Cornwall and Isles of Scilly Healthy Weight Strategy (2009-2013)

Foreword

A healthy weight is about much more than an individual's weight or body shape. It can so often be an essential foundation for physical, emotional and social wellbeing. Like a good education or living in a strong community it can help an individual to reach their full potential in many aspects of life.

Lowering the risk of illness like heart disease, diabetes or stroke, protecting and enjoying our natural environment and developing a new generation of more mobile, confident children and families are just some of the potential benefits of striking a healthy balance between the food we eat and the activity we undertake.

We know there are many complex factors that can influence weight based on personal, social and environmental circumstances. This means there are many local opportunities to provide practical support and encourage people to adopt healthier behaviours. It is also essential that we tackle health inequalities and target support where it is needed most.

Our vision is:

To achieve an upward trend in the number of people who are a healthy weight in Cornwall and the Isles of Scilly by 2013, with a particular focus on children and families

There is a real commitment to change among colleagues in the public and community sectors. We are all keen to realise the reward of happy, healthier people. We hope that everyone will play their part in delivering the ambitions set out in this strategy and help tip the scales towards a healthy weight for all.

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Kevin Lavery Chief Executive Cornwall Council	Philip Hygate Chief Executive Council of the Isles of Scilly	Ann James Chief Executive NHS Cornwall and Isles of Scilly	Felicity Owen Director of Public Health Cornwall and the Isles of Scilly	Blair Thompson Chair Cornwall Strategic Partnership	Christine Savill Chair Isles of Scilly Local Strategic Partnership

Section one: Developing a local strategy

How to use this strategy

This strategy has deliberately been written as a high-level overview of current issues around healthy weight and has a focus on what will follow to achieve sustainable change. It does not try to repeat the widespread evidence on why achieving a healthy weight is a key public health priority. It draws on the main themes from the national Healthy Weight, Healthy Lives strategy as a clear vision for where action can be taken.

The strategy does not seek to complicate existing partnerships or services but rather seeks to link and build on these activities in line with national, regional and local priorities. It has been developed through the Cornwall and Isles of Scilly Healthy Weight Group, a multi-agency partnership working to systematically promote healthy weight. Its role and way of working will be reviewed as part of the action plan. The Healthy Weight Group reports to the Health & Well Being Board which in turn reports to the Cornwall Strategic Partnership and the Isles of Scilly Strategic Partnership.

The aim is to have a clear, concise document which helps a wide range of partners see their role in tackling this important priority. The document has been based on a wide-ranging dialogue between local partners over many months. Learning from key events, such as the visit of the Department of Health National Support Team for Obesity have been incorporated into the recommended actions.

The strategy has been split into two sections. Section one discusses current needs, activities and priorities for action. Section two sets out the key actions that will be delivered over the lifetime of the strategy. There will be an annual refresh of the action plan to take account of any emerging issues or guidance that can help to strengthen local delivery.

Purpose of the strategy

The strategy has a number of complimentary aims:

1. Committing all partners to action within the framework of the strategy
2. Recognise the importance of a multi-agency action in the approach to promote a healthy weight
3. Define the challenge of achieving a healthy weight for all in Cornwall and the Isles of Scilly and set local targets
4. Identify how specific interventions will help achieve local targets, including appropriate commissioning arrangements

5. Identify appropriate systems to monitor and evaluate local activity
6. Wherever possible strengthen local capacity and capabilities to support people to achieve and maintain a healthy weight

Who is this strategy for?

This strategy will be relevant to a wide range of partners including senior managers within organisations commissioning services (such as NHS Cornwall and Isles of Scilly and Cornwall Council), those providing services (such as local food providers or locations that support physical activity) and local partnerships that help define or meet community needs.

What is the current challenge?

Adults

It is difficult to get comprehensive and accurate local statistics regarding healthy weight among adults. The two categories used in medical terminology are people who are either overweight (those with a body mass index or BMI of 25 to 30) and people who are obese (those with a BMI of 30 or over). BMI is calculated by collecting data on height and weight and applying a formula to multiply the two together.

There is no systematic screening or data collection for the community as a whole so the prevalence of adult overweight and obesity is estimated from studies of samples of the population. The Faculty of Public Health has produced an obesity ready reckoner, which can be used to estimate the number of people in Cornwall and the Isles of Scilly who are not a healthy weight. This is based on the risk associated with waist circumference, and the age and sex profile of the population.

Using this formula the total number of people in Cornwall and the Isles of Scilly who are estimated not to be a healthy weight (that is overweight or obese) is 170,680. This represents about one in three members of the population. Within this total the number of people who are estimated to be at a higher risk (that is obese) is 109,306, which represents about one in five members of the adult population.

As part of the new strategy, action will be taken to improve sources of data including linking practice based data, such as Quality Outcome Framework (QOF) returns and practice registers with other local, regional or national datasets.

Children

The National Child Measurement Programme aims to measure all children in reception (aged 4-5) and Year 6 (aged 10-11).

When this programme was first introduced there was relatively low take-up in the local area but NHS Cornwall and Isles of Scilly has been working with partners, particularly schools, to increase participation rates. The proportion of children in reception and year 6 who are classified as a healthy weight decreased in 2007-8 compared to the previous year. However, improved participation rates will give more confidence around true prevalence and help address health inequalities by targeting services in the areas of highest need. A new data set for the 2009/10 academic year will help with this process.

The headline figures show that in 2006/07, 22.7% of children in reception (almost one in four) were classified as either overweight or obese. This compares to a South West average of 22.6%. In 2007/08, this figure had changed to 24.6% of children in reception compared to a South West average of 22.8%.

In 2006/07, 30.8% of children in Year 6 (about three in ten) were classified as either overweight or obese. This compares to a South West average of 28.8%. In 2007/08, this figure had risen to 32.2% of children in Year 6 compared to a South West average of 30%.

Targets have been set based on the Department of Health's calculation of what percentage changes in obesity prevalence would be needed by 2010/11 to achieve a significant improvement. For the reception year, the required change is from the baseline of 8.2% to 7.9% by 2010/11. For Year 6, the required change is from the 2006/7 baseline of 16.7% to 15.9% by 2010/11. This is presented graphically in Appendix Four against the measured results for 2006/7 and 2007/8 and the projections to 2010/11. This demonstrates how this strategy needs to 'turn the curve' of rising trends in obesity.

Costs of unhealthy weight

The Healthy Weight, Healthy Lives toolkit for developing local strategies includes an estimate of costs to each local area from having a substantial proportion of the population who are not a healthy weight. In 2007 it was thought that the costs of diseases related to overweight and obesity to the NHS in Cornwall and the Isles of Scilly were £145.1 million. It is predicted this cost will rise to £161 million by 2015. It could be reasonably predicted that costs to the whole economy would be much higher.

Why are people becoming an unhealthy weight and what can be done?

The evidence based is strong about what causes people to become an unhealthy weight. For most people an imbalance in the energy consumed through food and the energy used through activity can cause them to become an unhealthy weight. Over time continuing this trend can increase the risk of serious illness and have a profound impact on people's lives.

The Foresight report produced in 2007 provided a detailed review of the complex factors that may lead to people having an imbalance between energy intake and expenditure. The Healthy Weight, Healthy Lives national strategy launched in 2008 sought to address the issues raised by the Foresight report and set out a fundamental shift in how national, regional and local agencies can help more people to become a healthy weight.

The evidence around what specific interventions can help people to change the dynamics in their lives and achieve and maintain a healthy weight is less clear. Cornwall and the Isles of Scilly, like other parts of the country, has been delivering a range of services and programmes based around improving diet and increasing levels of physical activity.

There are numerous community based projects in place but many rely on short term funding. Their effectiveness can often be affected by variations in quality, access and capacity. Provision in primary care is variable, depending to some extent on the facilities available and the different approaches of professionals. Secondary care provision in Cornwall has recently been extended with bariatric surgery now being commissioned from Royal Cornwall Hospitals Trust.

An exercise has been carried out to map existing service provision for children and this has been used to inform the strategy by identifying significant gaps in service. It has been recognised that clear care pathways need to be further developed now by service commissioners, covering the entire life-span including pregnancy, childhood and adulthood.

The most effective interventions appear to be multifaceted – they use a number of methods to encourage better nutrition and greater physical activity, and to motivate people to change their lifestyles. Interventions should support that change by both helping the individual, working with the community, and changing the environment to make it easier for people to develop healthy behaviours. New approaches that use social marketing techniques will be critical in understanding how to overcome current barriers and how to use the best opportunities to support people towards sustainable change. Use will be made of national opportunities such as the Change4Life campaign.

What evidence has guided this strategy?

Consideration has given to a number of existing documents, strategies and guidance as well as evidence gathered about local needs. Appendix One lists some of the key national and local sources that have been used to inform the strategy. Set out below is a brief description of some of the main sources of information used to develop this strategy.

- Healthy Weight, Healthy Lives

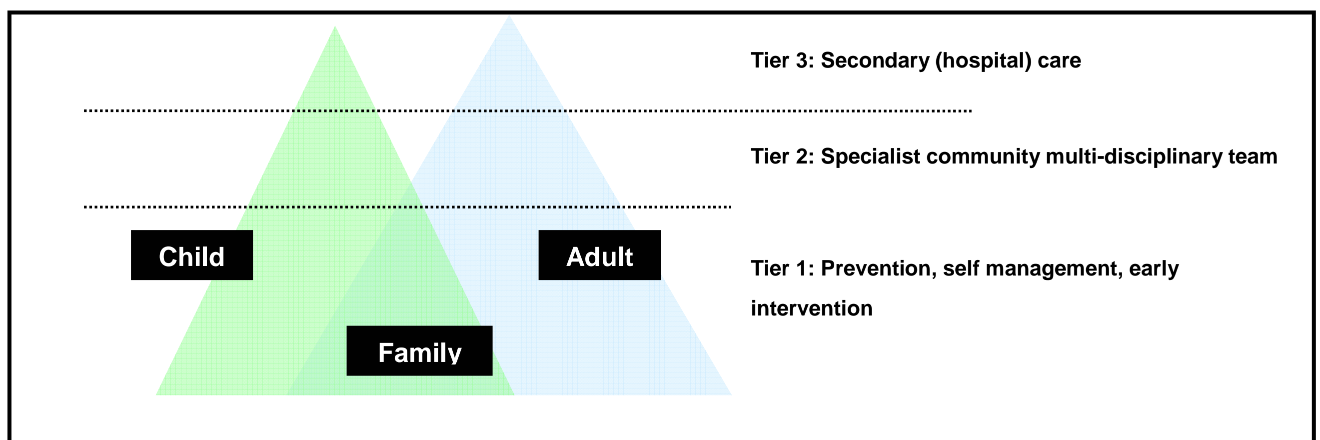
As well as the initial strategy published in January 2008, use has been made of subsequent Healthy Weight, Healthy Lives documents including the local strategies toolkit, the one-year update to the strategy and recent guidance on commissioning.

- Feedback from the National Support Team

The Department of Health National Support Team visited Cornwall in June 2008 and gathered evidence from a range of sources including reviewing existing services and plans and interviewing local stakeholders. The team recommended a number of actions including the development of this revised strategy, writing a new commissioning framework, extending support in early years and developing a workforce development plan.

All of the lessons from this and subsequent visits from the NST in October 2008 and March 2009 have already been addressed or incorporated into the action plan.

One key aspect to come out of the most recent visit in March 2009, is the need to consider the overlap between child and adult services to take account of family settings and dynamics. The "Two Tiers" diagram below gives a simple overview and references different tiers of services which will be appropriate to different levels of needs. More detail is given in Appendix Three which shows the pathway for supporting children as an example of how this can work in practice.



- Implementing NICE Clinical Guidelines

All relevant NICE guidelines has been incorporated into the strategy and will be used to guide the implementation of the associated actions including advice on diet, physical activity and achieving behaviour change.

- Draft Strategy to reduce obesity in Cornwall and the Isles of Scilly

A draft strategy was produced in 2006 and initially revised in 2008. Evidence collected through this work has been used and updated in this version.

- The Beating Diabetes report

The strength of this 2004 report, identified by the National Support Team, was in setting out the role of different partners in tackling the issue and this model has helped shaped the action plan.

Other related local policies and strategies

There are a number of related strategies have been taken into account when developing the Healthy Weight Strategy, and the relationship between this strategy and other local strategies has been considered.

- The Health and Well Being Strategy.

The Health and Well Being Strategy for Cornwall and the Isles of Scilly was launched in January 2008 and sets out a long-term vision of how the NHS, local government and community organisations will work together to improve the health of the whole population of Cornwall and the Isles of Scilly. The Strategy has been produced by members of the Cornwall and Isles of Scilly Health and Wellbeing Board.

It was developed based on the results of consultations with local people and organisations about their concerns, issues and preferences about health and wellbeing. The Strategy takes the form of 13 high impact change cards, including activity that will support people in achieving and maintaining a healthy weight.

- A Healthy Future for All

This five year strategic plan for improving health in Cornwall and the Isles of Scilly was launched in April 2009 and is NHS Cornwall and Isles of Scilly's response to the national World Class Commissioning programme. Helping children to achieve a healthy weight is one of ten strategic priorities for the local health community, working with partners to achieve lasting change.

- Local Area Agreement

One of Cornwall's Local Area Agreement outcomes, HCOP3, concerns reducing the incidence of obesity or helping people to achieve a healthy weight. It has four targets specifically: adult participation in sport and physical activity; breastfeeding rates; and achieving a healthy weight amongst reception and year 6 children.

How can we strengthen local activity?

This strategy uses an action plan that deliberately brings together the key themes of the Healthy Weight, Healthy Lives national strategy and maps local delivery by key life-stages.

Showing life-stages helps people to intuitively see where and how activity may be delivered and evidence shows that movement into new life stages is a time of change and can offer real opportunities to support people in developing new healthier behaviours.

The key life stages identified are:

- Healthy pre-conception and pregnancy
- Healthy early years
- Healthy school years
- Healthy young adults
- Healthy adult years
- Healthy ageing

The five key priority outcomes from the Healthy Weight, Healthy Lives strategy are:

1. Healthy growth and healthy weight of children
2. Promoting healthier food choices
3. Building physical activity into our lives
4. Creating incentives for better health
5. Personalised advice and support

Alongside this an additional cross cutting theme with impact across all of the outcome areas has been identified to ensure robust implementation of the strategy:

6. Strengthening quality and delivery

How will we know if the strategy is making a difference?

Progress in implementing the strategy will be monitored, using measures of process and outcome.

The headline outcome measures will be the prevalence of overweight and obesity in adults (measured opportunistically in GP practices including through the emerging Health Check programme) and in children (measured through the National Child Measurement Programme). Appendix Two gives a breakdown of the key national indicators that will be assessed as evidence of progress.

Other measures of behaviour and attitude shift will also be used. Performance metrics have been identified against each of the actions listed in Section Two.

All of the activity identified in section two will, use the recently launched National Obesity Observatory Standard Evaluation Framework (SEF) as a benchmark for effective evaluation. In particular, any services commissioned to support a healthy weight will be expected to demonstrate evidence in line with the SEF. This approach will ensure consistency and enable better comparison between possible interventions. It will also help to strengthen the evidence base around what works

best when supporting different groups of people to achieve and maintain a healthy weight.

How will we implement the strategy?

Appendix Five sets out how the strategy will be implemented through a combination of a performance management process (integrated with the current Local Area Agreement structure) and continued stakeholder involvement (through the Cornwall and Isles of Scilly Healthy Weight Group).

The complex challenge of tackling healthy weight requires this strategy to be a living document. The action plan implementation must be complemented by opportunities to reflect on the latest evidence on what can help to achieve the outcomes identified.

Resources

The action plan below includes information on resources relating to each of the proposed objectives.

A key aim of the strategy is to ensure that all partners work in a well coordinated way and make best use of existing resources. Many of the actions that have been identified can be delivered through already funded existing services or networks. The principle of using and learning from good practice and national guidance will be constantly applied to how support develops. Opportunities for reorienting resources will also be explored.

Where new actions have been listed in the current financial year (2009/10) specific funding allocations have been identified. Any investment in the medium (2-3 year) or long (4-5 year) term will need to be considered as part of the budget planning of the key commissioning organisations, notably NHS Cornwall and Isles of Scilly and Cornwall Council. The annual refresh of the Healthy Weight Strategy action plan will allow the in-year budget allocations to be reflected in planned activity.

In addition to local sources of funding it is important that best use is made of any regional or national funding opportunities. By developing clear service pathways and strengthening long-term commissioning plans, the strategy will identify areas which could be priorities for any further investment. The LAA Outcome Group, which will be responsible for ensuring effective delivery of this strategy, will actively seek opportunities to bring in additional resources including using Cornwall and the Isles of Scilly as a setting for research into what can help different segments of the population to achieve and maintain a healthy weight.

Section two: The action plan

Summary of key actions

Our vision: **To achieve a upward trend in the number of people who are a healthy weight in Cornwall and the Isles of Scilly by 2013, with a particular focus on children and families**

Outcome 1: Healthy growth and weight of children	**Outcome 2: Promoting healthier food choices**	**Outcome 3: Building more physical activity into our lives**	**Outcome 4: Creating incentives for better health**	**Outcome 5: Personalised advice and support**	**Outcome 6: Strengthening quality and delivery**
▪ Deliver the National Child Measurement Programme in line with national targets ▪ Improve breastfeeding initiation and duration rates ▪ Increase proportion of expectant mothers who are a healthy weight ▪ Deliver and continue to strengthen the Healthy Schools and Healthy Schools Plus programmes ▪ Ensure Extended Schools support healthy weight activity ▪ Further develop Healthy Early Years programme	▪ Deliver national targets around school food and increase uptake ▪ Work with local retailers, growers, caterers and distributors to improve access to healthy food ▪ Support families with young children to achieve a better diet ▪ Ensure food provided away from the home is as healthy as possible	▪ More people taking part in everyday physical activity in communities ▪ Extend opportunities for active travel ▪ More people using the natural environment as a setting for activity ▪ Develop high quality everyday play spaces and other opportunities for children and families ▪ Ensure the built environment supports everyday activity ▪ Increase participation in sport	▪ Promote the Change4Life brand across all agencies ▪ Develop at least two social marketing projects per year to support healthy weight ▪ Establish a programme to make the local NHS and Cornwall Council a healthy workplace exemplar ▪ Use the drive towards a local carbon economy to develop healthy weight interventions ▪ Work with parents to support chances to achieve whole family healthy weight	▪ Design and implement a child healthy weight pathway ▪ Design and implement an adult healthy weight pathway ▪ Develop appropriate transitional arrangements for older children	▪ Establish a workforce development plan ▪ Ensure all plans address health inequalities ▪ Benchmark all local provision against good practice ▪ Strengthen governance and performance management ▪ Develop a communications plan ▪ Create a standard service provider specification ▪ Implement a monitoring and evaluation framework

Key to table:

C/P	0-5	5-16	16-19	A	A+
Healthy pre-conception and pregnancy	Healthy young children 0-5 years	Healthy school years 5-16 years	Healthy young adults 16-19 years	Healthy adult years	Healthy ageing
Short term priority = delivered in first year	Medium term priority = delivered in 1-3 years	Longer term priority = delivered in 1-5 years	(*) indicates where child and adult may overlap		

Actions	Life Stage									
	C/P	0-5	5-16	16-19	A	A+	How is it delivered?	Key partners	Time scale	Performance Metrics
Priority outcome 1: Healthy growth and healthy weight of children										
1.1 Increase participation rate in National Child Measurement Programme (NCMP) to at least 85% by 2010		*	*				NCMP (led by NHS Cornwall and Isles of Scilly or NHS CIOS)	NHS CIOS, Cornwall Council, Schools, Cornwall Gatekeeping Unit	Short term priority	NCMP monitoring; NI 55; NI 56
1.2 Maintain and improve our current high levels of mothers who initiate breastfeeding and increase percentage of mothers who are still breastfeeding at 6-8 weeks to 60% by March 2011. All Council premises to be breast feeding friendly by 2010.	*	*			*		LAA target to increase initiation and duration rates	Health visitors and midwives, Infant feeding coordinators, Real Baby Milk, Peer support network, Children's centres, Family Nurse Partnership, Family Information Service	Medium term priority	Monitored as part of National Indicator set (NI 53) through LAA. Achievement of UNICEF 'Baby Friendly Accreditation' stages 2-3; NI 55; NI 56
1.3 Pregnancy/pre-conception – Raise awareness amongst women of the benefits	*			*	*		Midwives, Family Nurse Partnership, Health Visitors, GPs	NHS CIOS, Practice Based Commissioning Groups,	Short term priority	% of women at first booking appointment with BMI >30.

of being a healthy weight. Have a pathway in place for women identified as overweight or obese at ante-natal check to received advice/support/ intervention. Develop a clear pathway into services for women identified as having a high BMI at first book in appointment with midwife.							For high-risk mothers: secondary care specialist clinics e.g. antenatal diabetes clinic, obstretics, Care pathway for adults (including family based services)	Community Services, local physical activity/ healthy food providers		BMI of pregnant woman measured at first antenatal visit. Care pathways will determine appropriate management of women who are overweight or obese at antenatal clinic. No. of referrals to weight management services for pregnant women
1.4 Work with local schools to support the extension of the Healthy Schools (+) programmes to all schools. Increase the number of schools gaining Healthy Schools Plus		*	*				Cornwall and Isles of Scilly Healthy Schools Programme and Healthy Schools Plus Programme, Children and Young People's Partnership	Cornwall Council, NHS CIOS, Schools	Medium term priority	Monitored as part of National Indicator set (NI 52, NI57) % of schools Healthy Schools + % of Healthy

Accreditation Specifically: children and young people's participation in high-quality PE and sport (NI57)										Schools + focusing in on healthy weights; NI 55; NI 56
1.5 Ensure Extended School Provision promotes healthy weight opportunities for all children and young people and their families.		*	*				Extended schools programme; Children and Young People's Partnership	Cornwall Council, schools, NHS CIOS	Long term priority	Monitored as part of National Indicator set (NI57); NI 55; NI 56
1.6 Ensure that pre-school and early years providers promote healthy eating and physical activity		*					Family services, Children's centres, school nurseries, Early years providers, Children and Young People's Partnership	Cornwall Council, NHS CIOS, Family Learning	Medium term priority	Healthy Early Year indicators; NI 55; NI 56

Actions	Life Stage									
	C/P	0-5	5-16	16-19	A	A+	How is it delivered?	Key partners	Time scale and resources	Performance Metrics
Priority outcome 2: Promoting healthier food choices										
2.1 Support families with young children (from conception to year 5) to achieve healthy weight by targeting programmes linked to areas of child poverty in home and community settings	*	*	*	*	*		A wide range of interventions e.g. skills, shopping, cooking and development of knowledge and workforce training	Cornwall Sustainable Food Group; Cornwall NHS; Health Promotion; Cornwall Council; CN4C; Family Services	Medium term; Resource from within existing Health Promotion and Family Services programmes	% of children overweight or obese as measured at Reception as part of the NCMP
2.2 Fully implement school nutrition and school meals in line with school food trusts nutritional guidelines			*				Commissioning of Cornwall Council school meals contracts supported by the Children's and Family services.	Cornwall Council; Healthy Schools and Healthy Schools Plus programmes; Children's Trust (strategic priority leads); Schools; Parent groups;	Short term; School Meals lead to identify resource	NI 52 % uptake of all school meals; % pupils free school meal entitlement
2.3 Work with retailers, caterers,				*	*	*	Sustainable Food Group working as part	Cornwall Sustainability	Medium term priority;	No of organisations

producers and suppliers across local communities to improve local access to healthy food and increase local food procurement							of the Cornwall Sustainability Strategy; Made in Cornwall Scheme; Cornwall Food Programme	Strategy partners; Local Area Agreement partners; local producers and suppliers; Cornwall Council PHP	Resource across partners and Sustainable Food Group work and coordinator	actively engaged in local food procurement
2.4 Ensure that food provided to children and families away from the home and in specific settings (e.g. children's attractions, leisure etc.) is healthy and provides healthy options.		*	*	*			Expanded programme based on CHEFs and delivered by Public Health and Protection.	Cornwall Council Public Health Protection; Health Promotion Eatsome project	Short term; Resource within Public Health and Protection Service (Cornwall Council) and Eatsome (Health Promotion)	Number of settings signed up to programme.

Actions	Life Stage									
	C/P	0-5	5-16	16-19	A	A+	How is it delivered?	Key partners	Time scale and resources	Performance Metrics
Priority outcome 3: Building more physical activity into our lives										
3.1 Ensure accessible and affordable opportunities and facilities for all to increase the numbers of people taking the recommended level of physical activity			*	*	*	*	To include community based exercise programmes for walking and cycling, exercise referral programmes, brief interventions and awareness of opportunities Increase access to community buildings including school sites	LAA partners Local Authority; Cornwall Sports Partnership; HaWBB Natural England Extended Services	Short / Medium; Resources from within existing programmes	% of the population taking the recommended amount of physical activity per week; HCOP 3 Halt the rise in Obesity rates; NI 8;
3.2 Promote active travel, including cycling and walking, in a number of settings and for a wide range of groups, including the provision of integrated cycle and walking paths			*	*	*	*	Expand and make use of existing schemes - Walk /cycle to work; Healthy Schools; Mobilise; Ensure strong	NHS; Local Authority	Medium and Long; Resources from within existing programmes	No. of schemes; no. of persons; Mileage of cycle paths (on / off road);

throughout Cornwall							inclusion in the Local Transport Plan; Develop with Planning through s106 agreements			NI 175
3.3 Provide access to and make greater use of free / no-cost activities and Cornwall's natural environment including parks, beaches, coastal paths and open spaces and provide activities in this setting for target populations e.g. school children in deprived areas, public sector workforce		*	*	*	*	*	Identify and develop programmes e.g. green gyms with the partners based on Natural England's Health Campaign; Identify and target key populations through schools, colleges and employers. Work with transport providers to address access issues.	Natural England; NHS; LA (including schools); FE / HE Colleges; other public sector employers; transport providers	Medium and Long; Resources from within existing programmes	No. of persons partaking of such schemes; NI 119; Achieve local standards in quality, quantity and accessibility For the %of homes with accessible natural space
3.4 Provide accessible outdoor play space and play opportunities for children.		*	*				Develop and implement a Play Strategy for Cornwall including the promotion of play to families	LA CYP; Children's Centres / Sure Start; Community Networks	Medium and Long; Resources from within existing programmes	Number of new / refreshed play areas in Cornwall; HCOP 3;
3.5 Planning and Health to work together in the design		*	*	*	*	*	Joint working between LA	LA Planning; Public Health;	Medium and Long:	All new plans for major

of the built environment and ensure Health Impact Assessments are undertaken of major developments							Planning and Public Health. Adopt good practice in Planning for Health document		Resources from within existing programmes	developments to undergo Health Assessment; STRONG 6; NI 138; NI 175
3.6 Increase participation in sport in local communities based on a broad range of options appropriate to different segments of the population	*	*	*	*	*	*	Activity coordinated through Cornwall Sports and Physical Activity Partnership	Local Area Agreement partners; Health and Wellbeing Board; School Sport Partnerships	Medium term priority; Resources from within existing programmes	As per Sports and Physical Activity Partnership key metrics including Active People survey
3.7 Ensure that there is relevant robust planning guidance supporting and encouraging physical activity in the built and natural environments (NICE guidance on environment refers). Clear recommendations to be provided through LAA Outcome Group by March 2010.	*	*	*	*	*	*	Supplementary planning guidance or similar appropriate policy	Forward Planners	Immediate priority – medium term implementation; Resources from within existing programmes	Satisfaction with local environment survey; locally reported incidence of anti social behaviour; increase in levels of physical activity

Actions	Life Stage									
	C/P	**0-5**	**5-16**	**16-19**	**A**	**A+**	**How will it be delivered?**	**Key partners**	**Time scale and resources**	**Performance Metrics**
Priority outcome 4: Creating incentives for better health										
4.1 Systematically promote Change4Life messages and resources through service providers across Cornwall and the Isles of Scilly, ensuring target segments have access to relevant information in an appropriate format by developing communications plan by October 2009	*	*	*	*	*	*	Led by Head of Social Marketing; Health Promotion Service. Coordinated through the Cornwall and Isles of Scilly Healthy Weight Group (CHWG) during 09/10 year.	Dept of Health; Regional Public Health; SHA; CHWG partners.	Short term priority; Resources from within existing programmes plus national Change 4 Life resources	% awareness of campaign and recall (national measurement)
4.2 Develop at least two social marketing projects per year that target specific behaviours that will help targeted segments achieve and/or maintain a healthy weight with projects on	*	*	*	*	*	*	Led by Head of Social Marketing; Service leads as appropriate; Coordinated and agreed through the Cornwall and Isles of Scilly Healthy Weight Group by	National Social Marketing Centre; Regional Public Health; SHA; CHWG partners	Short term priority; Resources from within existing programmes and NSMC Beacon funding.	SMART behavioural goals set per project; Project Initiation Document sets out specific

breastfeeding and maternal healthy weight for 2009/10.							Sep 09			milestones.
4.3 Develop comprehensive plans to promote a healthy weight as part of a staff health and wellbeing programme for the NHS and Cornwall Council, showing the public sector as an exemplar of good practice in providing tailored, practical support with clear strategy and action plan in place by Dec 2009; All workplace award scheme to be launched by Mch 2010.				*	*	*	Healthy Workplace Development Officer; Task and Finish Group to provide recommendations by Sep 09	NHS Cornwall and Isles of Scilly Executive Team and Board; Cornwall Council and Executive Team; Health and Wellbeing Board.	Short term priority; Resources from within existing programmes	% of staff assessed under new programme; % accessing support; % satisfaction with support offered
4.4 Identify the health co-benefits within Cornwall between the carbon reduction / climate change strategy and the healthy weight strategy with recommendations on measurement, monitoring and communication by Mch	*	*	*	*	*	*	Work to be undertaken identifying the co-benefits from various programmes	Cornwall Low Carbon Leadership Group; NHS; LA; Other partners	Long term priority; Resources from within existing programmes and support from NHS Low Carbon post	Identified joint carbon reduction and activity / miles; NI 185/ 186 – % CO_2 reduction from LA area; NI 188 Adapting to climate

2010.										change
4.5 Work with parents and carers to support chances to achieve healthy weight across the whole family by mapping life journeys of parents/families with key opportunities to influence with consistent messages by Mch 2010.	*	*	*	*	*	*	Develop through local parenting strategy led by Family Services under Children and Young People's Partnership	Cornwall Council, schools, NHS CIOS, community organisations	Short term priority; Resources from within existing programmes	As agreed through parenting strategy; range of relevant national indicators; testing approaches with parents

Actions	Life Stage									
	P C/ P	0-5	5-16	16-19	A	A+	**How is it delivered?**	**Key partners and resources**	**Time scale and resources**	**Performance Metrics**
Priority outcome 5: Personalised advice and support										
5.1 Develop and commission the healthy weight care pathway for children and families, including referral criteria & pathways into specialist services by December 2009.	*	*	*	(*)			Multi-agency meetings involving providers and commissioners from key organisations, to develop a three tiered multi-agency pathway. Key entry points to include book in/ante-natal, CAF and NCMP. ▪ Agree commissioning framework, integrating key principles[1], prioritised service development areas and quality	Public health, joint commissioning, public health nursing, midwifery, primary care, secondary care, psychological services, dietetics, exercise specialist, family services, early years, education, leisure services, school sport partnerships	Short term priority; Resources from existing programmes	Minutes at meetings between key partners to evidence broad partnership and agreement of commissioning framework and pathway Care pathway Commissioning framework Service specifications

[1] Principles to be integrated into the framework to include: thorough understanding of needs, informed by "consumer" insight, NICE compliance, broad partnership approach, positive impact on social capital, keep services local and rooted in community, clarification of skills and competencies required for staff at each tier, equity audit for access and all aspects of Single Equality Scheme.

							assurance ▪ Identify in-year resources ▪ Define service specifications ▪ Procure services ▪ Business planning for further resources	third sector/social enterprise, conduit for public voice		
5.2 Ensure that older children referred into healthy weight pathways access correct services during transitional age			*	*			Appropriate services to identify transitional arrangements for older children	As above	Short term priority	Evaluation of services to include ages of children referred.
5.3 Implement new healthy weight care pathway for children and families including training to ensure clarity of roles/ responsibilities and communication channels from January 2010	*	*	*	(*)			Communication of pathway through wide range of media Delivery of training for key professional groups Performance monitoring and quality assurance checks	As above Broader reach for communication: Cornwall strategic partnership, Cornwall healthy Weight Group, voluntary and community sector	Short term priority and ongoing; Resources from within existing programme s	Evaluation of services using National Obesity Observatory tool. Auditing of services according to agreed quality assurance mechanisms Halting the rise of and reducing childhood obesity

5.4 Develop and commission the care pathway for adult healthy weight including referral criteria & pathways into specialist services by March 2010.				(*)	*	*	Multi-agency meetings involving providers and commissioners from key organisations, to develop a three tiered multi-agency pathway. Key entry points to include, NHS Health checks and workplace programmes. ▪ Agree commissioning framework, integrating key principles[1] prioritised service development areas and quality assurance ▪ Identify in-year resources ▪ Define service specifications ▪ Procure services ▪ Business planning for further resources	public health, commissioning, Practice Based Commissioning Groups, NHS Community services, NHS health checks implementation group, health trainer lead, dietetics, exercise specialist, primary care, secondary care, psychological services, workplace health leads, leisure services, third sector/social enterprise, conduit for public voice	Short term priority; Resources from within existing programme s	Minutes at meetings between key partners to evidence broad partnership and agreement of commissioning framework and pathway Care pathway Commissioning framework Service specifications
5.5 Implement new care pathway for adult obesity including							Communication of pathway through wide range of media	As above Broader reach	Short term priority and ongoing;	Evaluation of services using National Obesity

training to ensure clarity of roles/ responsibilities and communication channels from April 2010				(*)	*	*	Delivery of training for key professional groups Performance monitoring and quality assurance checks	for communication: Cornwall strategic partnership, Cornwall healthy Weight Group, voluntary and community sector	Resources from within existing programme s	Observatory tool. Auditing of services according to agreed quality assurance mechanisms Halting the rise of and reducing adult obesity.

Actions	Life Stage									
	C/P	**0-5**	**5-16**	**16-19**	**A**	**A+**	**How will it be delivered?**	**Key partners**	**Time scale and resources**	**Performance Metrics**
Priority outcome 6: Strengthening quality and delivery										
6.1 Review existing decision making structures by September 2009 to ensure: - development of strategic group (CHWG) - develop performance and delivery (LAA) group - Clarity of overall leadership & governance - Ownership & delivery of strategy - Public Engagement	*	*	*	*	*	*	Coordinated through the Cornwall and Isles of Scilly Healthy Weight Group (CHWG) during 09/10 year.	CHWG partners; Health and Well Being Board; CSP	Short term priority; Full Partnership engagement; Resources from within existing programmes	Effectiveness of decision making structures as measured through stakeholder feedback
6.2 Benchmark all existing provision and capacity against NICE Guidance and National Standards by March 2010	*	*	*	*	*	*	Coordinated and agreed through the Cornwall and Isles of Scilly Healthy Weight Group by Sep 09	Public Health; CHWG partners, CYPP Partners, Schools	Short term priority; Resources from within existing programmes	Report on position to Cornwall Healthy Weights Executive Group.
6.3 Further develop and	*	*	*	*	*	*	Joint Strategic	Dept of Health;	Short term	Robust data

enhance needs assessment data sets to ensure a full understanding of current and future local needs by March 2010							Needs Assessment; Health Profiles; National/regional surveys and data sets; Social Marketing research intelligence	National Obesity Observatory; South West Public Health Observatory; Regional Public Health; CHIMAT; SHA; CHWG	priority; Resources from within existing programmes	set identified and SMART actions to address any gaps
6.4 Develop a comprehensive communications plan which ensures the engagement of service users and the public in the future planning and commissioning of services and development of consistent key messages by September 2009	*	*	*	*	*	*	Communications Task and finish group established to develop plan by Sept 09.	Cornwall Healthy Weight Group Partners	Short term priority; Resources from within existing programmes	Evidence of effective service user engagement. Awareness of key activities and perceived effectiveness of strategy measured through feedback from stakeholders
6.5 Establish a workforce development plan which identifies and addresses potential workforce requirements to deliver Care Pathways for Children and Adults by March 2010.	*	*	*	*	*	*	Workforce Task and finish group established by Cornwall Healthy Weight Group to provide recommendations by Dec 09	NHS; Cornwall Council; Voluntary and Community Sector infrastructure organisations	Short term priority; Resources from within existing programmes	Plan in place with clear recommendations for action.

6.6 Develop a monitoring and evaluation framework to assess the effectiveness and cost effectiveness of interventions by Sep 2009	*	*	*	*	*	*	Task and Finish Commissioning Group established to develop by Sept 09	NHS Cornwall and Isles of Scilly, Cornwall Council	Short term priority; Resources from within existing programmes	Use of framework by service providers; contribution to evidence base on SWPHO hub for healthy weight
6.7 Develop a standard service specification proforma and quality assurance requirements for provider services by Sep 09	*	*	*	*	*	*	Task and Finish Commissioning Group established to develop by Sept 09	NHS Cornwall and Isles of Scilly, Cornwall Council	Short term priority; Resources from within existing programmes	% of providers with standard service specification.
6.8 Establish robust performance management arrangements which identify a common core set of indicators	*	*	*	*	*	*	Task and Finish Commissioning Group established to develop by Sept 09	NHS Cornwall and Isles of Scilly, Cornwall Council	Short term priority; Resources from within existing programmes	Arrangements in place.
6.9 Research and identify different population groups who may be at higher risk of being an unhealthy weight and develop support packages to help tackle health inequalities. Initial	*	*	*	*	*	*	Single Equality Scheme; Joint Strategic Needs Assessment; Health Profiles; National/regional surveys and data sets; Social Marketing research	Dept of Health; National Obesity Observatory; South West Public Health Observatory; Regional Public Health; SHA; Health and	Longer term priority; Resources from within existing programmes	% change in access to information or support; % change in behaviour following interventions

review as part of PCT Single Equality Scheme completed.						intelligence; Commercial data	Wellbeing Board; CHWG		
6.10 Identify local policies which have an influence on Healthy Weight (e.g. Local Transport Plan, Local Development Framework, Planning policy) and have the willingness and ability to change them. Mapping project to be complete by Dec 2009.	*	*	*	*	*	*	Task and finish group to map and audit policies to ensure they have a positive impact on Healthy Weight	Cornwall Strategic Partnership; LA; NHS	Short term priority ; Resources from within existing programmes	Mapping completed by March 2010

Appendices

Appendix One: Key reference documents

National Obesity Observatory Standard Evaluation Framework April 2009 www.noo.org.uk/SEF	Standard evaluation framework for use with interventions that support a healthy weight
Healthy Weight, Healthy Lives: One Year On April 2009 www.dh.gov.uk	Update on original Healthy Weight, Healthy Lives strategy
Be Active, Stay Healthy National Physical Activity Strategy February 2009 www.dh.gov.uk	National strategy for promoting physical activity in our daily lives
NICE guidance - Promoting physical activity for children and young people Physical Activity January 2009 www.nice.org.uk	NICE guidance setting out good practice in this area
"Healthy Weight, Healthy Lives: Commissioning weight management services for children and young people" November 2008 www.dh.gov.uk	A guide to support local areas in commissioning weight management services for children and young people
"Healthy Weight, Healthy Lives: A toolkit for developing local strategies" October 2008 www.dh.gov.uk	A toolkit to help areas implement a comprehensive obesity strategy.
NICE guidance - Promoting physical activity in the workplace May 2008 www.nice.org.uk	NICE guidance setting out good practice in this area
"Healthy Weight, Healthy Lives: Guidance for Local Areas" March 2008	Sets out the actions that local areas should take as part of the NHS Operating

www.dh.gov.uk	Framework Vital Signs and the Local Government National Indicator Set.
NICE guidance - Maternal and child nutrition March 2008 www.nice.org.uk	NICE guidance setting out good practice in this area
“Healthy Weight, Healthy Lives: a cross governmental strategy for England” January 2008 www.dh.gov.uk	**5 key areas:** • Healthy children • Healthier food choices • Building physical activity into daily lives • Incentives for better health • Care for the obese and overweight
“Statistics on Obesity, Physical Activity and Diet: England” January 2008 www.ic.nhs.uk	Outlining the national statistics, including trends, on obesity, physical activity and diet in England.
NICE guidance - Physical activity and the environment January 2008 www.nice.org.uk	NICE guidance setting out good practice in this area
“Tackling Obesities: Future Choices” October 2007 www.foresight.gov.uk	The UK Government’s science based futures think tank looked at how we can respond sustainably to the prevalence of obesity in the UK over the next 40 years. Key messages: • Individual effort alone will not work • A societal approach is needed • Obesity is a threat of similar importance as climate change.
NICE guidance - Behaviour change October 2007 www.nice.org.uk	NICE guidance setting out good practice in this area
“Why Mothers Die” CEMACH Maternal Deaths Enquiry December 2007	The regular review of obstetric morbidity and The regular review of obstetric mortality

www.cemach.org.uk	found that obesity in pregnancy contributes to increased morbidity and mortality for both mother and baby. Obese women spend more time in hospital and their babies are 3 times more likely to be admitted to Special Care Units
"Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children" December 2006 www.nice.org.uk	A review of the available evidence on how to: • Stem the rise in obesity prevalence • Increase the effectiveness of interventions to prevent obesity • Improve the care for those who are obese and overweight.
NICE guidance - Four commonly used methods to increase physical activity March 2006 www.nice.org.uk	NICE guidance setting out good practice in this area
"Tackling Child Obesity – First Steps" February 2006 www.nao.org.uk	A joint report from the Audit Commission, Healthcare Commission and the NAO examining "the risks, opportunities and barriers" to achieving the PSA target. It is critical of the speed of progress
"Health Survey for England: Obesity among children under 11" April 2005 www.dh.gov.uk	Key information for 1995 to 2003 on obesity among children aged under 11 living in England. Showing rising trends across all age bands.
"Delivering choosing health: making healthier choices easier" March 2005 www.dh.gov.uk	The delivery plan for "Choosing Health".
"Choosing a Better Diet: a food and health action plan" March 2005 www.dh.gov.uk	The Government's plans to encourage and co-ordinate the action of a range of organisations to improve nutrition and health in England.

“Choosing Activity: a physical activity action plan” March 2005 www.dh.gov.uk	The Government’s plans to encourage and co-ordinate the action of a range of departments and organisations to promote increased participation in physical activity.
“Choosing Health: Making healthy choices easier” November 2004 www.dh.gov.uk	Setting out the key principles for supporting the public to make healthier and more informed choices. Obesity is one of a number of priorities.
“Securing Good Health for the Whole Population” Derek Wanless February 2004 www.dh.gov.uk	A report on the consistency of current policy with the need to “fully engage” the population in their own health to ensure the future of the NHS and the country

Appendix Two: National Indicators of success relevant to Healthy Weight Healthy Lives theme

Children: healthy growth and healthy weight

NI 50 Emotional health of children
NI 52 Take-up of school lunches
NI 53 Prevalence of breastfeeding at 6-8 weeks from birth
NI 55 Obesity among primary school age children in Reception
NI 56 Obesity among primary school age children in Year 6
NI 57 Children and young people's participation in high-quality PE and sport
NI 69 Children who have experienced bullying
NI 198 Children travelling to school – mode of travel usually used

Promoting healthier food choices

NI 119 Self-reported measures of people's overall health and wellbeing
NI 120 All-age, all-cause mortality rate
NI 121 Mortality rate from all circulatory diseases at ages under 75
NI 122 Mortality rate from all cancers at ages under 75
NI 137 Healthy life expectancy at age 65

Building physical activity into our lives

NI 8 Adult participation in sport
NI 17 Individuals' perceptions of crime and anti-social behaviour
NI 47 and 48 Reduction in road traffic accidents
NI 175 Access to services by public transport, walking and cycling
NI 186 Per capita CO2 emissions in the local authority area
NI 188 Adapting to climate change
NI 198 Children travelling to school – mode of travel usually used

Creating incentives for better health

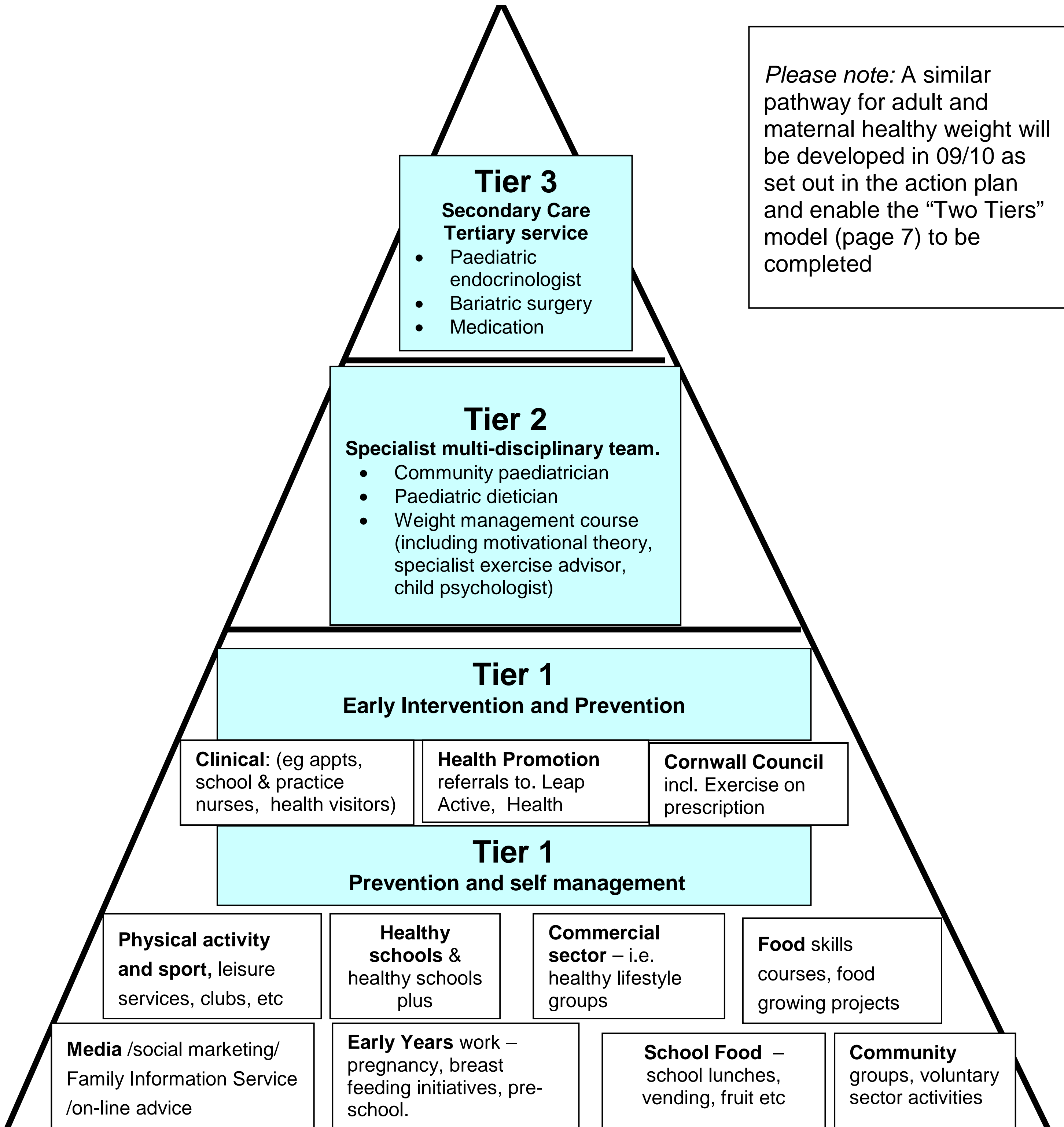
NI 8 Adult participation in sport
NI 119 Self-reported measure of people's overall health and wellbeing
NI 120 All-age, all-cause mortality rate
NI 121 Mortality rate from all circulatory diseases at ages under 75
NI 122 Mortality rate from all cancers at ages under 75
NI 137 Healthy life expectancy at age 65
NI 152 and 153 Working-age people claiming out-of-work benefits
NI 173 People falling out of work and onto incapacity benefits

Personalised support for overweight and obese individuals

NI 120 All-age, all-cause mortality rate
NI 121 Mortality rate from all circulatory diseases at ages under 75
NI 122 Mortality rate from all cancers at ages under 75
NI 137 Healthy life expectancy at age 65

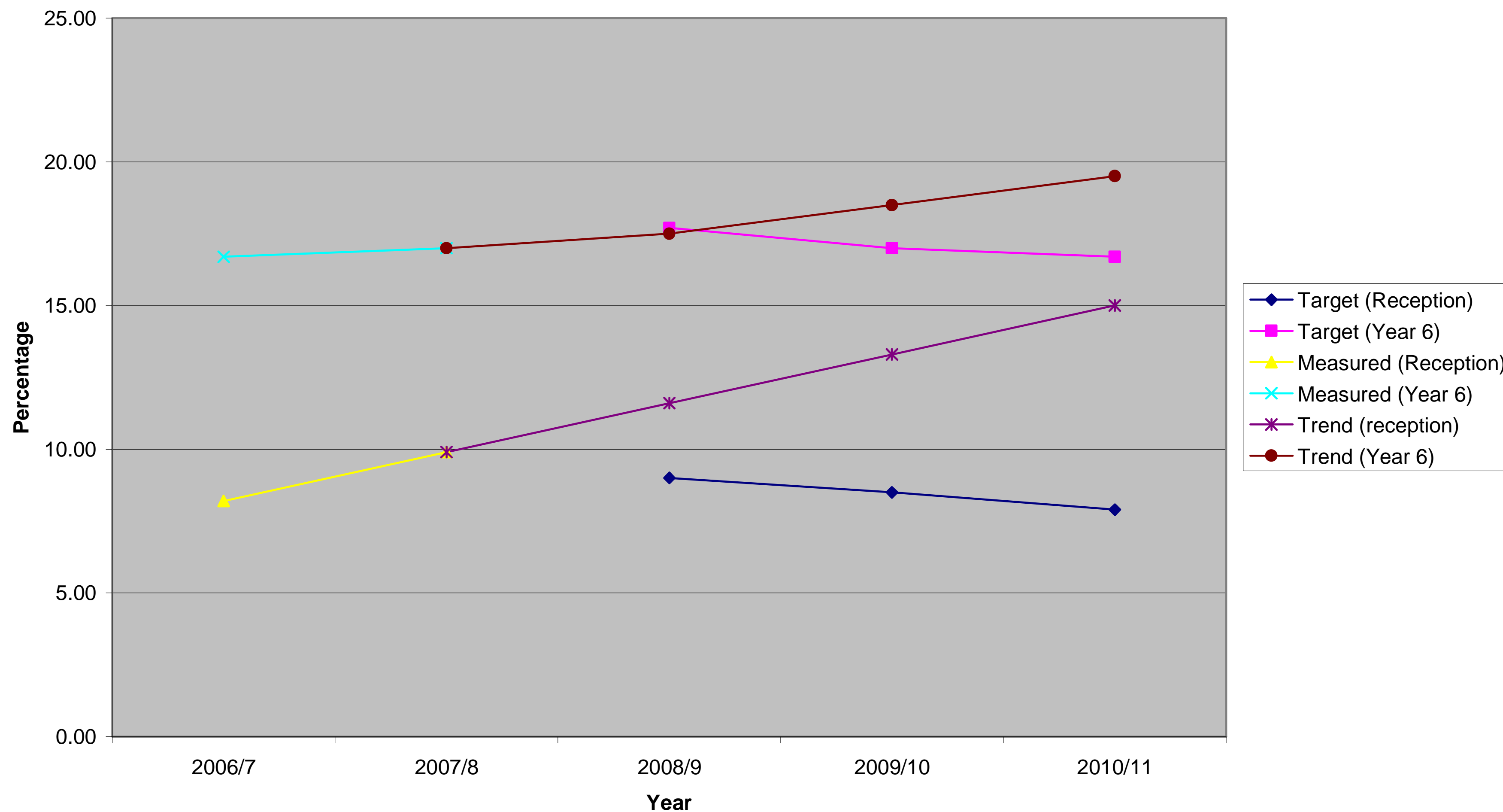
Appendix Three:

Childhood healthy weight pathway



Please note: A similar pathway for adult and maternal healthy weight will be developed in 09/10 as set out in the action plan and enable the "Two Tiers" model (page 7) to be completed

Appendix Four

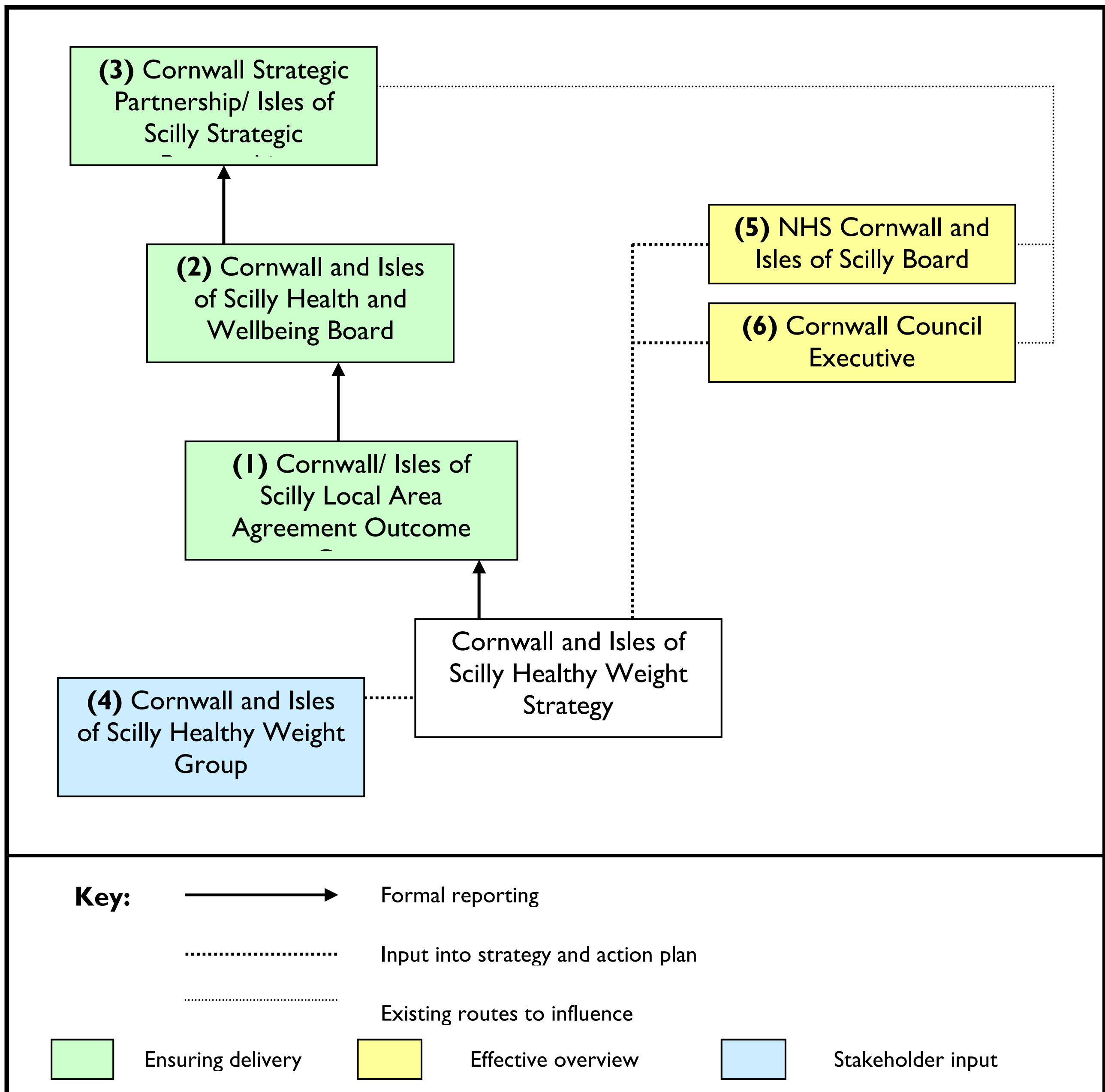


Appendix 5 Delivering the Healthy Weight Strategy

It is essential that there is a clear and robust mechanism for delivering the Healthy Weight Strategy for Cornwall and the Isles of Scilly. This will help to secure better outcomes for the local population.

The intention is to integrate delivery into existing partnership structures. This will avoid duplication of effort, give clarity on responsibilities and build on previous activity and good working relationships.

The chart below sets out the reporting mechanism for delivery of the strategy and action plan. Notes are provided on each of the key elements.



(1) Cornwall Local Area Agreement/ Isles of Scilly Local Area Agreement Outcome Group

The Cornwall and Isles of Scilly Local Area Agreement (LAA) has been in place since 2006 and has a track record of delivering improved outcomes through strong partnership working. Halting the rise in obesity has been one of the LAA's key outcome areas. The Healthy Weight Strategy Action Plan will provide a focus for activity during the next round of LAA activity (2008-2011).

The Department of Health's National Support Team recommended that a strategic level executive group is established to lead on appropriate organisational arrangements for delivery and performance management. The LAA outcome group – to be renamed as 'Helping more people to achieve a health weight' – will provide this focus based on a membership outlined below:

Role	Organisation
Strategic Director*	Cornwall Sports Partnership
Public Health Lead for Healthy Weight*	NHS Cornwall and Isles of Scilly
Commissioning lead for children's healthy weight	NHS Cornwall and Isles of Scilly
Commissioning lead for adult healthy weight	NHS Cornwall and Isles of Scilly
Family Services Commissioner	Cornwall Council
Transport and environment lead	Cornwall Council
Community services lead	Cornwall Council
Practice Based Commissioning representative	TBC
Food partnership representative	TBC
Public/Voluntary Community Sector representative	TBC

*Joint chairs

The group meet on a quarterly basis with updates being provided to the Health and Wellbeing Board following each meeting outlining progress. Activity across each element of the action plan will be monitored using a RAG (red, amber, green) rating against planned activity. This will be based on the current reporting template and will enable the group to focus on identified priorities for action. As appropriate to each agenda, additional people could be invited to attend to discuss specific areas of activity.

(2) Cornwall and Isles of Scilly Health and Wellbeing Board

The Health and Wellbeing Board is the established partnership forum for delivering better health and wellbeing outcomes. It has high-level executive representation, including the Cornwall Council Directors of Community Services and Adult Care, and is chaired by the Director of Public Health. The Board will be able to provide appropriate challenge and direction to the LAA outcome group.

(3) Cornwall Strategic Partnership/ Isles of Scilly Strategic Partnership

The local authority area Strategic Partnerships provide the context for all partnership working and can influence activity based on identified local needs, challenges and opportunities. Input to guide delivery of the Healthy Weight Strategy will also come from this forum.

(4) Cornwall and Isles of Scilly Healthy Weight Group

This group was developed following the National Support Team initial visit and has helped to produce the revised Healthy Weight Strategy. Going forward its role will be as an advisory group allowing stakeholder involvement in developing the vision for how services must develop. This includes identifying key challenges or opportunities in the medium or long-term.

The group will be supported through regular updates on progress through the quarterly LAA reporting cycle including an opportunity to comment on these reports. A conference will be held once a year to support the annual refresh of the Healthy Weight Strategy and action plan. Throughout the year, members will be informed of key reports or best practice evidence through e-mail and web updates.

(5) NHS Cornwall and Isles of Scilly Board

The Board will have the opportunity to review progress through membership of the LAA Outcome Group, Health and Wellbeing Board and the Strategic Partnership. Quarterly reports will be provided through the LAA Outcome Group and it is recognised that helping children to achieve a healthy weight is one of the local NHS's ten priority outcomes.

(6) Cornwall Council Executive

The Council Executive will also be able to contribute through the LAA Outcome Group, Health and Wellbeing Board and Strategic Partnership. Progress will be reviewed through the LAA Outcome Group.

Appendix 6

Equality Impact Assessment

The Cornwall Healthy Weight Strategy has undergone an Equality Impact Assessment. This has assessed whether the policy will have a differential impact due to racial grouping; gender, including transgender; disability; sexual orientation; age or religious belief.

The purpose of the strategy is to achieve an upward trend in the number of people who are a healthy weight in Cornwall and the Isles of Scilly by 2013, with a particular focus on children and families.

The strategy has a number of complimentary aims:

7. Committing all partners to action within the framework of the strategy
8. Recognise the importance of a multi-agency action in the approach to promote a healthy weight
9. Define the challenge of achieving a healthy weight for all in Cornwall and the Isles of Scilly and set local targets
10. Identify how specific interventions will help achieve local targets, including appropriate commissioning arrangements
11. Identify appropriate systems to monitor and evaluate local activity
6. Wherever possible strengthen local capacity and capabilities to support people to achieve and maintain a healthy weight

The complex factors that affect healthy weight both in individuals and population groups show it is difficult to identify simple causes of success or failure for this plan. Factors could be in the macro-environment, such as government policy to incentives or penalise certain behaviours, such as policy on the built environment, food policy or supporting active travel. Local factors could include the strength of partnership working, targeting of resources or developing clear pathways with consistent messages from all potential service providers or influencers. The landmark Foresight on obesity outlines the complexity of action and the need for coordination across many agencies and programmes.

Race

There is evidence from the Health Survey for England 1993-2004 to suggest that, at the present time, certain minority ethnic groups, and principally females from those groups, may have more pressing needs in relation to excess weight problems. It must be noted, however, that datasets for some minority ethnic groups in the survey are relatively small and it is therefore difficult to make reliable predictions. The available data shows wide variation in obesity prevalence rates in different ethnic groups. It shows males from minority ethnic groups appear to have markedly lower obesity prevalence rates than those in

the general population. Black African and Bangladeshi females appear to have higher obesity prevalence rates than the general population15.

The 2004 Health Survey for England showed similar trends in males from ethnic minority groups, with the exception of Black Caribbean (25%) and Irish (27%) males. Prevalence was highest in Black African (39%), Black Caribbean (32%), and Pakistani (28%) women. Black African children appear to have the highest levels of obesity (32% of boys and 28% of girls), followed by Black Caribbean children (27% of boys and 21% of girls), and Bangladeshi children (24% of boys and 21% of girls). Pakistani and Irish boys also appear to have high levels of obesity with an obesity prevalence of 21% and 20% respectively.

There is evidence from Foresight modelling using Health Survey for England 1993-2004 to suggest that in the long-term the needs of minority ethnic groups will either be similar to or less than those of the general population. Foresight projections to 2050 suggest Black African females and Pakistani males and females are the only minority ethnic groups that will share the trend (though slightly attenuated) for the general population. All other ethnic groups appear to be becoming less obese or becoming more obese at a slower rate than the general population.

There is insufficient evidence to explain why certain ethnic minority groups are more likely than the general population to have problems with excess weight. Some evidence suggests that particular ethnic minority groups may have a greater genetic susceptibility to developing the adverse health consequences associated with obesity, especially diabetes. This is thought to be a consequence of an underlying genetic susceptibility, but may be exacerbated by adverse environmental circumstances associated with dietary imbalances and inactivity. For example, Bangladeshi and Pakistani males and females report the lowest levels of physical activity in Health Survey for England 2004.

Anecdotal evidence from the experience of the Central Office of Information's Diversity Unit also suggests that mainstream messages and interventions may not always be regarded as relevant and appropriate by parents from different minority ethnic groups. More work has been done the Healthy Weight, Healthy Lives consumer insight summary with specific recommendations about how best to communicate messages around healthy weight to different ethnic groups.

Ethnicity coding is available for 95% of the individuals participating in the National Child Measurement Programme during 2007. This data shows the major ethnic group was white (n=4222) with 1.1% of mixed race, 0.8% of black or black British origin and 0.1% of Asian origin. Although numbers are small, being overweight and of Asian or black BME group does put children at higher risk of diabetes than white children of the same weight. Work is being undertaken to target high risk BME groups to raise awareness of obesity in children and adults to reduce risk of developing obesity related illness.

Gender

Evidence shows that there needs to be a wide range of physical activity opportunities appropriate to different genders so that barriers to taking part are low for the whole population. Physical activity rates among women and older girls show a dramatic drop off from rates among children. This group may require more informal activity opportunities, such as dance, or activity beyond traditional sports like hockey or netball, such as kick boxing or outdoor pursuits.

Evidence suggests that, at present, obesity and overweight prevalence is similar in males and females. In England, the proportion of men classed as obese increased from 13.2 per cent in 1993 to 23.1 per cent in 2005 and from 16.4 per cent to 24.8 per cent for women during the same period. This evidence, however, suggests that the rate of increase is greater in males than in females and whilst it is not clear whether this trend will continue or level out, recent evidence from Foresight suggests that by 2050 60% of men and 50% of women will be obese.

There is no evidence of an adverse impact on the transgender population.

Gender differences in childhood obesity through the National Child Measurement Programme have shown that the prevalence of obesity in boys is significantly higher than girls for both year groups measured. However, for adults the trend has been for women to have a higher obesity prevalence rate than for men. Why these differences occur is not understood fully but may partly be due to the reduction in women's physical activity that tends to happen when girls reach puberty. The NHS needs to commit to encouraging children of both genders to engaging in healthy diet and physical activity throughout their lifetime and programmes need to be in place that support the continuation of physical activity into adult life.

Disability

Evidence identifies the need for a range of physical activity opportunities including those appropriate for people with different disabilities. For example, providing hire of specially adapted bikes for children or adults with physical disabilities on cycle routes.

Obesity appears to be more common among people with learning disabilities. Health checks have shown that people with learning disabilities had a higher rate of obesity (35%) than the general population (22%).

There are no population-level data on obesity prevalence in people with physical disabilities. Monitoring of obesity and overweight in people with physical disabilities can be problematic due to practical difficulties with weighing and measuring.

There was no available evidence on prevalence of excess weight in people with physical disabilities. *Healthy Weight, Healthy Lives* sets out how the Government will improve available data on excess weight, such as through the National Obesity Observatory (NOO). The NOO will explore whether it is technically feasible to fill these gaps in the evidence base.

The overall approach of theme three of the Healthy Weight Strategy should benefit all individuals, including those with physical disabilities, through creating a built environment that supports all individuals to be more active, such as the policy to create 'healthy towns'.

Multi-disciplinary team meetings have taken place to help design pathways for overweight and obese children at tier 2 level (specialist intervention). The opinions of psychologists and specialist dieticians have been sought and their views on how best to tackle obesity issues in children with learning disabilities will be included in the Cornwall Healthy Weight Strategy, as it is well recognised that these children often have weight problems

Sexual orientation

There was no available national evidence to suggest any relation between sexual orientation and excess weight.

Age

The probable explanation for prevalence of excess weight appearing to be higher in adults than in children is that excess weight tends to increase incrementally across an individual's lifetime and that it is difficult to achieve weight loss, and maintain a healthy weight. Foresight suggests that evidence supports taking a 'life course' approach in which different interventions targeting the same process of behaviour change are needed in all age groups. There is a strong ethical justification for focussing on children.

US research suggests the absolute increase in death rates associated with high Body Mass Index is greatest in elderly men and women. However, the health benefits of weight control are less clear-cut in elderly age groups, with the relative increase in risk associated with excess weight declining with increasing age. Nevertheless, applying both absolute and relative measures of risk showed that heavier men and women have an increased risk of death at all ages.

The aim to create incentives for better health to support their employees to maintain a healthy weight, includes policies that should be beneficial to a broader range of adults, including those who are not parents.

Whilst these themes are less likely to be beneficial to the elderly population, themes two, three and five, (which respectively aim to promote healthier food choices, to create a built environment encouraging physical activity, and to

ensure personalised advice and support), include policies that should benefit all age groups.

The National Child Measurement Programme (NCMP) in Cornwall & IOS has shown that levels of overweight and obesity are higher for children in year 6 compared with reception year. 75% of eligible year groups were weighed and measured last year and this shows that 9.9% of reception children and 17.0% of year 6 pupils were obese. Although this data is cross-sectional, it is likely that there is a pattern of childhood obesity being higher in older children. It is crucial that early years work continues to be supported through the PCT as the evidence is clear- unhealthy weight patterns start during pre-school years and set patterns for life.

Religious belief

Anecdotal evidence suggests that barriers, such as cultural attitudes towards acceptable forms of dress, may exist for some females from certain faiths in pursuing particular types of physical activity in public.

Sources of evidence:

Healthy Weight, Healthy Lives Strategy documents, including EIA for the strategy
http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/HealthyWeight/index.htm

Published NICE guidance, including:

- Promoting physical activity for children and young people. January 2009
- Promoting physical activity in the workplace May 2008
- Maternal and child nutrition March 2008
- Physical activity and the environment January 2008
- Behaviour change October 2007
- Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children December 2006

www.nice.org.uk