1. Purpose of this Paper

This paper outlines the proposed plan to develop Bristol’s Healthy Weight Strategy and action plan.

2. Current situation

The prevalence of obesity continues to rise nationally. According to the latest data published by Public Health England\(^1\), 58% of adults, 23% of 4-5 year olds and 35% of 10-11 year olds in Bristol are overweight or obese. Overweight also varies across socio-economic groups, with the most disadvantaged experiencing the highest levels of excess weight. Obesity is associated with many long term health conditions such as diabetes, cardiovascular disease and cancer.

The importance of action to address the rising levels of obesity has been recognised through the Public Health Outcomes Framework for England, 2013-2016 (DH, 2013). The framework sets out four domains of public health, which Local Authorities have a statutory duty to pay regard to under the Health and Social Care Act 2012.

The following indicators listed in the framework relate to obesity:

- Domain 1, Improving the Wider Determinants of Health:
  - Utilisation of green space for exercise/health reasons

- Domain 2, Health Improvement:
  - Breastfeeding
  - Excess weight in 4-5 and 10-11 year olds*
  - Diet
  - Excess weight in adults
  - Proportion of physically active and inactive adults
  - Recorded diabetes
  - Take up of the NHS Health Check Programme – by those eligible*

- Domain 4, Healthcare Public Health and preventing premature mortality:
  - Mortality from causes considered preventable
  - Mortality from all cardiovascular diseases (including heart disease and stroke)
  - Preventable sight loss

Those marked by an * reflect those services that all local authorities are required to commission under powers set out in the Health and Social Care Act 2012.

\(^1\) [http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/pat/E12000009/are/E06000022](http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/pat/E12000009/are/E06000022) (accessed 23/4/14)
Locally, promoting healthy weight is one of the three priorities of Bristol’s Health and Wellbeing Board.

The Foresight map\textsuperscript{2} identified 7 cross-cutting predominant themes that cause obesity; an individual’s biology; the built environment; physical activity; societal influences such as the media and culture; an individual’s psychology and drive for particular foods and physical activity patterns; the food environment; and an individual’s food consumption. Therefore the measures available to reduce levels of obesity cross-cut different professional groups such as planning, education, health services, workplaces and businesses.

A wealth of work on obesity prevention is already underway across the city, which has been collated into a Joint Strategic Needs Assessment chapter on healthy weight. The next steps are to develop a strategy and vision to ensure we have a coordinated, evidence based and measurable approach to promoting healthy weight in Bristol.

Bristol City Council, and formerly NHS Bristol, does not have a current healthy weight strategy. NHS Bristol previously developed a Weight Management strategy 2007-12 (which focused on treatment of overweight and obesity), Food and Health Strategy 2007-12 (which contributed to the prevention of overweight and obesity and wider nutritional issues) and has a current Physical Activity Strategy (2011-16) (which contributes to the prevention of overweight and obesity and wider environmental influences). There is also a children’s and adults’ weight management pathway that continues to be used and commissioned. A Healthy Weight Joint Strategic Needs Assessment chapter is already underway.

Other strategies and topics related to the healthy weight agenda include Bristol’s Oral Health Strategy and Delivery Plan 2016-2021, Mental Health, Making Every Contact Count and Health in All Policies.

3. The Proposed Approach

Objective

To develop and produce a Healthy Weight Strategy and action plan for Bristol, which will be owned by the Health and Wellbeing Board and Children and Families Board. It will identify measurable actions required to reduce obesity and be embedded into relevant council policies and team business plans.

Scope

This strategy will cover the following aspects of obesity prevention:

- Across the life course; maternity services, children, adolescents, working age adults through to the elderly.
- Across the pathway of services available across the life-course (including prevention through diet and physical activity) up to tier 2 services, i.e. primary and secondary prevention.
- Covering the wider determinants of obesity and the obesogenic environment i.e. food availability, environment and planning (cycle network, new developments, parks), education (schools, workplace) and food labelling.
- Only include preventable excess weight, and exclude excess weight due to unavoidable medical conditions.
- Both in the city of Bristol and national workstreams and policies that will affect obesity.

\textsuperscript{2} The Foresight System Map, 2007 \url{http://www.noo.org.uk/NOO_about_obesity/causes}
- Be city wide and owned jointly by key stakeholders (Public Health, Environment and Leisure, Planning and regulation (trading standards/EHOs), Education, Community Health Services, Hospitals, Universities, retail and businesses.
- Across the equality domains of gender, disability, age and ethnicity.

The strategy will not include:
- Underweight
- Tier 3 and 4 services (as they are the responsibility of CCGs and NHSE)

**Overview**

In order to bring together the breadth of stakeholders relevant to promoting healthy weight, it is proposed that we launch a ‘Great Weight Debate: a Bristol conversation and action on healthier lifestyles’. The Great Weight Debate will aim to bring together these stakeholders and galvanise collective action. It will include a public survey (integrated with the Sugar Smart survey) and a stakeholder event.

A similar approach has already been established across London (http://gethealthy.london/greatweightdebate/).

It is also proposed that we create a web-based strategy which can be ‘live’ and interactive and more accessible and responsive to both the public and professionals.

**Stages**

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<thead>
<tr>
<th>Action</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>Complete JSNA chapter</td>
<td>Jan 2017</td>
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<tr>
<td>Get proposal approved</td>
<td>Dec 2016</td>
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<tr>
<td>Establish the governance structures and convene the Partnership Board</td>
<td>Dec 2016</td>
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<tr>
<td>(Great Weight Group)</td>
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<tr>
<td>Launch ‘the Great Weight Debate: a Bristol conversation and action on healthier lifestyles’</td>
<td>Dec 2016</td>
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<tr>
<td>Develop a website</td>
<td>Dec 2016</td>
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<tr>
<td>Hold a Great Weight Debate event</td>
<td>Feb 2017</td>
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<tr>
<td>Present a draft strategy to the HWBB/C&amp;FB</td>
<td>April 2017</td>
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<tr>
<td>Finalise and publish strategy</td>
<td>May 2017</td>
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<tr>
<td>Finalise Action Plan and present to HWBB/C&amp;FB</td>
<td>June 2017</td>
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**Governance**

The proposed governance structure is as follows:
Funding

Various options need to be considered. A new website may cost up to £500, whereas using an existing site could be free. A facilitated event (similar to the Alcohol Summit) could cost around £2,500.