

## RUTLAND HEALTH & WELLBEING BOARD

23 April 2024

### WHOLE SYSTEMS APPROACH TO HEALTHY WEIGHT

#### Report of the Portfolio Holder for Adults and Health

Corporate Priorities:	Support the most vulnerable	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Diane Ellison: Portfolio Holder for Adults and Health	
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Ward Councillors	N/A	

#### DECISION RECOMMENDATIONS

That the Committee:

1. Approves for a long-term Whole Systems Approach to Healthy Weight be developed for Rutland.
2. Approves the approach to be delivered by the Rutland Staying Healthy Partnership subgroup.

#### 1. PURPOSE OF THE REPORT

- 1.1 The report presents a proposed approach to promote a 'healthy weight' environment, reducing ill health associated with being overweight, underweight, or obese. The causes of obesity are complex. Tackling such an ingrained issue requires a long-term, holistic approach that makes it everybody's business, is tailored to local needs and covers the life course.

#### 2. BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 Obesity is a complex problem with multiple causes and significant implications for health and wider society. With most adults in England overweight or obese, and a substantial number of children on the same trajectory, national and local action is needed. Focus should be broader than obesity alone, with a focus on 'healthy weight' factoring in other related areas, including malnutrition and underweight.

- 2.2 In 2014/15, the NHS spent an estimated £6.1 billion on overweight and obesity related ill health (PHE Health Matters: obesity and the food environment). Additional wider society costs were estimated at £27 billion. Both figures have likely increased since and is predicted to become more costly in future years. Obesity can be a cause of a wide range of preventable disease, including type 2 diabetes, cardiovascular disease and certain cancers.
- 2.3 In Rutland, 55.5% of the adult population are overweight or obese (2021/22). While this is better than the England average of 63.8%, it is not to be ignored given it still equates to the majority of the population. The figure equates to approximately 18,000 residents. For children, at reception age, the proportion is 22.6% and year 6 age 28.1%. There are therefore opportunities across the life course as prevalence increases with age.
- 2.4 The Office for Health Improvement and Disparities (OHID, previously Public Health England, PHE) has produced numerous resources to support local areas in promoting a healthy weight. The focus references looking across all causes with considerations for economic, environmental, social and psychological influences. Nine strands have been identified which are presented in appendix A with brief rationale on why it is important in this context. While weight management services are delivered in Rutland to support residents in losing weight through behaviour change, they are unlikely to tackle the scale of the issue alone given the resource limitations and focus on individuals.
- 2.5 A guide for local approaches has been developed by OHID, setting out the need for the initial stages of building the narrative and mapping existing activity across different causes. Based on outcomes from the mapping, the process would move to action. Any identified actions will need to be considered in terms of priorities, resources available and capacity to deliver. This justifies the need for a long-term commitment, where actions can be delivered over time when it is deemed a priority and deliverable. Each action will contribute towards the bigger picture of promoting a healthy weight.
- 2.6 While there are a range of local opportunities at our collective disposal to explore, some of the progress is dependent on national policy, particularly around the food environment. Recent progress has included introducing the Soft Drinks Industry Levy, calorie labelling and the planned introduction of restrictions on advertising unhealthy foods. The majority of focus to date has been on childhood obesity.
- 2.7 Some local work has started in this area within the Staying Healthy Partnership. Partner engagement has happened within that group and initial narrative and mapping work has taken place. Initial desktop mapping has happened across the nine identified strands of the whole systems approach, focusing on current activity, gaps and opportunities. Not all areas are related to a lack of provision, with some around how we can do things differently, for example with some targeting to those most at risk. Each strand has then been scored based on the level of existing activity to help inform any prioritisation (Appendix B). This will likely change over time as more detailed mapping is completed and progress is made. There is also a reference to why each strand is important in promoting a healthy weight.

### **3. PROPOSAL**

- 3.1 The report puts forward a proposal for Rutland to commit to a long-term whole systems approach to healthy weight, following the processes presented by OHID. The initial stages will develop more detailed mapping across the nine strands presented to assess priority areas. It is proposed that the Rutland Health & Wellbeing Board take

ownership, with development and oversight via the Staying Healthy Partnership. The partnership will then work collaboratively to start implementing actions and monitor long-term progress.

3.2 While some actions will likely be able to be delivered by doing things differently, some will likely require resource. As priorities are set and actions considered, any possible sources of funding or access to national grants will be factored in. It is acknowledged that lack of resource could hinder progress in some areas. However, by having a strategic focus on this issue, Rutland will be better placed to access national funds when they become available, of which there has been some around obesity in recent years.

3.3 **Phase 1 (setup)** – Raise awareness, seek senior level support and agree necessary governance. Project planning and working group (Staying Healthy Partnership) established.

**Phase 2 (building the local picture)** – Build a compelling narrative on the local importance and create a shared understanding on how to address the issues. Mapping current work, opportunities and gaps. Begin public consultations.

**Phase 3 (mapping the local system)** – Bring stakeholders together to create a comprehensive map of all contributing factors and create a shared vision.

**Phase 4 (action)** – Identification of priority areas and opportunities to shape local action. Implement a communications plan for activity and priorities.

**Phase 5 (managing the system network)** – Review progress within the Staying Healthy Partnership, wider stakeholders and Health and Wellbeing Board.

**Phase 6 (reflect and refresh)** – Maintain a dynamic process with opportunities to change and improve to adapt to circumstances.

#### 4. CONSULTATION

4.1 Public consultation will form parts of the mapping and priority setting. The public voice will help to shape and inform the direction of travel and there will be continuous opportunities throughout delivery.

#### 5. ALTERNATIVE OPTIONS

5.1 **Option 2** - continue with the existing approach. There is not an existing strategic focus on healthy weight in Rutland. While there is activity going on in all strands, without coordination it is difficult to know where gaps and opportunities are. Weight management services would continue to be delivered and support people to lose weight. However, they will only reach a small proportion of the population.

5.2 **Option 3** - focus on work in one strand of the approach. For example, the focus could be solely on the food environment. While this can help to be very focused on a particular area, it limits the impact of promoting a healthy weight as progress will be limited in other strands linked to causes of obesity.

#### 6. FINANCIAL IMPLICATIONS

6.1 There are no initial financial implications as the mapping and planning will be delivered within the existing capacity. As mentioned above, there could be financial implications

for certain actions to be delivered, but these will be considered on an ad hoc basis within any relevant funding opportunities that may present at the time.

## **7. LEGAL AND GOVERNANCE CONSIDERATIONS**

7.1 Governance considerations have been outlined previously, with a proposed Health and Wellbeing Board oversight with the Staying Healthy Partnership responsible for delivery and monitoring.

## **8. DATA PROTECTION IMPLICATIONS**

8.1 A Data Protection Impact Assessment (DPIA) has not been completed because there are no risks/issues to the rights and freedoms of natural persons.

## **9. EQUALITY IMPACT ASSESSMENT**

9.1 An Equality Impact Assessment (EqIA) has not been completed at this stage because the current proposal does not include a new or change in service provision. If actions arise with relevance to new or changing activity, an EqIA will be completed.

## **10. COMMUNITY SAFETY IMPLICATIONS**

10.1 None

## **11. HEALTH AND WELLBEING IMPLICATIONS**

11.1 The proposal will provide significant opportunity for improvements to the health and wellbeing of the Rutland population. The reasons are outlined above within the background narrative.

## **12. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

12.1 Taking forward this approach will greatly increase the potential for progress around promoting a healthy weight in Rutland. It will help with a coordinated effort across different workstreams and partners to ensure we are all contributing towards the same aims, resulting in benefits to all.

## **13. BACKGROUND PAPERS**

13.1 OHID Whole Systems Approach to Obesity  
(<https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>)

13.2 OHID Health Matters: Obesity and the food environment  
(<https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/>)

## **14. APPENDICES**

14.1 Appendix A – Whole Systems Approach to Healthy Weight Strands

14.2 Appendix B – Desktop mapping and scoring

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## **APPENDIX A: WHOLE SYSTEMS APPROACH TO HEALTHY WEIGHT STRANDS**

### **The school and childcare setting**

#### Why is it important?

- Pregnancy and the early years provide a great opportunity to support development with healthy, varied textures and tastes.
- Breastfeeding can reduce the risk of childhood obesity, as the mother produces milk to meet nutritional needs.
- A healthy and varied diet in the early years supports positive food choices into childhood and adulthood.
- Infant weaning and introduction to solid foods provides a key opportunity to provide varied, healthy choices.

### **Planning a healthy food environment**

#### Why is it important?

- The 'out of home' food environment is important, with a large proportion of food intake from restaurants, cafes, leisure centres, schools etc.
- Providing healthier options for people through 'out of home' food provision could be explored e.g. accreditation schemes and procurement.

### **Increasing healthy food consumption**

#### Why is it important?

- There are opportunities to explore home and community growing initiatives, supporting communities to access free (or cheap) healthy food.

### **Creating healthy workplaces**

#### Why is it important?

- With the large amount of time spent working, workplaces provide an opportunity to engage and improve health and wellbeing.
- Workplace teams, norms and policies have the potential to influence individual's physical activity and food intake.
- Workplaces can miss out on productivity and absenteeism due to obesity related ill-health.

### **Increasing active travel**

#### Why is it important?

- The evidence base is extensive showing the benefits of active travel for health and preventing obesity.
- Opportunity to tackle wider issues such as congestion, air pollution and sedentary behaviours.
- There is an economic cost to households and the public sector of reliance on private cars including obesity related ill-health and wider issues above.
- Opportunity to integrate into daily lives for some areas (acknowledging rural challenges) including schools, workplaces and social.

## **Planning and creating an environment that promotes physical activity**

### Why is it important?

- The built environment has an important role to play in maximising the opportunities to be active.
- Planning policy and housing developments can support (or hinder) the opportunity for physical activity through infrastructure.

## **Educating people about the benefits of healthy eating and physical activity**

### Why is it important?

- Mixed messages on healthy eating can lead to confusion. Some people may want to eat healthily but are following incorrect advice and guidance.
- Breaking down barriers to eating healthily are important, including affordability, transport and mobility.

## **Promoting local opportunities and community engagement**

### Why is it important?

- Increasing awareness of what is available locally is crucial.
- Engagement with communities helps understand barriers and gaps in provision.

## **Providing access to weight management support**

### Why is it important?

- Some individuals need and want to have direct support in losing weight with direct advice and guidance.
- Individualised support can benefit some but will have limited impact on population prevalence alone.

## APPENDIX B: DESKTOP MAPPING AND SCORING

Using the mapping of current activity, gaps and opportunities, each strand has been scored based on the below assessment. Scoring will be reviewed as part of progress monitoring.

**1 – very limited/no activity, a lot of opportunity and gaps**

**2 – limited level of activity, some opportunity and gaps**

**3 – moderate level of activity, some opportunity and gaps**

**4 – good level of activity, a few opportunities and gaps**

**5 – excellent level of activity, no/very few opportunities and gaps**

<b>Strand</b>	<b>Score</b>	<b>Summary</b>
<b>Planning a healthy food environment</b>	2	More could be done around new developments and design standards relating to the food environment.
<b>The school and childcare setting</b>	4	Widespread general health promotion activity is in place through different services. A chance to review the offer linked to food and physical activity opportunities.
<b>Increasing healthy food consumption</b>	2	Opportunity for 'grow your own' or 'community allotment' schemes. Community led initiatives in rural villages at micro level.
<b>Creating healthy workplaces</b>	3	Healthy Workplaces Rutland programme now in place. Opportunities around additional business offers to support on food availability and physical activity.
<b>Increasing active travel</b>	2	More strategic focus recently including Local Cycling and Walking Infrastructure Plan (LCWIP). Funding and rurality make progress challenging.
<b>Planning and creating an environment that promotes physical activity</b>	2	Some good policies within the Local Plan but could be strengthened further. More could be done to create active environments within rural areas where transport is difficult.
<b>Educating people about the benefits of healthy eating and physical activity</b>	3	Some good individual work in existing services (Weight Management, Active Referral). Opportunities for population approaches, e.g. health promotion campaigns.
<b>Promoting local opportunities and community engagement</b>	3	Infrastructure in place to promote (Joy, RISE etc) and community engagement. More can be done in rural villages and isolated areas building community capacity.
<b>Providing access to weight management support</b>	3	All tiers of service provision are in place. There are difficulties reaching large proportion of the population with limited resource. Opportunities could include targeting based on health inequalities.