

Health Scrutiny Committee

(Sub-committee of the
People Scrutiny Commission)

14 March 2022



Report of: Director for Communities and Public Health

Title: Whole systems approach to healthy weight

Ward: All

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Recommendations:

Tackling healthy weight requires action across the entire system, and needs to be viewed as 'everybody's business'.

This report presents for awareness to the HOSC. It outlines the whole systems approach being implemented by the communities and public health team, and examples of the range of work to address healthy weight in the city. Through raising awareness of this approach with city leaders, we aim to embed work to counter healthy weight across the system and in the system leadership.

There is also opportunity for HOSC to input into specific pieces of work which are currently in development; the recommissioning of tier-2 weight management services, and the food equality action plan.



1. Summary

1.1 This report aims to provide Members with an overview of the work ongoing by the Communities and Public Health team to tackle unhealthy weight in Bristol for all ages. It provides an overview of how this is being addressed through a ‘whole systems approach’ to healthy weight. The report includes examples of how this whole systems approach is being applied for children and young people. It then presents two specific examples of projects that form part of this whole system approach: the recommissioning of a tier-2 weight management service for Bristol, and the development of an action plan for food equality.

2. Context

Background and context in Bristol

2.1 The proportion of adults in England who are overweight or living with obesity has seen large increases in the last four decades.¹ Whilst it is important not to create stigma for individuals with excess weight, at a population level this increase is strongly associated with negative health outcomes and reduced life expectancy.

2.1 Obesity is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, at least 12 kinds of cancer, liver and respiratory disease. Obesity can have a negative impact on mental health. The health risks associated with obesity have been brought into focus by the COVID-19 pandemic; people who are overweight or living with obesity are more likely to be admitted to hospital, to an intensive care unit and, sadly to die from COVID-19.²

2.2 Over half of adults in Bristol are overweight or obese (57.3%, CI 55%–59.7%). This is lower than the national average of 62% of all adults in England (CI 62.6%–63.0%)³. However, it shows an increase compared to the two previous year’s survey: This figure was 54.8% in 2018/19 and 55.6% in 2017/18⁴.

2.3 Local data from the Bristol Quality of Life (QoL) survey reveals significant variation and inequality across the city. The 2020/21 QoL survey showed wide variation by

¹ Patterns and trends in excess weight among adults in England – UK Health Security Agency (blog.gov.uk)

² Tackling obesity: empowering adults and children to live healthier lives – GOV.UK (www.gov.uk)

³ Source: Public Health England (based on 2019/2020 Active Lives survey, Sport England)

⁴ JSNA 2020–21: Healthy Weight (adults) (bristol.gov.uk)

ward, with 26% overweight and obese in Cotham compared to 69% in Southmead (see Figure 1). There is an apparent variation between lower rates in more central wards and higher in more outlying ones, particularly in the south of Bristol and relates in part to age and deprivation patterns in the city.⁵

2.4

The Quality-of-Life data highlights the following inequalities in healthy weight in the city:

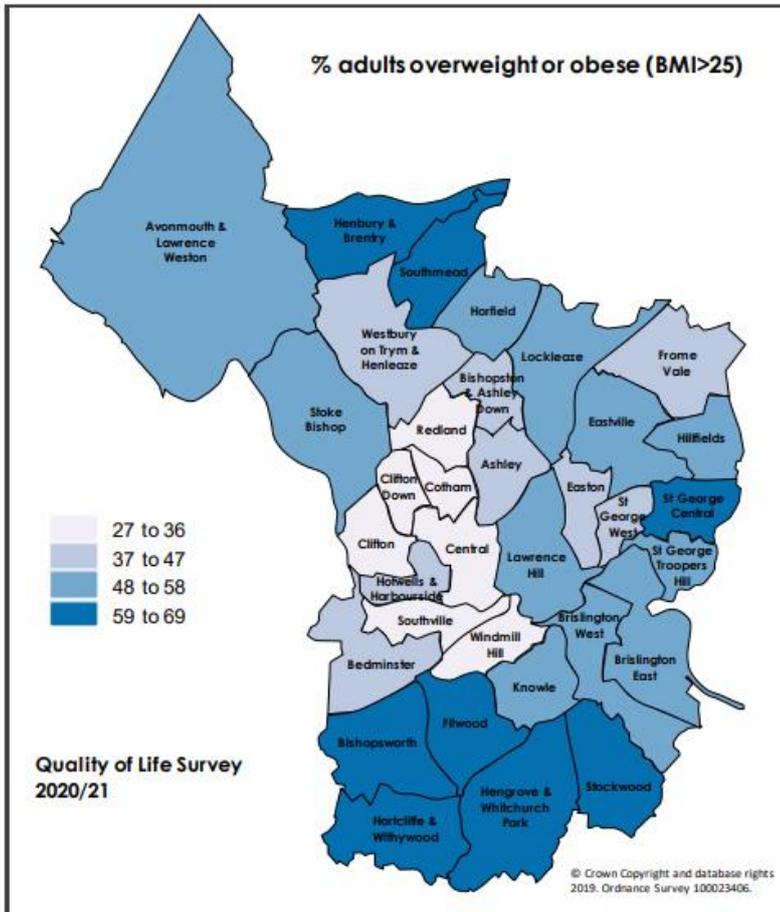


Figure One – percent of adults overweight or obese (BMI >25) in Bristol by ward. Note: this is self-reported data and as such may present an under-estimation.

- **Deprivation** – 64% of adults living in the 10% most deprived areas have excess weight, significantly above the city average (49%). This compares to 40% of adults living in the 10% least deprived areas.
- **Ethnicity** – 38% of White minority ethnic adults had excess weight compared to 77% of Black adults, both of which differ significantly to the city average (49%).
- **Disability** – Significantly more disabled adults (69%) have excess weight compared to the city average (49%)
- **Gender** – Men (54%) are more likely to have excess weight than women (44%), but women are more likely to be obese (BMI ≥ 30)
- **Diet Quality** – Quality of Life data (2019/20) also shows that

the lowest levels of fruit and vegetable consumption, and highest levels of excess sugar consumption, are associated with areas of the highest deprivation.

- **Pregnancy** – The percentage of women booking for maternity care with a BMI of 30 or more has increased in Bristol since 2013 (18.8% in 2013 to 20.2% in 2020). Mothers who are overweight or obese are at risk of a range of

⁵ JSNA 2020–21: Healthy Weight (adults) (bristol.gov.uk)

complications and poor birth outcomes and are more likely to have children with excess weight or obesity.⁶

2.5 There are also significant numbers of children with excess weight in Bristol. Data from the 2019/20 National Child Measurement Programme (NCMP) in Bristol indicates that approximately 1 in 4 (23%) of children in reception (4–5–year–olds)⁷ and 1 in 3 (33.9%) of year 6 pupils (10–11–year–olds) have excess weight (are overweight or obese). The prevalence of excess weight in both year groups is similar to the national average (23% in reception and 35.2% in year 6)⁸. NCMP is undertaken annually but was scaled back in 2020/21 due to the Covid–19 pandemic, with only a 10% sample undertaken of Bristol schools. Although the sample is not fully representative of the Bristol average, local monitoring of the data suggests an upward trend and widening inequalities. NCMP has now restarted fully for 2021/22. As with adults, there is significant variation in the proportion of children with excess weight across the city, as seen in figure two.

⁶ Heslehurst N, Vieira R, Akhter Z, Bailey H, Slack E, Ngongalah L, Pemu A, Rankin J. (2019). The association between maternal body mass index and child obesity: A systematic review and meta-analysis. PLoS Med.11;16(6). Available at: [The association between maternal body mass index and child obesity: A systematic review and meta-analysis – PubMed \(nih.gov\)](#)

⁷ In March 2020, NCMP was curtailed in Bristol due to the pandemic. This affected the completion of measurements for reception–aged pupils for the year 2019/20 (year 6 was completed). Bristol average statistics are presented for 2019/20 for this year group but the data should be interpreted with caution due to the relatively low coverage of NCMP that year.

⁸ JSNA 2021/22 – Healthy Weight Children (bristol.gov.uk)

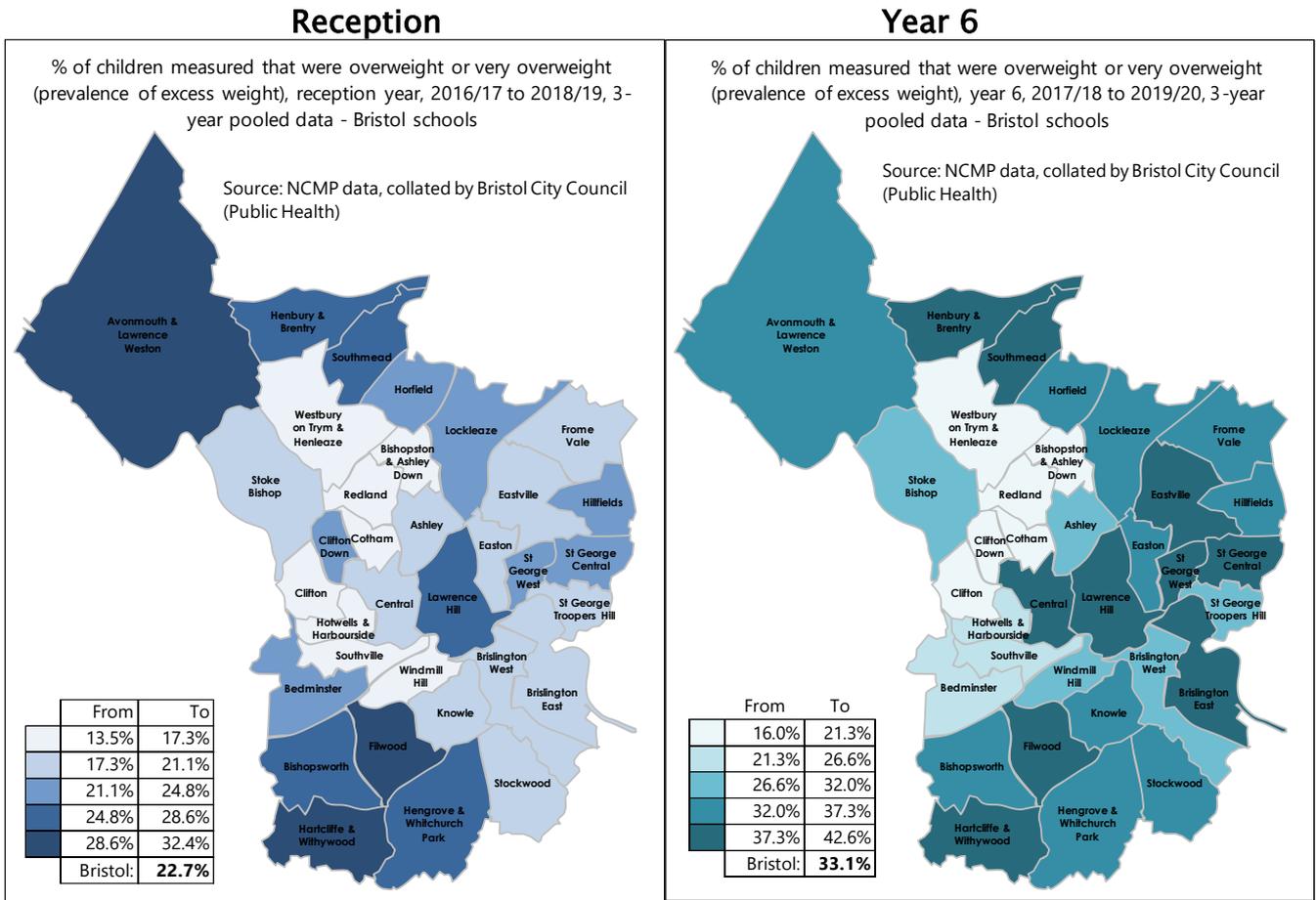


Figure Two – percent of children in Reception and year 6 overweight or obese (BMI >25) in Bristol by ward (NCMP 3-year pooled data – hence the differences between the data in the graphs and the data reported above). The differences between this and the adult data may be explained by the adult data being self-reported.

2.6

The number of children with excess weight is closely associated with a range of inequalities:

- **Deprivation** – there is a consistent association in Bristol between deprivation of area of residence, and prevalence of excess weight in children at both reception and year 6 age.
- **Ethnicity** – for year 6 pupils, Asian, Asian British, Black, Black British, and Mixed Ethnicity pupils have a higher proportion of excess weight than the Bristol average. White pupils have a lower proportion of excess weight than the Bristol average (NCMP data, 2019/20).
- **Diet Quality** – only 28% of primary and 22% of secondary school students reported eating at least five portions of fruit or vegetables on the day prior to being surveyed for the Bristol ‘Pupil Voice’ survey in 2019. 11% primary and 9% secondary students reported having no fruit or vegetables at all the previous

day. This data is not available at ward data but is likely to show a similar association with deprivation as with adults.

Taking a *Whole System Approach* to healthy weight

2.7 The causes of excess weight are complex. At its core, obesity is caused when people consume more calories than they expend through physical activity. This balance of calorie intake and expenditure is impacted by a huge range of interlinking factors, many of which are inherent to the way we live our lives. This is sometimes referred to as an ‘obesogenic’ environment. These interlinked factors include individual genetic factors, social factors, the food options available to people, education on food and diet, food marketing, access to physical activity opportunities, the built environment of our city, transport options, and school or work environments.

2.8 There is no one solution that can counter all of these complex causes. The Office for Health Improvement and Disparities (OHID, previously Public Health England) therefore recommends that a *whole systems approach* is needed to tackle obesity. There is a growing body of evidence to support the impacts of taking this approach.⁹ This means taking a broader approach by working across the entire system. This includes taking actions in the following areas to address all causes that lead to excess weight:

- Healthier food environment
- Schools and childcare settings
- Increasing healthy food consumption
- Creating healthy workplaces
- Increasing active travel
- Providing weight management support
- Promoting local opportunities and community engagement
- Educating on healthy eating and physical activity
- Creating an environment that promotes physical activity

2.9 Bristol have committed to developing a whole system approach and have signed up to the *Local Authority declaration on healthy weight* to provide a framework for this. Bristol are also committed to working collaboratively and joining up our approach with our neighbouring authorities, for example through the Bristol, North Somerset and South Gloucestershire (BNSSG) healthy weight Health Integration Team (HIT). This

⁹ Whole systems approach to obesity: A guide to support local approaches. Public Health England, 2019.

brings together researchers, public health professionals, clinicians, and the public, to improve how research, policy and practice interconnect, aiming to ultimately help re-shape the unhealthy environments that we live in. Another key facilitator which will allow us to make the system-level changes that are required is through the developing Integrated Care Systems (ICS). These bring together public health, healthcare providers, acute trusts, voluntary and community organisations, and the public to re-think how we provide health and social care services with a focus on prevention and place-based solutions.

Example one – Whole systems work to improve healthy weight in children and young people

The following provides some examples of current work being undertaken to improve healthy weight in children and young people. These are grouped under the *Local Government healthy weight declaration* categories as an example of how this contributes to a whole systems approach.

2.10

Category of action	Example work
System Leadership	<ul style="list-style-type: none"> - Bristol’s Belonging Strategy for children and young people includes key outcomes, priorities and actions on healthy weight, covering healthy weight in pregnancy, breastfeeding and early nutrition, physical activity, healthy eating and reducing all health inequalities. - The Food Equality Strategy and Action Plan contains specific aims relating to food security in children and young people. - The Sports and Physical Activity Strategy aims to halt the rise in levels of childhood and adult obesity by 2025.
Healthy weight promoting environments and settings	<ul style="list-style-type: none"> - Funding has been secured to deliver healthy weight conversation skills training for midwives and health visitors across BNSSG. - Maternal healthy weight advice and guidance is provided through the ‘my pregnancy’ app. - Healthy start vouchers and vitamins are promoted and distributed to families to increase uptake.

	<ul style="list-style-type: none"> - Promoting breast feeding and breastfeeding support services, including targeted one to one support for women in the wards with the lowest breastfeeding rates. - Promoting and protecting optimal infant feeding through ongoing work to support health visitors, Children’s Centres and maternity services, to achieve UNICEF Baby Friendly Gold Accreditation. - Free swimming classes for pregnant women at Bristol City Council leisure services. - <i>This Girl Can</i> physical activity campaign for women and girls. - Work with Children’s Centres, for example in providing Children’s Kitchen and Food Clubs. - As part of a BNSSG offer, the School Health Nursing Service has been commissioned to provide Extended Brief Interventions on healthy weight for children and families. - Training for school nurses and other practitioners working with children and families on healthy weight conversation skills and Brief Interventions, as part of a ‘Making Every Contact Counts’ approach. - The Bristol Healthy Schools programme supports and provides awards for schools that adopt a whole systems approach to healthy weight. - ‘Eat Them to Defeat Them’ campaign to promote vegetable consumption. - Funding provided to develop the healthy eating element of the national curriculum.
<p>Policies and commercial interventions</p>	<ul style="list-style-type: none"> - A total citywide ban on unhealthy food advertising is outlined in the 2021 Advertising and Sponsorship policy. - The Bristol Eating Better Award for schools and early years settings, including a policy of no unhealthy food advertising. - Ban on advertising of unhealthy foods within 400m of schools or educational settings. - Restriction of the opening of hot food takeaways within 400m of a school or youth provision. - The Bristol City Council Good Food and Catering procurement policy 2018.

	<ul style="list-style-type: none"> - Bristol Breastfeeding Welcome Scheme in a range of venues and settings to support mothers to breastfeed in public spaces. - Work to ensure the requirements of the International Code of Marketing Breastmilk Substitutes is implemented.
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Example two – Commission of a tier-2 weight management service for Bristol

The NHS defines four tiers of services to address healthy weight (see figure three).

Bristol has not had a tier-2 weight management service for the past few years. In 2021, the Office for Health Improvement and Disparities (OHID) provided one year funding for a tier-2 weight management service to all Local Authorities in England. This funding was only able to be used for services for adults, and not for maternal or children and young people’s weight management.

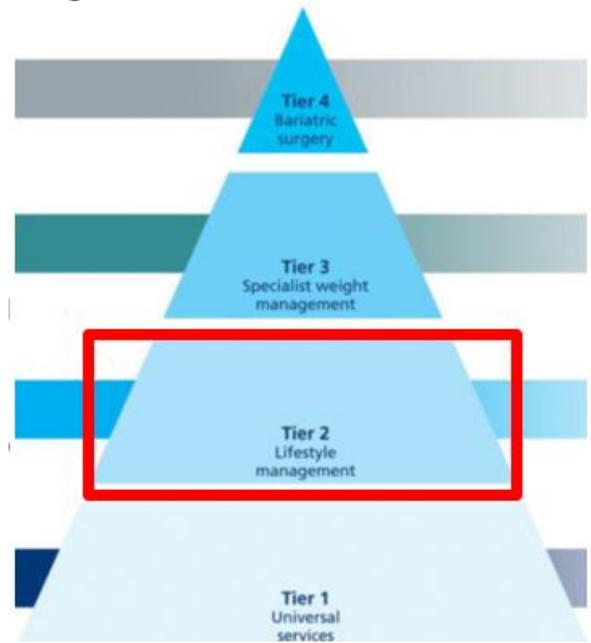


Figure Three – NHS tiers of weight management service

The Communities and Public Health team used this funding to commission a new adult Tier-2 weight management pilot. Recognising the

lack of long term sustained impact tier-2 services have had in the past in Bristol, this new service was commissioned to use a community asset-based approach, and a ‘test and learn’ ethos. This is currently in operation in two areas of the city (Central & East and South Bristol). The current funding runs until June 2022 and includes an insight and learning workstream to monitor the delivery of courses within these communities. This will provide evidence based, local delivery that is appropriate to the community and provide opportunities for programmes to be expanded city wide. The provider for this service – BeeZeeBodies, has extensive experience in public health and behaviour change science and provides mental health support with their delivery. An additional insight piece of work will be delivered to evidence how co-design of services with communities can support the development of a whole systems approach to healthy weight.

OHID have indicated that funding for a further three years is going to become available for these tier-2 weight management services. The Communities and Public

Health Team are taking a proposal to Cabinet to accept this funding. We are also creating a service specification for a three-year service which builds on the same innovative, community co-produced, asset based, and insight driven service. Insights and learning from the one-year pilot will be built into this service specification.

Next steps for the tier-2 weight management commissioning:

- For decision at cabinet meeting in April to seek permission to accept and delegated authority to spend this funding when it arrives.
- Development of the service specification in order to commission a 3-year service once the current contract runs out in June.
- Continue to work with the current provider to gather insights on the current pilot programme, its use within the target communities, and the outcomes on weight management.
- Expand the service specification to take a broader all-age approach, for example through the specific focus on family interventions.

Example three – The Food Equality Action Plan

In partnership with Feeding Bristol, the Community and Public Health team have created a **One City Food Equality Strategy for Bristol 2022–2032**. This strategy has been developed to address the acute food insecurity in the city; 1 in 20 households in Bristol face uncertainty about being able to access sufficient food. The issues of food insecurity were exacerbated during the COVID-19 pandemic, and the ongoing economic impacts and rise in cost of living mean this issue is set to remain or worsen in the next few years. The strategy recognises the overlap of food insecurity with access to a nutritious diet, and the impacts a poorly functioning food system can have on healthy weight. Many people in the city face multiple barriers to accessing to fresh, good quality, nutritious food, or having the skills or resources to benefit from it. In this way, addressing food inequality is a key strand of work in our whole system approach to healthy weight.

The strategy was developed with input from over 70 stakeholder organisations across the city. A series of ‘community conversations’ were also held with areas of the city which experience the highest levels of food inequality, as well as specific groups of people who face increased risk of food inequality (for example people experiencing homelessness, disabled people, refugees and asylum seekers). A draft strategy was produced and put to public consultation in 2021. The results of this consultation have been incorporated into the final strategy. The strategy was presented and

approved by the Health and Wellbeing board in February 2022. See appendix B for a copy of the final strategy.

2.17 The strategy sets the ambitious aim to strive for food equality for all residents in the city of Bristol. The strategy defines food equality as existing when “all people, at all times, have access to nutritious, affordable, and appropriate food according to their social, cultural and dietary needs. They are equipped with the resources, skills, and knowledge to use and benefit from food, which is sourced from a resilient, fair, and environmentally sustainable food system.” The strategy identifies five priority themes to achieve this:

- Fair, equitable access
- Choice and security
- Skills and resources
- Sustainability local food system,
- Food at the heart of decision making.

2.18 The next stage in this process is the development of an action plan, which will set out the specific actions and commitments needed from the council and partner organisations to achieve the vision set out in this strategy. This action plan will be co-produced by stakeholders and 10 ‘food equality champions’ – people with lived experience of food inequality from across the city. The action plan will be embedded in the One City Approach and overseen by a steering group which reports to the Health and Wellbeing Board. The steering group will have representation from various departments of Bristol City Council, as well as representatives from the Voluntary and community (VCSE) sector in the city and the food equality champions. Regular updates will be taken to the health and wellbeing board to monitor progress against the stated aims, as well as the other thematic boards of the One City office to leverage actions across all sectors of the city.

Next steps for the Food Equality Action Plan:

- 2.19
- Recruitment of 10 food equality champions
 - Setting up of the steering group, agreeing appropriate governance and oversight arrangements
 - Developing a framework for action using the aims of the food equality strategy
 - Developing systems for monitoring and regular reporting back to the overseeing boards
 - A communications plan

3. Policy

The work on the whole systems approach to healthy weight relates to multiple policies and priorities within the council. These include:

- The One City Plan
- The One City Climate Strategy (due to the links with the work on sustainability on food)
- The Sport and Physical Strategy
- The One City Belonging Strategy
- The Local Government declaration on healthy weight
- The Bristol City Council corporate strategy
- The Good Food and Catering procurement policy
- The advertising and sponsorship policy
- The liveable neighbourhoods and parks and green spaces strategy

4. Consultation

a) Internal

This report was produced by the *healthier people and places* and the *children and young people* teams of the community and public health team in Bristol City Council

b) External

Not applicable

5. Public Sector Equality Duties

- 5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
 - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
 - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;

- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
 - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
- tackle prejudice; and
 - promote understanding.

5.1 5b) No equalities impact assessment has been undertaken for this umbrella piece of work of developing a whole systems approach to healthy weight. Addressing inequalities is a core theme underpinning this entire body of work. Insights through data and population health management will be used throughout this process to identify, monitor and address inequalities. Equalities impact assessments have been undertaken on specific pieces of work where it was important as part of a decision-making process. Please find below a link to the impact assessment of the food equality strategy, and in appendix A the equalities impact assessment for the tier-2 weight management pilot.

https://bristol.citizenspace.com/public-health/one-city-food-equality-strategy-for-bristol/supporting_documents/Equality_Impact_Assessment_Food_Equality_Strategy_Action_Plan_FINAL_signed_off.pdf

Appendices:

Appendix A – Equalities Impact Assessment for the recommissioning of the tier-2 Weight Management Service

Appendix B – The One City Food Equality Strategy. Please note – the wording of this copy is the approved final wording but there are some final changes to the design and formatting ongoing.

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers:

Nil additional to the published references noted in the body of the report.