

**Clinical Commissioning Group Governing Body**  
**Paper Summary Sheet**  
**Date of Meeting: 24 November 2015**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/15/11/10 Draft Wiltshire Obesity Strategy</b>
<b>Author:</b>	Phoebe Kalungi, Public Health Specialist – Children’s obesity Julie Craig, Public Health Specialist – Adult obesity
<b>Lead Director/GP from CCG:</b>	Ted Wilson/Dr Celia Grummitt John Goodall, Consultant in Public Health
<b>Executive summary:</b>	<p>Our vision for Wiltshire is that by 2020 Wiltshire will be a place where all individuals, families and communities are informed, enabled, motivated and empowered to achieve or maintain a healthy weight. Reducing the human and financial cost of obesity to individuals, families, communities, public services and the wider economy is at the heart of the strategy, particularly at a time of significant pressure on public spending.</p> <p>Through ensuring targeted action at key points in the life-course, we will realise improvements in delivery of services and lives for people living in Wiltshire; addressing variation in access to services; ensuring communities are engaged in maintaining a healthy weight and ensuring a greater focus on prevention and early intervention.</p> <p>We will achieve this by working collaboratively across health services, Council services, schools, workplaces, communities and with individuals to maximise opportunities to be physically active and eat a healthy diet.</p> <p>We will do this by providing information, advice, services and behaviour change support and influencing the quality of the environment in which people live and where necessary provide the most appropriate treatments. Five strategic targets have been set and will be measures of our success.</p> <p>The purpose of this report is to present the draft strategy for formal approval to go forward to the Wiltshire Health and Wellbeing Board and subsequent public consultation</p>
<b>Evidence in support of arguments:</b>	The development of the strategy has been informed by an assessment of local needs identified by Wiltshire’s Joint Strategic Assessment analysis, plus outcomes from consultation event. The evidence-base for the strategy

	<p>and the actions extend from key government documents the most current NICE guidance and evidence based best practice.</p> <p>The consequences of obesity are well documented. People who are overweight and obese have an increased risk of developing a range of chronic diseases that can have a significant impact on health (including increased risk of type 2 diabetes, hypertension and cardiovascular disease, kidney and liver disease and some cancers), lower quality of life and premature mortality. Preventing a 1% prevalence of overweight and obesity could produce savings to NHS Wiltshire of around £1.18million per year. A 5% reduction in prevalence could lead to a saving of £5.9million and 10% reduction would lead to £11.8million.</p>
<b>Who has been involved/contributed:</b>	The development of the strategy has been led by Wiltshire Council Public Health in partnership with the CCG. A wide range of stakeholders from the voluntary and independent sectors have engaged and been involved in the development of this strategy.
<b>Cross Reference to Strategic Objectives:</b>	<p>This strategy reflects the strategic direction already set out in the Wiltshire Health and Wellbeing Strategy. It will support the three principles of service delivery outlined in the Wiltshire CCG 5 Year Plan:</p> <ul style="list-style-type: none"> <li>• Encourage and support Wiltshire residents to take on more responsibility for their own health and wellbeing</li> <li>• Provide fair access to a high quality and affordable system of care for the greatest number of people</li> <li>• Provide less care in hospitals and more care at home or in the community</li> </ul> <p>This strategy links to a number of other Council and NHS Wiltshire Clinical Commissioning Group (CCG) strategies, particularly those relating to prevention, diabetes, mental health and wellbeing, child health improvement and child poverty.</p>
<b>Engagement and Involvement:</b>	<p>An obesity summit consultation event held in July 2015, brought together a wide range of professionals including school nursing and health visiting, public health and protection, environmental health, leisure services, oral health promoters, library services, military health, general practitioners, pharmacies, education, fire services, representatives from academia and third sector organisations to identify the key priorities for tackling obesity in Wiltshire. This consultation event has informed the strategy and how it will be taken forward.</p> <p>A period of Public consultation and engagement is planned following approval of this draft strategy and further involvement and engagement from stakeholders will take place as individual service developments and service reviews progress.</p>
<b>Communications Issues:</b>	There is potential media interest in the current issues identified in the paper. Any changes that impact on access to services will be communicated to all stakeholders.
<b>Financial Implications:</b>	<p>There are no immediate financial implications of the Obesity Strategy itself.</p> <p>The implementation plans will need to have a cost / benefit analysis of actions to ensure that the Council and CCG remain within their current funding, and proposed changes approved within this envelope, or</p>

	alternative savings / funding found to cover investments
<b>Review arrangements:</b>	This strategy is governed by the Health and Wellbeing Board through the Obesity Steering Group. Implementation, development and evaluation of the obesity strategy and action plan will be driven by the multidisciplinary obesity strategy steering group. The obesity steering group will also report to the Children's Trust Board and the NHS Wiltshire Clinical Commissioning Group's Governing Body.
<b>Risk Management:</b>	<p>There is a risk that there may be raised expectations of what the obesity strategy will deliver amongst the general public, customers and partner organisations as a result of the strategy development and implementation plan. This will be managed through:</p> <ul style="list-style-type: none"> <li>• Ensuring that priorities identified from the obesity summit engagement and planned consultation are balanced within the overall resources available to deliver the strategy.</li> <li>• The strategy provides clarity about what will and will not be delivered engagement with the general public, customers and partner organisations will be planned to allow for priorities and progress to be communicated.</li> </ul> <p>The obesity strategy steering group will also help to mitigate risks associated with reputation as this group will regularly monitor and update on progress</p>
<b>National Policy/ Legislation:</b>	It is built upon the required strategic priorities and actions identified within national policies and evidence based NICE guidance. A national childhood obesity strategy is due to be published by Public Health England in the Autumn 2015.
<b>Public Health Implications:</b>	Public Health is a lead partner in the development and implementation of the Obesity strategy
<b>Equality &amp; Diversity:</b>	The completed WCCG Equalities Impact Analysis document accompanies this summary paper.
<b>Other External Assessment:</b>	There has been no other external assessment of this project to date. Proposals outlined in this paper may be subject to Health Scrutiny and Healthwatch Wiltshire may engage with patients and the public to see what they think about specific proposals and how far the proposed actions meet the desired outcomes.
<b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b>	The Governing Body is asked to formally approve the draft Wiltshire Obesity Strategy to go forward to the Wiltshire Health and Wellbeing Board and subsequent public consultation

# Wiltshire's Obesity Strategy 2016 to 2020 Version 2

**Strategy prepared by:**

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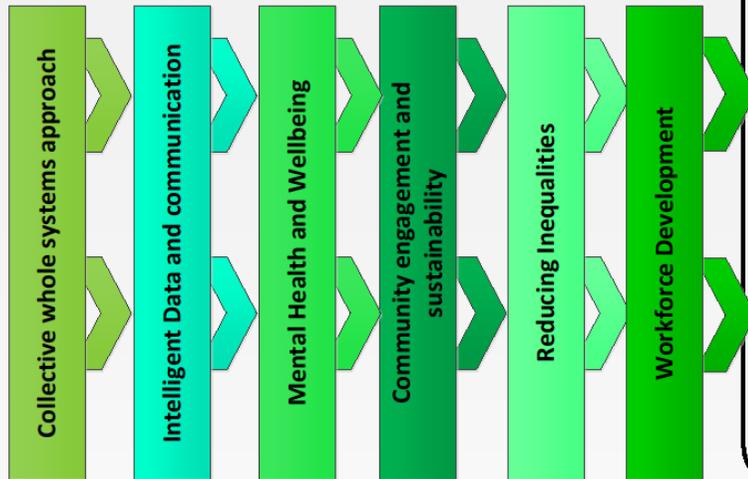
Phoebe Kalungi, Public Health Specialist, Wiltshire Council

**Document History**

Issue No	Date	Status	Reviewed by
Pre-draft	18/06/2015	Notes- priorities	Joint WC/WCCG steering Gp
Version 1.0	05/08/2015	Draft	Joint WC/WCCG steering Gp
Version 1.1	10/08/2015	Draft	CCG - EMT via L. Sturgess, Commissioning manager
Version 1.2	18/09/2015	Draft	J. Goodall, WC PH Consultant S. Maddern, WC HOS Health Improvement
Version 1.3	19/08/2015	Draft	WC Corporate director M. Rae
Version 1.3	28/08/2015	Outline of Draft	CCG clinical exec groups (SARUM, NEW, and WWYKD)
Version 1.3 revised	10/09/2015	Revised draft	Justine Womack, WC PH Consultant Sarah Heathcote, WC HOS Children's Health improvement
Version 1.3 revised	08/10/2015	Revised draft	WC obesity strategy steering Gp members (JG,JW,SM,SH)
Version 1.4	22/10/2015	Revised draft	WC –Corporate directors (M. Rae)
Version 2.0	27/10/2015	Consultation version	CCG clinical exec groups (SARUM, NEW, and WWYKD)
	03/11/2015 papers for 10/11/2015 meeting		CCG Clinical Executive
	17/11/2015 papers for 24/11/2015 meeting		CCG Governing body
	December 2015 TBC		Wiltshire Health Improvement Panel
	08/012016 papers for 28/012016 meeting		Wiltshire Health and Wellbeing board

## Wiltshire's Draft Obesity Strategy on a Page

### Cross-cutting themes



## Wiltshire Aim

To enable everyone to achieve and maintain a healthy weight

- Halt the rise of excess weight in children, by 2020
- Halt the rise of excess weight in adults, by 2020
- Reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020
- Aspire for a decrease of 1% in the excess weight of children in each community area by 2020
- Achieve an increase of 10% in uptake of NHS Health Checks for eligible adults aged 40 – 74 years

## OUTCOMES

- More adults and children with a healthy weight
- Fewer people suffering from Type 2 Diabetes
- Fewer people dying from Cardiovascular Disease and cancer
- Fewer people dying early from preventable illnesses
- Fewer mothers and infants dying in childbirth
- Reduction in health inequalities
- More children from deprived communities have improved health outcomes
- More people with improved mental well-being
- More people eating healthily & being active
- More businesses reducing sickness absence levels related to obesity
- Fewer morbidly obese people requiring social care and support
- Fewer children experiencing stigma and isolation

## Strategic Priorities

Maximise universal preventative initiatives across the life course

Give children the best start in life

Promote effective self care, early intervention and treatment

Take steps towards reversing the 'obesity promoting' environment where people, live, play, learn, work and retire

## ACTION ACROSS THE LIFE COURSE

preconception and pregnancy through childhood, adulthood and old age

Universal Action



Targeted Action



Specialist Action

## **1. Introduction**

Wiltshire's obesity strategy sets out the strategic objectives needed to ensure that everyone in Wiltshire is enabled to achieve and maintain a healthy weight (BMI range 18.5-24.9). Achieving a healthy weight for all in Wiltshire could result in up to 230,000 residents living between three and nine years longer and an annual saving to the taxpayer of more than £118 million<sup>1</sup>.

The strategy provides a framework for working collaboratively across Wiltshire to achieve a downward trend in the levels of obesity in line with the national ambition. It does not consider those who are underweight, or recommend any actions at a national level.

Maintaining a healthy weight is affected by physical, social, emotional and environmental factors requiring a joined up approach from organisations and communities. It affects the health of people of all ages requiring a 'life-course' approach, which recognises that behaviour changes as people move through different life stages and action needs to address that. In order to slow or halt the increase in obesity, we will target the right action in the following four life stages, working across a range of organisations and places to support and enable people to achieve a healthy weight:

- Preconception to early years (aged 0 -4 years)
- Children and Young people (aged 5-17yrs)
- Adults (aged 18-65yrs)
- Older people (aged 66+yrs)

The need for obesity to be everyone's business was highlighted at an obesity summit consultation event held in July 2015, which brought together a wide range of stakeholders to identify the key priorities for tackling obesity in Wiltshire. This consultation event has informed the strategy and how it will be taken forward. These priorities will be discussed in section six.

The strategy is based on an assessment of needs identified by Wiltshire's Joint Strategic Assessment and reflects the strategic direction already set out in the Wiltshire Health and Wellbeing Strategy. It links to a number of other Council and NHS Wiltshire Clinical Commissioning Group (CCG) strategies, particularly those relating to prevention, diabetes, mental health and wellbeing, child health improvement and child poverty. It is built upon the required strategic priorities and actions identified within national policies and evidence based NICE guidance. It has been developed by the multi-disciplinary Obesity Steering Group which reports to the Wiltshire Health and Wellbeing Board through the Health Improvement Panel.

## **2. Defining obesity and assessing its impact**

### **2.1 What do we mean by the term healthy weight and obesity?**

The term 'healthy weight' is used to describe when an individual's body weight is appropriate for their height and benefits their health. Above the healthy weight range there are increasingly adverse effects on health and wellbeing. Obesity is defined as a significant excess of body fat which occurs gradually over time when energy intake from food and drink is greater than energy used through the body's metabolism and physical activity.

## 2.2 Measuring healthy weight, overweight and obesity

The recommended measure of overweight and obesity in adults is body mass index (BMI). BMI is calculated by dividing body weight (kilograms) by height (metres) squared. Although it does not directly measure body fat, having a higher than recommended BMI in adulthood is an indicator of health risk (see table 1)<sup>2</sup>. The adult BMI at which health risks would be of concern are lower for Asian adults and higher for older people up to 65 years old.

Classification	BMI
Underweight	<18.5
Healthy weight	18.5 – 24.9
Overweight	25 – 29.9
Obese	30 – 39.9
Morbidly obese	>40

Whilst BMI is a recognised measure of healthy or unhealthy weight, an adult's waist circumference is a direct measure of abdominal fat and therefore health risk. Adults with a waist measurement greater than 37 inches for men or 31.5 inches for women are at increased risk of type 2 diabetes. Using a combined BMI and waist circumference identifies an individual's risk of obesity related ill health. With a BMI of 35kg/m<sup>2</sup> or more, risks are assumed to be very high regardless of the waist circumference.

In children BMI is adjusted for a child's age and gender against reference charts to give a BMI percentile (or centile). This compares the child's BMI to other children of the same age and gender. For example, if a boy is 8 years old and his BMI falls at the 60<sup>th</sup> percentile, that means that 40% of 8-year old boys have a higher BMI and 60% have a lower BMI than that child. Children with a BMI centile in the overweight and obese range are more likely to become overweight or obese adults (see table 2)<sup>2</sup>.

Classification	BMI Centile
Underweight	<2 <sup>nd</sup> centile
Healthy weight	2 <sup>nd</sup> centile – 84.9 <sup>th</sup> centile
Overweight	85 <sup>th</sup> centile – 94.5 <sup>th</sup> centile
Obese	≥95 <sup>th</sup> centile

The thresholds given in Table 2 are those conventionally used for population monitoring and are not the same as those used in a clinical setting (where overweight is defined as a BMI greater than or equal to the 91<sup>st</sup> but below the 98<sup>th</sup> centile and obese is defined as a BMI greater than or equal to the 98<sup>th</sup> centile).

## 2.3 Causes of obesity

Obesity is the outcome of a complex set of factors acting across many areas of our lives and there is no one single influence that dominates. Factors include societal, psychology, environment, biology (including genetics), food production and consumption and socio-economics.

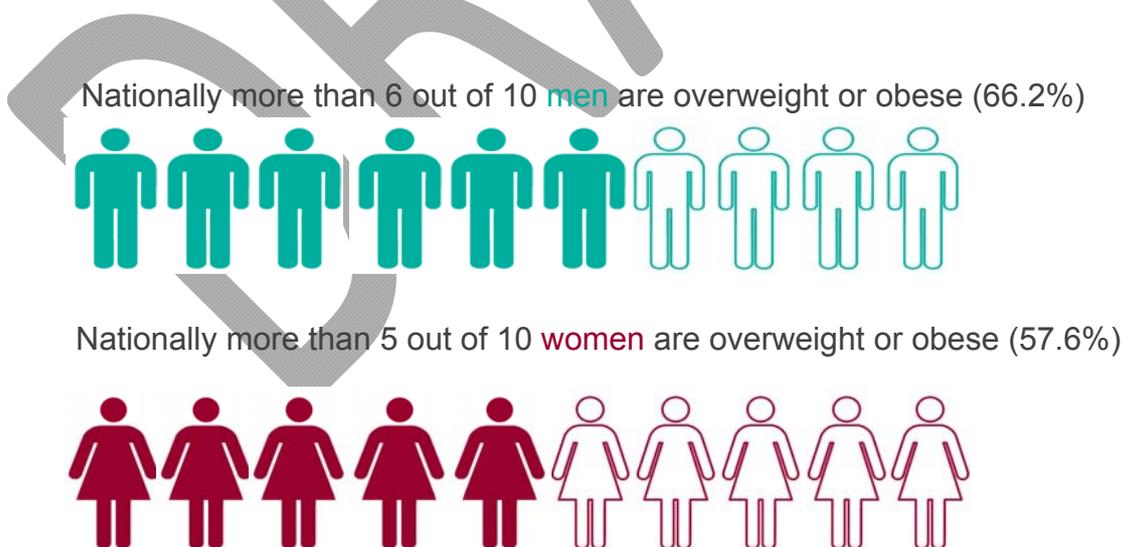
Weight is affected by habits and beliefs, which in turn affect people's behaviour about healthy eating and activity. Culturally 'unhealthy' food and activity behaviours have become the norm in modern Britain meaning that we struggle to identify ourselves as an unhealthy weight or that our obesity has any consequences.

What we choose to eat and drink plays a significant role in causing obesity. The human body is efficient at storing energy from food as fat and has an evolutionary desire for high-energy foods<sup>3</sup>. Whilst this helped hunter gatherers to survive during times of famine, in today's modern societies there is an abundance of cheap, energy dense convenience foods and drinks. Economic factors can influence an individual's ability to choose a lower energy diet or access opportunities to be active. There are also links between low mood<sup>4</sup>, social isolation and people not feeling in control of the food and activity choices they make<sup>3</sup>.

The environment in which people live in has become increasingly 'obesogenic', meaning an environment that promotes gaining weight and discourages weight loss. Environmental factors affecting weight include how local housing estates are designed in terms of whether they encourage and enable people to walk and cycle rather than drive, the accessibility of shops and public services and the availability of good quality leisure and sport opportunities. Recent evidence shows that children living near green spaces are less likely to experience an increase in body mass index (BMI) over time<sup>5</sup>.

#### 2.4 Obesity prevalence

Obesity is the biggest public health crisis facing the country today. Nationally 24.2% of adults are classified as obese (with a BMI of 30 kg/m<sup>2</sup> or more) and when combined with overweight figures, 63.8% of adults are either overweight or obese<sup>6</sup>. Among children, a quarter (23.4%) of 2 to 10 year olds and a third (35.2%) of 11 to 15 year olds are overweight or obese<sup>6</sup>. It is predicted that, without clear action, these figures will rise to almost nine in ten adults and two-thirds of children by 2050<sup>3</sup>.



Locally, Wiltshire reflects the national picture with prevalence of unhealthy weight likely to increase in line with national predictions. Surveillance data on adult weight is not routinely collected and therefore we rely on modelled estimates. These indicate adult obesity prevalence is 25.2% which is higher than the national average and prevalence of overweight and obesity is 61.6%<sup>10</sup> which is lower than that national average. This equates

to approximately **2 in 3** adults or 238,000 people (based on Wiltshire 2014 mid-year population estimates for adults of 391,365). The national prevalence for morbid obesity (BMI 40 or over) in adults is increasing and is currently 2.5% and is much higher for women (3.2%) than men (1.7%)<sup>11</sup>. In Wiltshire this level of morbid obesity equates to 9,630 people.

The annual National Child Measurement Programme (NCMP), which measures the height and weight of children in Reception Year, (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) estimates that **1 in 5** (22%) Reception and **1 in 3** (29.7%) Year 6 children in Wiltshire are overweight or obese<sup>8</sup> (2013/2014). This equates to 1047 children in Reception Year and 1279 children in Year 6<sup>8</sup>. Although these figures are lower than the national average, local obesity prevalence in Reception Year and Year 6 appears to be increasing, whilst national childhood obesity prevalence has plateaued.

Table 3 below shows the number and percentage of Wiltshire children measured as part of the 2013/14 National Child Measurement Programme with excess weight in Reception Year and Year 6 in the 20 community areas of Wiltshire.

**Table 3: Number and percentage of children with excess weight in Reception Year and Year 6 by Community Area (National Child Measurement Programme 2013/14)**

2013/14 Community Area	Reception Year			Year 6		
	Number of children measured	Number of children with excess weight	Percentage (%) of children with excess weight	Number of children measured	Number of children with excess weight	Percentage (%) of children with excess weight
Amesbury	404	88	21.8%	290	83	28.6%
Bradford on Avon	161	33	20.5%	157	36	22.9%
Calne	264	63	23.9%	236	82	34.7%
Chippenham	469	99	21.1%	459	131	28.5%
Corsham	212	47	22.2%	186	49	26.3%
Devizes	303	66	21.8%	286	89	31.1%
Malmesbury	205	42	20.5%	220	46	20.9%
Marlborough	163	18	11.0%	169	41	24.3%
Melksham	304	92	30.3%	272	74	27.2%
Mere	30	9	30.0%	48	17	35.4%
Pewsey	111	22	19.8%	127	37	29.1%
Salisbury	398	75	18.8%	341	106	31.1%
Southern Wiltshire	196	38	19.4%	170	58	34.1%
Tidworth	203	59	29.1%	159	49	30.8%
Tisbury	55	15	27.3%	48	8	16.7%
Trowbridge	482	119	24.7%	422	137	32.5%
Warminster	241	43	17.8%	227	78	34.4%
Westbury	208	56	26.9%	207	68	32.9%
Wilton	79	18	22.8%	71	22	31.0%
Royal Wootton Bassett	252	45	17.9%	241	68	28.2%
<b>Total Wiltshire</b>	<b>4740</b>	<b>1047</b>	<b>22.1%</b>	<b>4336</b>	<b>1279</b>	<b>29.5%</b>

## **2.5 Inequalities in obesity**

Obesity is linked to social disadvantage across all age groups and is estimated to be over 8% higher for adults in the most deprived areas of Wiltshire compared to the least deprived and is highest amongst women. These differences in levels of obesity are likely to lead to significant differences in health outcomes and life expectancy. Low socioeconomic groups are two times more likely to become obese, putting them at greater risk of type 2 diabetes, heart disease, cancers, stroke and premature mortality<sup>6</sup>.

Among children, data from the National Child Measurement Programme (2013/14), found that 26.5% (270) of children with excess weight in Reception Year lived in the most deprived areas of Wiltshire, compared to 19.3% (188) of children living in the least deprived areas. In 2013/14, the inequalities gap between the most and least deprived areas for excess weight in Reception Year children stood at 7.2%.

In Year 6, 33.7% (301) of children with excess weight lived in the most deprived areas of Wiltshire, compared to 26.7% (252) of children living in the least deprived areas. In 2013/14, the inequalities gap between the most and least deprived areas for excess weight in Year 6 children stood at 7.0%.

Whilst the prevalence of obesity is increasing in all communities, some sectors of the population are at greater risk of developing obesity and these groups will be priorities for targeted preventative interventions. They include:

- Children
- Individuals from particular Black Minority (BME) groups
- People living on a low income
- Women during and after pregnancy
- Older people
- People with a mental health condition
- People with disabilities

People with disabilities are more likely to be obese and be less physically active than the general population. Obesity rates among adults with a long-term limiting illness or disability (LLTI) are 57% higher than adults without a LLTI<sup>7</sup>. Children aged 2–15 who have a limiting illness are 35% more likely to be obese or overweight<sup>12</sup>. For both adults and children with learning disabilities obesity is a particular issue, it is estimated that 24% of children with learning disabilities are obese.<sup>18</sup>

## **2.6 Cost of obesity**

### **2.6.1 Human cost:**

The consequences of obesity are well documented. People who are overweight and obese have an increased risk of developing a range of chronic diseases that can have a significant impact on health (including increased risk of type 2 diabetes, hypertension and cardiovascular disease, kidney and liver disease and some cancers), lower quality of life and premature mortality. Moderate obesity (BMI 30-35 kg/m<sup>2</sup>) reduces life expectancy by

an average of three years, whilst people with morbid obesity live on average 8–10 years less than people who are a healthy weight (similar to the effects of life-long smoking).<sup>6</sup>

Maternal obesity increases the risk of a number of pregnancy complications, including pre-eclampsia, gestational diabetes mellitus and caesarean delivery. Excessive weight gain during pregnancy and postpartum retention of pregnancy weight gain are significant risk factors for later obesity in women. Maternal health has a significant impact on foetal development and the health of the child later in life.

The increasing prevalence of obesity in childhood is very likely to translate into greater level of obesity among adults. 80% of children who are obese at age 10–14 will become obese adults, particularly if one of their parents is also obese, this increases the risk of chronic disease. Short term consequences of unhealthy weight in children includes emotional and behaviour problems, bullying and low self-esteem, school absence, bone and joint problems and breathing difficulties.<sup>6</sup>

### **2.6.2 Economic cost:**

Overweight and obesity currently cost the NHS £5 billion per year, which is set to rise to £10 billion by 2050. The annual cost of obesity to the wider UK economy and society is estimated at £27 billion. This includes social care costs of £352 million, obesity medication and reduced productivity from 16 million obesity attributed sickness days. All these costs are predicted to rise. Around 34 000 deaths annually are attributable to obesity, one-third of which occur before retirement age. These account for an annual total of 45 000 lost working years.

The groups most likely to require social care services align with those at considerably higher risk of developing obesity with over half (52 per cent) of the expenditure on people aged 65 and over<sup>16</sup> and care of people with long term conditions accounting for 70 per cent of total health and social care spend.<sup>17</sup>

For 2015 the Foresight report estimated annual costs to NHS Wiltshire of diseases related to overweight and obesity to be £118.3 million, inclusive of £68.8 million due to obesity alone.<sup>1</sup>

Preventing a 1% prevalence of overweight and obesity could produce savings to NHS Wiltshire of around £1.18million per year. A 5% reduction in prevalence could lead to a saving of £5.9million and 10% reduction would lead to £11.8million.

### **3 Wiltshire's Strategy**

This strategy has been developed jointly by Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group (CCG). It is driven by an assessment of the needs of people living in Wiltshire set out in the Joint Strategic Assessment, priorities identified in the Wiltshire Health and Wellbeing Strategy, national policy guidance and evidence of the most effective interventions set out in NICE guidance.<sup>(3,2,19,20,21,26)</sup> A national childhood obesity strategy is due to be published in the Autumn 2015.

Our vision for Wiltshire is that by 2020 Wiltshire will be a place where all individuals, families and communities are informed, enabled, motivated and empowered to achieve or maintain a healthy weight. Reducing the human and financial cost of obesity to individuals, families, communities, public services and the wider economy is at the heart of the strategy, particularly at a time of significant pressure on public spending. How we define and measure success is explained in section four- strategic targets and measuring our success.

We will achieve this by working collaboratively across health services, Council services, schools, workplaces, communities and with individuals to maximise opportunities to be physically active and eat a healthy diet. We will do this by providing information, advice, services and behaviour change support and influencing the quality of the environment in which people live and where necessary provide the most appropriate treatments.

The strategy reflects the fact that no single solution will halt the rise in obesity. To this end, action is needed to ensure a whole system and sustainable approach, which focuses on reducing health inequalities and improving mental health and wellbeing, engaging effectively with communities and the workforce and using data and intelligence well. It is fundamental to note that there are currently a range of interventions being delivered to address healthy weight in Wiltshire. These include a range of initiatives from population based prevention activity, community based interventions, through to specialist weight management and clinical services. A service mapping exercise was undertaken (see Appendix 1 for detail on these services). We recognise that not all current interventions were represented; however, the mapping provides an overview of the coverage and highlights gaps within the obesity agenda. These interventions are a good foundation to build on.

This obesity strategy will support the intention in Wiltshire to have a renewed focus on prevention whilst also providing support to those children and adults who are above the healthy weight range. The Council and CCG will provide strategic leadership and supporting action at a local level. The strategy contributes to the Wiltshire Council's 2013-2017 Business Plan through its priorities to protect those who are most vulnerable, boost the local economy and bring communities together to enable and support them to do more for themselves.<sup>24</sup> The strategy's priorities have been locally determined as a result of Wiltshire's obesity summit in the summer of 2015. The summit represented a wide range of professionals including school nursing and health visiting, public health and protection, environmental health, leisure services, oral health promoters, library services, military health, general practitioners, pharmacies, education, fire services, representatives from academia and third sector organisations. The evidence-base for the strategy and the actions extend from key government documents<sup>20,21,26,28,29</sup> and the most current NICE guidance<sup>2,25,30,31,32</sup>.

#### **4. Strategic targets and measuring our progress**

Five strategic targets have been set and will be measures of our success. We will contribute to achieving the national ambitions:

- To halt the rise of excess weight in children by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds)
- To halt the rise of excess weight in adults, by 2020 (measure: PHOF 2.12 excess weight in adults).

We have also set the following Wiltshire ambitions:

- To reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds).
- To aspire for a decrease of 1% the excess weight of children in each community area by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds).
- To achieve an increase of 10% in uptake of NHS Health Checks for eligible adults aged 40-74 years.

While Wiltshire has made gains in improved life expectancy over the past 10 years, obesity contributes to premature mortality and the healthy life expectancy gap between different social groups. Achieving these targets will contribute to the following outcomes:

- More adults and children with a healthy weight
- Fewer people dying from cardiovascular disease and cancer
- Fewer mothers and infants dying in childbirth
- Fewer people dying early from preventable illnesses
- More people with improved mental well-being
- More people eating healthily & being active
- Fewer people suffering from Type 2 Diabetes
- More children from deprived communities have improved health outcomes
- Reduction in health inequalities
- Fewer children experiencing stigma and isolation
- Fewer morbidly obese people requiring social care and support
- More businesses reducing sickness absence levels related to obesity

Measuring the success of interventions to prevent or treat obesity can be challenging as many of the benefits may not present for many years to come. However, we will measure our progress against prevalence data and indicators in the national Public Health, Adult Social Care and NHS Outcomes Frameworks. We will also use local outcome measures including indicators on service delivery. We will ensure that all interventions have

measurable outcomes, with standardised effective monitoring and evaluation built in to increase the local evidence base.

## **5 How we will deliver our strategy**

Tackling obesity is a complex challenge, the following key priorities have been identified, informed by the evidence base<sup>2,30,31,32</sup> and consultation event, which will achieve improved delivery of services and lives for people living in Wiltshire. The improvement in delivery will be through ensuring targeted action at key points in the life-course, addressing variation in access to services; ensuring communities are engaged in maintaining a healthy weight and ensuring a greater focus on prevention and early intervention.

Our approach will be based on preventing obesity from occurring in the first place, tackling the obesogenic environment and renewing preventative efforts in the early years. Successful delivery of actions against these priorities will enable people to maintain a healthy weight through both self-care and appropriate treatment. A new commitment to take collective responsibility (public, private and voluntary sectors), including at the individual and community level, will be key to our success.

Action will take place at three levels:

### Universal: prevention activity for the whole population

Work collaboratively to create positive environments that actively promote and encourage healthy weight. This involves action on the built environment, parks and open spaces, transport including active travel, and promoting access to affordable healthy food; as well as interventions, advice and support that are available to all.

### Targeted: prevention activity for those at risk of obesity

Work collaboratively to maintain and develop community-based lifestyle interventions to support individuals, families and communities most at risk of obesity, to intervene earlier and reduce inequalities in obesity. This will include interventions to support behaviour change in individuals to adopt healthier lifestyle choices.

### Specialist: weight management support

Work collaboratively to develop interventions to support individuals who are already overweight and obese to achieve and maintain a healthy weight. In addition to conventional lifestyle support, explore need and options for multidisciplinary specialist and clinical treatment for those who are severely obese with additional complex health needs.

A key focus will be on supporting individuals to change behaviour and take responsibility for making better choices for themselves and their families. Specific effort will be made to ensure universal actions are designed with and for the most disadvantaged groups, with targeted support for those who need it. This will enable groups with the highest need to benefit most from the implementation of the strategy.

We will ensure that positive mental health and wellbeing underpins all obesity work plans

across the life course, ensuring that people at every stage of life have the confidence and self-worth that permits the achievement and maintenance of a healthy weight.

Stakeholders at the Obesity Summit identified the promotion of consistent health messages relating to healthy weight, diet and physical activity, as being a key priority for tackling obesity. We will ensure consistent messages and effective social marketing campaigns through a communications strategy focused on achieving and maintaining a healthy weight.

We will train professionals across all disciplines to raise the issue of being overweight or obese with families and adults. Professionals across all disciplines including: healthcare providers, teachers, youth workers, social workers, housing officers, job centre staff all have a role to play whether that be providing advice or signposting onto other services. Therefore training of the wider workforce is crucial in ensuring consistency of messaging and that healthy weight becomes an everyday topic of conversation, starting pre-conception with women of childbearing age and continuing into early years, childhood and adulthood. To this end, we will work closely with Health Education England and training providers to ensure those professionals and others working with those overweight and obese have the knowledge and skills needed to support and encourage a healthy weight.

## **6 Strategic Priorities**

### **6.1 Strategic priority 1: Maximise universal preventative initiatives across the life course.**

Preventing people from gaining weight in the first place is the most cost effective strategy for sustained reductions in obesity prevalence that will have the biggest impact on weight related health outcomes, over a lifetime<sup>20</sup>. Action will be taken through a universal approach to reduce inequalities across the life course<sup>26</sup>. We will enhance existing and establish new universal preventative initiatives that support sustainable nutrition and physical activity behaviour change at the individual, family and community level.

#### **What we will do:**

- Provide tailored, clear, accurate and consistent messages about the benefits of maintaining a healthy weight through being physically active and improving dietary habits. Utilising community resources and assets such as education settings, health service, leisure providers, workplace and voluntary organisations to deliver messages.
- Ensure cost effective, evidence based universal preventative services are commissioned to enable, motivate and empower people to adopt and sustain healthy behaviours.
- Provide targeted support and resources to groups at higher risk of becoming overweight. This includes people living in the most deprived communities in Wiltshire and children and adults living with disabilities.

- Identify and train frontline staff from a range of sectors and disciplines (including health care professionals, teachers, community workers) to confidently raise the issue of healthy weight and effective delivery of 'Making every contact count' (MECC).
- Facilitate joint working with community campuses, area boards and leisure services to create local level action plans for obesity prevention, encouraging creative and innovative approaches and community ownership.

### **6.2 Strategic priority 2: Give children the best start in life**

In order to give children the best start in life we need to focus on pre-pregnancy, pregnancy, infancy, early childhood to age 5 and families as critical stages for interventions to prevent obesity and weight related health inequalities<sup>26, 29</sup>. It is clearly recognised that children need to be supported within the context of their families to make and sustain behaviour change, as children have limited control over their own food and activity choice.

#### **What we will do:**

- Train professionals who deliver sexual health and pre-conception services to understand the importance of achieving a healthy weight before pregnancy and to embed these messages in education initiatives.
- Commission weight loss support programmes that include diet and physical activity components to help women with a BMI of 30 or more to reduce weight before becoming pregnant and managing weight gain during pregnancy.
- Utilise community resources and assets to provide healthy lifestyle initiatives for young people and prospective parents that reduce early life risk factors associated with obesity (including initiatives to increase breastfeeding rates, and promote weight management), emphasizes the health risks of being obese and include positive parenting skills training.
- Promote and increase the uptake of the Healthy Start Scheme to increase fruit, vegetable and vitamin D intake of those eligible for the Healthy Start Scheme.
- Invest in preventative interventions in the early years (0-5 years old) to maximise the number of children starting school with a healthy weight.
- Continue to use data from the Joint Strategic Assessment and the National Child Measurement Programme to identify local need and appropriately target and deliver services.

- Commission family-based, multi-component lifestyle weight management services that meet the needs of local children and young people, including looked after children, those of different ages, different stages of development and abilities and those from different cultural backgrounds.
- Monitor and evaluate the effectiveness of current healthy lifestyle initiatives and weight management programmes for children and develop strategies for improving programme uptake, adherence and outcomes
- Work collaboratively with children's centres and other early years settings, schools, libraries, the local media, professionals and voluntary organisations to actively promote and raise awareness of current programmes for children, young people and their families. This will include providing advice to families on healthy eating and cooking low cost healthy food.

### **6.3 Strategic priority 3: Promote effective self-care, early intervention and treatment**

Whilst this strategy focuses on prevention it also has to address the increasing number of overweight and obese children and adults who are already at significant health risk. Wiltshire's weight management services at the specialist level of action do not meet current demand. To reduce future demand for these services, preventative support options will be provided to the overweight and obese and those at high risk of developing weight related diseases such as diabetes. Embedding early identification and intervention as part of routine consultations at every stage of the care pathway will be increased.

#### **What we will do:**

- Develop a holistic integrated weight management pathway which promotes self-care, early intervention and specialist support for families and individuals.
- Ensure professionals who deliver weight management services have relevant competencies and have had appropriate training.
- Develop an evidence based, early intervention self-care offer which includes the promotion of online tools and social media prioritising specific groups, including families, young adults and males.
- Review existing and if appropriate develop new specialist weight management services for those who are already obese and morbidly obese. In line with evidence, interventions will be person centered and multicomponent, addressing dietary intake, physical activity levels and behaviour change. They will address local needs and target specific outcomes.
- Monitor and evaluate the effectiveness of current weight management programmes and develop strategies for improving programme uptake, adherence and longer term outcomes by fostering self-management to prevent weight regain.

- Raise awareness of lifestyle weight management services among health and social care professionals and the local community to facilitate better uptake of these services by those who need them.
- Connect primary care to community assets through partnership working to identify and develop opportunities for supporting those who are overweight, including social prescribing.
- Identify people at risk of developing type-2 diabetes and providing those at high risk with a quality-assured, evidence-based, intensive lifestyle change programme to prevent or delay the onset of type 2 diabetes.

**6.4 Strategic priority 4: Take steps towards reversing the ‘obesity promoting’ environment where people live, play, learn, work and retire.**

The Foresight report<sup>3</sup> has shown individual choices are influenced by the wider built and natural environments. We will take action to help people in Wiltshire make better choices for themselves and their families and ensure healthy food and activity choices are the easy and preferred choice. We will maximise opportunities for participation in healthy behaviours in our local communities, particularly for those most at risk.

Accessibility within the built environment to green space provides the opportunity for a large number of people in their day-to-day lives to undertake physical activity. Supporting access for groups with higher risk of obesity, including people with disabilities, will be important. Wiltshire Council recognises the importance of a healthy environment through the adoption of the Wiltshire Core Strategy in January 2015, which includes policies on design, green infrastructure and active travel (walking and cycling).

**What we will do:**

- Work in partnership and take a shared responsibility between Wiltshire Council departments, the CCG and external organisations take steps towards working to reverse the factors that contribute to obesogenic environments.
- Through an effective communication strategy we will reframe how obesity and its causes are recognised within society, in order to support the cultural shift necessary to normalise healthy weight and healthy behaviours.
- Build on the current work of Wiltshire Council, partnerships and local communities in developing an environment that promotes physical activity into daily life including, active travel, active play and access to greenspace.
- Engage and work with local food producers and retailers to encourage an environment that promotes healthy food choices; and increase the nutritional knowledge and cooking skills of individuals and families to promote healthy eating behaviours.
- Support and encourage local communities to make changes to their environment to facilitate healthy behaviours.

- Champion the use of the principles of Health Impact Assessments (HIA's) in planning for new developments to support provision of high quality green space, active environments, health promoting infrastructure and healthier housing.

## **7. Implementation of the strategy**

Implementation, development and evaluation of the obesity strategy and action plan will be driven by an obesity strategy steering group. This group will include members from Wiltshire Council, NHS Wiltshire CCG and key partners. Working in partnership an implementation plan will be developed which will detail specific objectives, timelines and the identified lead organisation. Building on existing work, detailed action plans will be in place for each work area. Various groups, including task and finish groups and local communities will be involved in the implementation of the strategy.

## **8. Governance**

This strategy is governed by the Health and Wellbeing Board through the Health Improvement Panel which will monitor an updated yearly action plan. The obesity steering group will also report to the Children's Trust Board and the NHS Wiltshire Clinical Commissioning Group's Governing Body.

Not all interventions will be directly under the governance of the obesity strategy as they will report through their own governance arrangements. However, bringing the contributions together under the obesity strategy will ensure coherence and progress of action. There will also be a need that the obesity agenda and strategy is linked to other allied strategies and vice versa.

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Appendix 1 Current Services Mapping - Interventions underway in Wiltshire by life course (March 2015)

Level	Interventions	Early years	Children and young people	Adults	Older people	Wiltshire coverage	
Universal	Active travel walking and cycling		✓				
	Cycling programmes e.g. SkyRide			✓	✓		
	Wiltshire Active Health			✓	✓	✓	
	Get Wiltshire Walking			✓	✓	✓	
	Community Sport and Leisure opportunities		✓	✓	✓	✓	
	Healthy Child Programme	✓	✓			✓	
	Baby Friendly Initiative	✓				✓	
	Breastfeeding campaign	✓					
	Wiltshire Healthy Schools Programme		✓				
	School PE and Sport Programme		✓			✓	
	School Food Plan		✓				
	School Travel Plans		✓			✓	
	Oral Health Promotion Programme		✓				
	National Child Measurement Programme		✓			✓	
	Health Information Services				✓	✓	
	Social Marketing Campaigns		✓		✓	✓	✓
	Make Every Contract Count				✓		
	Raising the Issue of Healthy Weight – training						
	Targeted	Mum2Mum breastfeeding peer support	✓				✓
		Baby Steps	✓				✓
Weaning programme		✓					
Healthy Start Scheme		✓	✓			✓	
Practical cooking and nutrition programme		✓	✓				
Free Family Swimming			✓	✓			
NHS Health Check Programme				✓	✓		
Health Trainer Programme				✓	✓	✓	
Specialist	Wiltshire Wildlife		✓	✓	✓		
	Maternal Weight Management Programme – SHINE	✓					
	Child Weight Management Programme - SHINE		✓				
	Slimming World on Referral		✓	✓	✓	✓	
	Weight Watchers on Referral			✓	✓		
	Counterweight Programme			✓	✓		
	Specialist dietetic clinics			✓			
Drug therapy			✓	✓	✓		
Bariatric surgery			✓	✓			

**Equality Impact Analysis – the EIA form**

Title of the paper or Scheme: Wiltshire Obesity Strategy

<b>For the record</b>	
Name of person leading this EIA: Julie Craig /Shelley Watson	Date completed; 04/11/2015
Names of people involved in consideration of impact: Ted Wilson /John Goodall	
Name of director signing EIA Ted Wilson	Date signed 05/11/2015

What is the proposal? What outcomes/benefits are you hoping to achieve?

This draft obesity strategy has been developed jointly by Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group (CCG).

The strategic vision is that by 2020 Wiltshire will be a place where all individuals, families and communities are informed, enabled, motivated and empowered to achieve or maintain a healthy weight. This will be achieved through collaborative working to provide information, advice, services and behaviour change support and influence the quality of the environment in which people live and where necessary provide the most appropriate treatments.

Action will be targeted at key points in the life-course, to deliver improvements in services including equity of access. Specific effort will be made to ensure universal actions are designed with and for the most disadvantaged groups, with targeted support for those who need it. This will enable groups with the highest need to benefit most from the implementation of the strategy.

The strategy reflects the fact that no single solution will halt the rise in obesity. To this end, action is needed to ensure a whole system and sustainable approach, which focuses on reducing health inequalities and improving mental health and wellbeing, engaging effectively with communities and the workforce and using data and intelligence well.

One of the five strategic targets set specifically addresses the obesity related health inequalities linked to social disadvantage; these five targets will be measures of our success.

Who's it for?

All residents of Wiltshire

How will this proposal meet the equality duties?

Wiltshire Clinical commissioning group and Wiltshire Council has a duty to promote equality of opportunity, promote good relations, promote positive attitudes and eliminate unlawful discrimination. An Equality Impact screening has been undertaken for this draft Obesity Strategy version 2. An Equality Impact Assessment is planned for the final document following public consultation. The Priorities and high level actions contained in the strategy will provide the overall strategic direction for the development of an implementation plan

The strategy aims to ensure services will be delivered with due regard to Equalities legislation and that people wishing to maintain a healthy body weight or with an unhealthy body weight will have equitable access to services according to need.

The strategic objectives and priorities have most relevance to the WCCG and Wiltshire Council's equality duties to promote equality of opportunity, and eliminate unlawful discrimination. A negative impact on any of the protected groups as defined by the Equality Act 2010 is unlikely and the Strategy is intended to have a positive impact.

What are the barriers to meeting this potential?

None

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

National and local, primary, secondary and community data along with the Wiltshire joint strategic assessment demonstrate who will be affected. All of the protected groups as defined by the Equality Act 2010 could be impacted by the obesity strategy. The protected characteristics that are most likely to be affected are: Age, Disability, Race, Sex and Other, including Military status, rurality, low skilled workers, low income and long term unemployed, those with long-term health conditions.

There is an acknowledgement in the Strategy of a need to use data and intelligence well to improve our understanding of access to obesity services by people from different groups. Some specific actions in the strategy will further this understanding :

- Continue to use data from the Joint Strategic Assessment and the National Child Measurement Programme to identify local need and appropriately target and deliver services.
- Monitor and evaluate the effectiveness of current healthy lifestyle initiatives and weight management programmes for children and adults and develop strategies for improving programme uptake, adherence and outcomes

We will look at improving data to use to examine differences in obesity prevalence and differences by protected characteristic group and by geography. National data shows that there is higher prevalence in certain groups such as Asian, learning disabilities and low socioeconomic groups who generally have poorer health outcomes. These pieces of work will help us to understand differences in the kind of services/locations people might access and how to deliver prevention messages suitable for particular groups.

The Equality Act 2010 places a duty on the Council and CCG to promote Equality of Opportunity, Good Relations and Eliminate Unlawful Discrimination. The Joint obesity strategy and the implementation plan which is being developed to sit beneath it will be fundamentally designed to promote equality of access to all groups. Therefore, it may be possible that the outcomes of the Strategy will affect sections of the community in different ways by specifically targeting particular groups of individuals to overcome disadvantage and inequality.

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How can you involve your customers in developing the proposal?

A multidisciplinary obesity consultation event in July 2015, identified and informed the strategy the and how it will be taken forward.

A period of Public consultation and engagement is planned following approval of this draft strategy and further involvement and engagement from stakeholders will take place as individual service developments and service reviews progress.

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Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

Additional insight could be gained from obtaining and analysing equalities related data to ensure that the services we are providing are indeed accessible to all. Without this data and understanding, there is a risk that services are not being accessed by certain minority or geographical groups. Work on data sharing and generation will be included as an action in the implementation plan.

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### **3 Impact**

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

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**a)** Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

## **Adverse impact**

### **Age**

The strategy holds no adverse impact for different age groups, all ages are targeted through the life course approach.

### **Disability**

The strategy holds no adverse impact for people with a disability. However it is acknowledged that in development of services, care needs to be taken to ensure equity of access for people with disabilities.

### **Ethnicity**

The strategy holds no adverse impact for people from different ethnic groups. However, effort will be made to reach different ethnic groups by targeted public health messages regarding wellbeing and offering translation for any of the information/newsletters.

### **Gender reassignment**

The strategy holds no adverse impact for people who have had, or are undergoing, gender reassignment.

### **Religion or belief**

The strategy holds no adverse impact for people of different religions or beliefs.

### **Sex**

The strategy holds no adverse impact for individuals who are female or male.

### **Marriage and civil partnership**

The strategy holds no adverse impact for individuals who are married or in a civil partnership.

### **Pregnancy and Maternity**

The strategy holds no adverse impact for individuals who are pregnant or taking maternity leave.

### **Sexual Orientation**

The strategy holds no adverse impact for people of different sexual orientations.

### **Socio-economic groups**

The strategy holds no adverse impact for people from different socio-economic groups.

Action will be targeted at key points in the life-course, to deliver improvements in services including equity of access. Specific effort will be made to ensure universal actions are designed with and for the most disadvantaged groups, with targeted support for those who need it. This will enable groups with the highest need to benefit most from the implementation of the strategy. The delivery of the strategy centres around partnership involvement. If within the partnership arena, considerations are made to procure a contracted service, this will be subject to the relevant equalities and procurement guidelines and relevant strategy.

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What can be done to change this impact?

No further action is required

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**b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?**

The proposal will benefit all Wiltshire residents.

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Does further consultation need to be done? How will assumptions made in this Analysis be

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tested?

On-going engagement with clinicians and service users will take place including a period of Public consultation and engagement planned following approval of this draft strategy. Further involvement and engagement from stakeholders will take place as individual service developments and service reviews progress.

Assumptions made in this analysis will be tested through effective monitoring and evaluation of interventions implemented including service user and patient feedback.

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#### 4 So what?

Link to business planning process

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What changes have you made in the course of this EIA?

None ,

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What will you do now and what will be included in future planning?

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When will this be reviewed?

The Equality Impact Assessment document is a working document which will be updated at various stages of the implementation phase of the strategy. Each version will be version controlled to demonstrate the development in the process and evidence the due regard to the Public Sector Equality Duty.

The implementation of any recommendations as a result of this Impact Assessment will be monitored by the multi-agency steering group who will remain vigilant and alert to new evidence suggesting that discrimination or other prohibited conduct is, or could be, occurring and take appropriate action to prevent this from happening.

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How will success be measured?

We will measure our progress against prevalence data and indicators in the national Public Health, Adult Social Care and NHS Outcomes Frameworks.

We have set the following Wiltshire ambition that specifically addresses the obesity related health inequalities linked to social disadvantage:

- To reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds).

We will also use local outcome measures including indicators on service delivery and access. We will ensure that all interventions have measurable outcomes, with standardised effective monitoring and evaluation built in including service user and patient feedback to increase the local evidence base.