specific groups (SP.5)

Actions - SP 5.1 Provide lifestyle interventions in areas of highest prevalence/deprivations
SP 5.2 Provide lifestyle interventions for people with poor mental health
SP 5.3 Make reasonable adjustments and proactive targeting of protected groups with disabilities including easy read materials
SP 5.4 Ensure that people from black and Asian ethnic origin are offered advice and support
SP 5.5 Ensure that provision is tailored to the needs of male participants as they are under-represented

Taking a Life Stage Approach

The Marmot report recommended proportional universalism and life course approach to interventions to reduce health inequalities which impact on the places where we live learn work and play. Whilst excess weight is more prevalent in deprived areas it is a condition which affects all social gradients. The Foresight report identified critical opportunities in the life course for intervening to reduce obesity. The implementation plan which delivers this strategy will need to address the life stages described below.

Critical opportunities in the life course to influence behaviour **Age**	**Stage**	**issue**
	Preconception In utero	Maternal nutrition programmes affecting the foetus
0–6 months	Post-natal	Breast versus bottle-feeding to programme later health
6–24 months	Weaning	Growth acceleration hypothesis (slower pattern of growth in breastfed compared with formula-fed infants)
2–5 years	Pre–school	Adiposity rebound hypothesis (period of time in early childhood when the amount of fat in the body falls and then rises again, which causes BMI to do the same)
5–11 years	1st school	Development of physical skills Development of food preferences
11–16 years	2nd school	Development of independent behaviours
16–20 years	Leaving home	Exposure to alternative cultures/behaviour/lifestyle patterns (e.g. work patterns, living with friends etc.)
16+ years	Smoking cessation	Health awareness prompting development of new behaviours
16–40 years	Pregnancy	Maternal nutrition
16–40 years	Parenting	Development of new behaviours associated with child-rearing
45–55 years	Menopause	Biological changes Growing importance of physical health prompted by diagnosis or disease in self or others
60+ years	Ageing	Lifestyle change prompted by changes in time availability, budget, work-life balance Occurrence of ill health

Foresight 2007

Universal, Targeted and Specialist Interventions

level		Children	Families	Adults
Universal	Transport- improving infrastructure and promotion of walking and cycling	▪	▪	▪
	Built environments-building environments conducive to health	▪	▪	▪
	Improving availability and access to parks, open spaces and playgrounds	▪	▪	▪
	Healthy Child Programme 0-5 and 5-19 years (universal)	▪		
	Baby Friendly Initiative in Maternity, Community Health and Children's Centres-promotion and support for breastfeeding	▪	▪	
	Improving breastfeeding data collection at 6-8 weeks	▪	▪	
	Increasing and promoting active play opportunities	▪		
	Embed healthy weight in parenting strategies	▪	▪	
	Develop a Children and Young Peoples Healthy Weight Pathway	▪	▪	
	Healthy Schools Programme-whole school approach to promoting healthy weight	▪		
	School PE and Sports programme	▪		
	Childrens Centre Public Health Programme for Healthy Weight	▪	▪	▪
	School Food Plan	▪		
	Dental Health Campaign	▪	▪	
	Child Measurement Programme-providing information and support to parents and children	▪	▪	
	Development of active leisure opportunities for children, families and adults	▪	▪	▪
	Walking Groups	▪	▪	▪
	Hospitals, workplaces, early years settings, leisure settings, nursing and residential care settings should have food policies, commissioners should ensure that these are in place and implemented	▪	▪	▪
	Healthy Living Pharmacies		▪	▪
	Development of knowledge and skills of front-line staff around nutrition, physical activity and healthy weight	▪	▪	▪
	Development of confidence, and skills of frontline staff to deliver brief intervention (Making Every Contact Count)	▪	▪	▪

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	Development of confidence and skills of selected groups of staff to deliver motivational interviewing	▪	▪	▪
Targeted	Breastfeeding social marketing campaign	▪	▪	
	Breastfeeding peer support	▪	▪	
	Weaning Programme	▪		
	Healthy Start- free vouchers for food and vegetables	▪	▪	
	Practical nutrition and healthy eating skills based courses	▪	▪	▪
	Healthy Living Centres	▪	▪	▪
	Exercise on referral programmes			▪
	Development of knowledge and skills of front-line staff around nutrition, physical activity and healthy weight			▪
Specialist	Obesity Pathways (children, maternal and adults)	▪	▪	▪
	Healthy weight guidelines for under 2s	▪		
	Healthy Weight interventions following health visitor two and a half year check	▪	▪	▪
	Weight Management services for 5-13 years and parents/carers	▪	▪	▪
	Interventions for 14-18 years	▪		
	Adult community weight management			▪
	Weight management services for men			▪
	Dietetic weight management clinics	▪	▪	▪
	Medical and surgical services for very obese adults	▪		▪
	Step down and maintenance programmes	▪	▪	▪
	Development of knowledge and skills of front-line staff around nutrition, physical activity and healthy weight	▪	▪	▪

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Getting to Our Ambition

Leadership and Partnership:

A strategic approach will be led by Public Health with the support of both the Kent Adult Health and Wellbeing Board and the Children and Young People's Health and Wellbeing Board, supported by the local Boards, the Clinical Commissioning Groups and District and Borough Councils, the third sector and other partners. A mechanism similar to that which is in place for Tobacco Control should be considered.

Engagement with Communities:

There's a growing appreciation and expectation that in order to improve health and address health inequalities we need to build on engagement with communities to build on assets to improve health and wellbeing. The knowledge, skills and interests of Kent people will be crucial to improving healthy weight.

Setting Priorities and Action Planning:

Priorities and action plans will be based on analysis and intelligence. It will also be important to consider whether universal or targeted approaches are appropriate. It is a huge agenda and although some work needs to be undertaken in tandem, there will need to be a consensus on what can be achieved more easily over a short period of time and what is a longer term, but urgent ambition. It is envisaged that there will be a strategic Implementation Plan but with more local and programme based action plans sitting below this.

Data Collection

To show value for money it will be necessary to accurately calculate return on investment to inform procurement. This will require the ability to develop person level linked datasets across all the relevant health and care settings. The principles of data sharing include collecting NHS numbers, having a systematic common process with common definitions and all data needs to flow into a single data warehouse.

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Performance Monitoring:

This will be the determined by the Healthy Weight Strategic Group. There will be a number of reporting strands which will report through their own governance arrangements. However bringing these strands together as part of the Healthy Weight Strategy will ensure action is progressed.

Evaluation:

The Standard Evaluation Framework for Weight Management Interventions will be used to guide the evaluation of all commissioned programmes. Evaluation and Monitoring will need to be central to this Strategy to ensure that investment is made in interventions with proven outcomes. Links to an academic institution would be desirable.

Timescales:

Timescales for implementation will be specified in the detailed action plans.

Resources:

Investment will need to be sought from a number of commissioning and other funding streams and would be expected to be increased given the priorities for integrated working and the focus of prevention in the 5 Year Forward Plan. Mapping of assets would assist the further development of the strategic approach.

Workforce health and Workforce development:

Workforce health and workforce development are key to the success of the Strategic Plan and are likely to have the biggest impact on tackling obesity. The reach of public sector employees across the local community is enormous. In addition we will need to develop the workforce to ensure that they are competent, confident and affective in delivering interventions. This includes those in the NHS, the Local Authority (including planning, transport, sport and leisure, early help services), schools, communities and the voluntary sector and others. Those who are giving advice to the public should be role models and demonstrate they have adopted the health behaviours that they are advocating. Occupational Health and Human Resource departments could be involved in empowering their own staff to be a healthy weight.

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DRAFT (as of April 2016) Action Plan Template: Theme 1 Environmental and social causes of unhealthy weight (ES) SKC

PRIORITY	ACTION	BASELINE	OUTCOME	PARTNERS	TIMESCALE	FUNDING
Improve food standards in all settings (ES1)	ES1.1 Provide public education including knowledge and skills across all age ranges		School based healthy eating workshops	Kent Community Health Foundation Trust	June 2016	KCC
			School Based Community Chef Projects,	Community healthy cooking project – working with KCHFT, KCC Children's Centres, Shepway District Council	Quarterly reports	Local councils Community grants.
			Move Eat and Grow, Forest Schools	Growth Environment and Transport Team, KCC		KCC acquired funds
			SDC looking to develop Healthy Business Award scheme (including health checks in own organisation and promoting in others) 36 food champions trained per year across Kent. Currently 21 official and 13 trainees in SKC		Autumn 16?	
	ES1.2 Increase access to nutritious and tasty food		Work with local business to increase access to affordable, healthy food.	Local district councils, community partners	July 16	
	ES1.3 Consider policies which restrict access to unhealthy		Proximity of fast food outlets to schools, vending machines in schools, healthy school	KCHFT, schools, local district councils, HI	July 16	

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	food in school (and other settings)		dinners. Shepway DC planners working on places and policies local plan – preferred options – due summer 2016 policy to consider hot food takeaways on health and Potential Policy Planning Actions Restricting Development of fast food outlets Within walking distance of school Food champions, Bitesize training school food plan. Supporting food champions in schools and children's centres, develop and amend food policies.		Summer 16	
	ES1.4 Extend sugar swaps marketing campaigns		Initial focus will be on Town & Pier ward in Dover then extend across SKC locality. Food champion goals, sugar workshops, Change 4 Life TTT, Ready Steady Go – dodge the stodge session, HUB, sugar and fats session	KCC public health KCHFT – HI Early Help services, schools, workplace health leads	June 16	KCC
Increase levels of physical activity in all settings (ES2)	ES2.1 Increase usage of leisure, sport and recreational facilities		Council run projects leisure and outdoor facilities, community engagement, school facilities e.g. swimming	District, Borough and County Councils, leisure providers, schools, health trainers		Local council, KCC, external leisure providers, community

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			pool, playing fields. Sportivate programme aimed at 11 – 25 year olds delivered in a range sport & leisure facilities across the County. Shepway Community Safety Partnership awarded a grant to Folkestone Sports Centre to run a street dance project. Kent School Games Bowls Hot Spot-supporting increased participation, 20 open days across Kent Health Trainers link in with this pilot and refer in to other leisure providers/activity Exercise referral scheme	Kent Sport KCC Kent Sport, KCC, School Games Organisers Bowls Clubs, Leisure Centres, Community Centres	March 2017 March 2017 December 2016	initiatives Sport England KCC and Sport England Bowls Development Alliance and Kent Sport
	ES2.2 Increase use of the natural environment including parks, public rights of way and natural open spaces		Up on the downs project, green gym. (Shepway District Council provide a weekly green gym across different areas of the District) Community clean ups and gardening which promote physical activity through volunteering LCPG grant awarded for a	Local district councils, KCC Dover District Council, CCG to promote and encourage take-up.	June 16	Local council, community grants, KCC

			Dover project to run a junior park run each week. Health walks – 64 health walk leaders in 24 locations offering 17 weekly walks ~~Increase the number of beginner runners across the County. - Run Kent project aimed at people aged 12 years+.~~	Kent Sport	Confirmed funding to Sept 2016.	Kent Sport
	ES2.3 Implement Kent Active Travel Strategy		At draft stage. Aims to integrate active travel into planning, provide and maintain routes	KCC lead		
	ES2.4 Identify and mentor people who are inactive		GP practice staff, referring into national diabetes prevention programme to promote healthier lifestyle. Health Trainers motivational skills to encourage activity, work with leisure providers to offer reduced rates Countryside Management Partnerships and Kent Country Parks provide volunteering, family events, SHEDs and Forest Schools aimed at increasing activity through on-going support and training	CCG / Primary Care, KCC, leisure provider, Kent Fire Fit programmes, KCHFT KCC		KCC KCC acquired funding
Reduce social isolation (ES3)	ES3.1 Local authorities should		Healthier Homes work stream working with local councils to	Local Council	April 16	

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PRIORITY	ACTION	BASELINE	OUTCOME	PARTNERS	TIMESCALE	FUNDING
	work with partners and communities to create safer homes and environments		carry out environmental assessment, developing formal links with health and housing to address housing issues			
	ES3.2 Local authorities should work with partners and communities to develop Healthy Towns.		SKC Dementia forums creating dementia friendly communities Appendix 1 provides information on Shepway DC local action plan.	Local council		
Create healthier environments (ES4)	ES4.1 Undertake health impact assessments on major new builds			Planning		
	ES4.2 Use planning and licensing powers to create healthier environments		Ensure adequate sport, leisure and community facility provision as the County population grows To be added by Districts	KCC strategic planning Planning Licensing	Ongoing – current Framework aiming to identify needs in the longer term (beyond 2020)	
	ES4.3 Reduce adult absenteeism caused by unhealthy weight		Workplace health checks, workplace MOTS delivered by health trainers, food champions, healthy business awards, training for 20 workplace champions , Workplace C~~c~~hallenge	KCC, businesses, local authorities, CCG		

Action Plan Template: Theme 2 Give every child the best start in life and into adulthood (BS)

PRIORITY	ACTION	BASELINE	OUTCOME	PARTNERS	TIMESCALE	FUNDING

Pregnancy and the first year of life (BS.1)	BS1.1 Increase the number of women who achieve/maintain a healthy weight prior to and throughout pregnancy					
	BS1.2 Provide specialist support for all women with a BMI of 30 and above	Public Health Maternity Review				CCG
	BS1.3 Increase the number of eligible women who apply for Healthy Start	Baseline June 2015 69%	Healthy Start vitamins now in Childrens Centres campaign March 2016	KCC, NHS Trusts, KCHFT,		KCC
	BS1.4 Increase breastfeeding initiation rates in all maternity services		Midwives and Health Visitors promoting and supporting new mothers.		BFI stage 3 assessment Spring 2016	CCG, KCC KCC
	BS1.5 Set a baseline and a local target for breastfeeding at 6-8 weeks	Awaiting Health Visitor data				
	BS1.6 All health visitors to provide education on responsive move to complimentary foods		Work with Children's Centres to develop a programme to support families with the introduction of solid foods Signpost to the Start 4 life website/leaflet	KCHFT, KCC	June 2016	KCC
	BS1.7 Increase our workforce expertise and confidence in discussing the risks of obesity to mother and unborn child					
Early Years and	BS2.1 Ensure consistent,			KCC		

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Pre school (BS.2)	messages in line with guidelines are provided by all those working with this age group					KCC
	BS2.2 Commission a variety of training opportunities for practitioners around healthy lifestyles		Food champions	KCHFT - HI		
	BS2.3 Develop and implement policies that cover healthy choices in play, learning and in snack and meal provision		Food champions developing / amending food policies to be in line with guidance	KCHFT - HI		
	BS2.4 Health visitors to provide advice and support about healthy weight when children are measured at 2½ years		Healthy Weight pathway currently under review.			
	BS2.5 Promote the UK Physical Activity guidelines for Under 5's and ensure physical activity is embedded in all early years settings	Schools engaged	School Health Team provide universal and targeted support to schools. Supported by NCMP partnership groups.	KCHFT lead, early help		
Young Children (Key stage 1&2) (BS.3)	BS3.1 Deliver a whole-family and whole-school approach to promote healthy eating and physical activity	Schools engaged Available	Schools can access comprehensive guide on how to maximise Primary School Premium Funding School Health Team provide universal and targeted support to schools. Supported by NCMP partnership groups. programme. Public Rights of Way and Access Service deliver schemes that provide low cost traffic free routes	Kent Sport KCHFT, schools PROW, Access KCC	Pilot by June 2016	Sport England KCC External grants

			for families			
	BS3.2 Provide targeted support to schools which have the most children of unhealthy weight	9 schools trained in Change 4 Life, 21 official and 13 trainee food champions in SKC primary schools	Dynamo Ready Steady Go Family Weight Programme, School Based Family Healthy Lifestyles After School Programme NCMP target schools, parents and carers, they receive pro-active contact from PH schools nursing service. Increase engagement of schools in areas of highest need including change 4 life TTT and food champions. Research project identifying schools as needing additional support and offering CPD and signposting	KCHFT – ~~Hi~~ KCC, Kent University	September 2016 End May 2016	KCC KCC Sport England
	BS3.3 Provide complete care pathways for the treatment of child obesity, based on patient need and the evidence base		Public Health School Service to make contact with children who are overweight or obese and deliver advise, motivational interventions and refer them to local services in reference to the pathway			
	BS3.4 Develop school based interventions that reduce stigma associated with obesity in children		Possible link with Arts and Culture re: body image			

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Young People (11-19 years) (BS.4)	BS4.1 Provide 11-19 year olds with information and encouragement about the benefits of a healthy diet and physical activity with additional life skills		Adolescent Public Health Service to promote healthy weight as part of its holistic whole school and individual health offer has been identified as a gap. Gillingham Football club are providing a healthy lifestyle and exercise programme for 10-15 year olds, further programmes will be run following successful LCPG grant funding. Keen to cook programme was awarded a LCPG grant, this will teach low income families how to cook healthy meals. Work with youth delivery hubs that include interventions to foster healthier behaviours re: healthy weight. Limited provision of support for older children in education Satellite Clubs aimed at 11-25 year olds delivered across the county (see also ES2.1)		September 2016 March 2016 June 16 KCC early help, KCHFT Confirmed funding until March 2017	KCC KCC KCC ~~Sport England~~
	BS4.2 Support those young people identified as being overweight or obese, to achieve a healthy lifestyle in Early Help settings	Available Could also include EH data on referrals			September 2016	KCC KCC
	BS4.3 Deliver a whole-		School Health Team			KCC

	school approach to promote healthy eating and physical activity	1 official food champion	There is a gap in provision of an aAdolescent Public Health Service to develop and promote a holistic whole school offer which includes healthy eating and physical exercise Food champion programme – 1 at Folkestone school for girls. Change for life TT in target schools	KCHFT & Folkestone School for Girls	From September 2016	KCC
	BS4.4 Young people to have access to complete care pathways for the treatment of obesity, based on need and evidence based practice		Currently being developed within KCC and KCHFT. Raising issue of weight, training to school staff in target			
	BS4.5 Ensure all relevant staff and practitioners have the capacity and knowledge to provide appropriate advice/brief intervention on healthy weight, especially to those at risk of weight gain					

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Action Plan Template: Theme 3 Develop a confident workforce skilled in promoting healthy weight (SW)

PRIORITY	ACTION	BASELINE	OUTCOME	PARTNERS	TIMESCALE	FUNDING
Training for front line workforce (SW.1)	SW1.1 Develop MECC programme that includes building confidence and ability to give behaviour change advice		Generic e-learning MECC programme http://www.kpho.org.uk/workforce-development/make-every-contact-count	Medway UA		Central
	SW1.2 Identify key staff to be trained in MECC and motivational interviewing		Basic 1 hour online motivational interviewing programme available			
	SW1.3 Design a framework for monitoring and evaluation of effectiveness and implement					
Identify train and mentor Champions (SW.2)	SW2.1 All partners to identify locality champions for healthy weight		Could link in with Healthy Business Award, food champions, community pharmacies delivering Fresh Start programme			
	SW2.2 Provide training and mentoring programme		Food champions, change 4 life TT, increase the uptake of health walks	KCHFT - HI		
	SW2.3 Design a framework for monitoring and evaluation of effectiveness and implement					
Work with voluntary sector and other	SW3.1 Provide training and mentoring for community		Food champions, health walk volunteers			

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organisations to identify peer supporters/buddies (SW.3)	champions					
	SW3.2 Design a framework for monitoring and evaluation of effectiveness and implement					
Develop specialist workforce (SW.4)	SW4.1 Commissioners to ensure that fitness instructors, dieticians, nutritionists, and psychologists are suitably qualified to design and deliver programmes					

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Action Plan Template: Theme 4 Provide support to people who want to lose weight (SP)

PRIORITY	ACTION	BASELINE	OUTCOME	PARTNERS	TIMESCALE	FUNDING
Universal provision (SP.1)	SP1.1 Healthy Living Pharmacies to offer lifestyle support	No. of HLPs 21 FS sites in SKC	Fresh Start, Health checks delivered by health living pharmacies	KCHFT		
	SP1.2 Locality National Child Measurement Programme Groups to oversee interventions linked to the NCMP	Partners engaged Schools engaged	Ensure all relevant partners are engaged, consider making NCMP group a sub-group of the inequalities group	KCHFT – HI & school health team		
	SP1.3 Engage with communities to maximise assets		Health improvement teams linked with local community groups. Roma community, Dover Rd hub and Folkestone road hub. Health trainers are a central part of the health inequalities pilot located in 3 GP practices in Shepway. Health trainers have a strategic partnership with turning point where all turning point patients become a health trainer client. Health trainers also work with the health and social care co-ordinators.			
	SP1.4 Front line staff to signpost to physical activity and healthy eating programmes		MECC, Ready Steady Go			
Primary Care (SP.2)	SP2.1 Target groups already being seen at practice-on registers or new patients		Health trainers, proactive scheme and health inequalities pilot, directly link in with target groups and GPs. Work on diabetes training pathway on			

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			Romney Marsh around reducing unplanned A&E admissions.			
	SP2.2 Target patients with a BMI ≥28 with a strong family history of diabetes or have hypertension		Engage practices with the National Diabetes Prevention Programme Fresh Start, health checks.	KCHFT, Early Help	September 16	Central
	SP2.3 Identify patients with non-diabetes hyperglycaemia for diabetes prevention		National Diabetes Prevention Programme Health trainer involved in the diabetes education pathway in Romney Marsh			
Provide family support (SP.3)	SP3.1 Implement the children and young people's healthy weight pathway, including specialist services		Change 4 Life, Ready Steady Go			
	SP3.2 Childrens Centres, Early Help, Health Visiting and School Nursing services to provide support		Healthy schools plan NCMP, school nurses proactive follow up, health trainers work with families in Children's Centres.			
	SP3.3 Increase uptake of family weight management programmes		- Healthy Schools Plan - NCMP School nurses proactive phone calls	Kent Community Health Foundation Trust		
Provide adult programmes (SP.4)	SP4.1 Implement a strong adult weight management pathway		KCC and CCGs to continue discussions re: future of adult weight management pathway		April 2017	KCC, NHSE, CCG
	SP4.2 Make use of the range of services i.e. health trainers,		Adult Healthy Weight teams deliver a variety of 10-12 week programmes at a variety of	Local councils, CCG	September 2016	KCC

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	weight management courses, NDPP, exercise referral, commercial programmes and support for maintaining changes		locations to support adults with a BMI ≥28, mainly self-referral. Implementation of National Diabetes Prevention Programme			National roll-out
	SP4.3 Provide specialist weight management	Available	Procurement of Tier 3 weight management programme until 03/17		April 2016	KCC
Provide help for specific groups (SP.5)	SP5.1 Provide lifestyle interventions in areas of highest prevalence/deprivatio n		Targeted Health promotion events delivered in target areas. 6 Ways to Wellbeing programme	Local councils, CCG DBC	September 2016	KCC
	SP5.2 Provide lifestyle interventions for people with poor mental health		6 Ways to Wellbeing programmes.	CCG, local council		
	SP5.3 Make reasonable adjustments and provide pro-active targeting for people with disabilities, make easy read materials available					
	SP5.4 Ensure that people from black and Asian ethnic origin					

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	are offered advice and support					
	SP5.5 Ensure that provision is tailored to the needs of male participants					

Appendix 1:

Shepway District Council

Dementia Friendly Communities – a local action plan

What will we do?	How will we do it?
Spotlight on Dementia	We will work with the Shepway DAA team to host a ‘Spotlight on Dementia’ event within the district for agencies, carers and people living with dementia to raise overall awareness of the help and support available within their community. This will be delivered by April 2017. We will promote x2Living Well days at the local leisure centre by April 2017.
Improve the skills of our workforce	We will commit to train all public facing staff on dementia awareness so they have a good understanding of how to interact effectively with people with dementia. This will be rolled out across the Council by the end of the 2016/17financial year.
Improve support for our workforce	We will commit to providing an informal support forum for staff caring or supporting family members with dementia.
Raising awareness within partner agencies	We will identify opportunities to work with and promote dementia awareness to our partner

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	agencies and use every opportunity to highlight this so they also have an understanding of their own responsibilities to ensure quality of life for people with dementia.
Work with our business community to raise awareness of dementia.	We will work with local businesses and business organisations to raise their awareness of the importance and benefits to them and the wider community of becoming more dementia friendly.
Support the Dementia Friendly Communities project	We will look for opportunities to work with and support the Dementia Friendly Communities project wherever possible within our work across the Borough, for example linking the Dementia Friendly Communities team to groups and organisations to further promote their role.
Appoint a Dementia Ambassador for Shepway District Council (SDC)	We will identify a Dementia Ambassador at member level within Shepway District Council to be a spokesperson for SDC and promote the importance of being dementia friendly as an organisation across the Borough.

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