Hertfordshire Healthy Weight
Strategic Plan
2014 – 2019
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Executive Summary

Hertfordshire has an ambition to be much better than England and to see current obesity and overweight levels decrease.

Services for obesity and overweight are often referred to as Tiers, 1, 2, 3 and 4 services. Tier 1 and 2 services are the responsibility of Public Health to commission. Tier 3 and 4 services are the responsibility of the NHS. This strategy focuses on tier 1 and 2. We will work with the NHS to ensure Tiers 3 and 4 are commissioned and we have a pathway joining the various tiers.

Collective action is required across organisations and sectors if we are to reduce the levels of both child and adult obesity in Hertfordshire.

This strategic plan focuses on key actions that we need to undertake going forward.
Introduction

Maintaining a healthy weight throughout our lives is essential for good health. The health impacts of obesity and overweight have serious costs to our health, early death and to health, social care and employers¹.

Changes in our lifestyle, the environment and access to energy dense food has impacted significantly on the population. England now has one of the highest rates of obesity in Europe. The increase of people who are overweight and obese in the past twenty years has been significant. A total of 23% of adults are obese and 63.8% are either overweight or obese. In Hertfordshire, 21.5% of adults are obese and 61.8% are either overweight or obese. In England, for children, 22.3% of 4-5 year olds are overweight or obese. In Hertfordshire, 19.7% of this age group are obese or overweight. 33.3% of 10-11 year olds are overweight or obese. In Hertfordshire, 28.8% of children in this age range are overweight or obese.

Obesity is a major public health challenge as it increases the risk of developing many serious and potentially life threatening diseases and consequently reduced quality of life and life expectancy. Reduction in life expectancy for an individual who is obese is estimated to be between 3 and 10 years².

Obesity is an issue across the whole population. However, we know that obesity is associated with deprivation and some particular groups are at increased risk.

For example children and women in lower socio-economic groups are more likely to be obese than those who are wealthier³. Child obesity prevalence in areas with the highest level of income deprivation is almost double that of areas with the lowest level.

Across ethnic groups, there are also variations in the prevalence of obesity with higher rates found amongst Black African and Caribbean women⁴. Obesity prevalence was significantly higher than the national average for children in the ethnic groups ‘Black or Black British’, ‘Asian or Asian British’, ‘Any Other Ethnic Group’ and ‘Mixed’⁵.

Unless action is taken, it is estimated that nearly 60% of men, 50% of women and 25% of children in the UK will be obese by 2050. Reducing the levels of obesity for both adults and children is a public health priority⁶.

This is a local plan for Hertfordshire which will be relevant to a wide range of partners including those that commission services, those that provide services and local partnerships that define community need. Obesity cannot successfully be tackled by any one organisation. There has to be long term, sustained joint work over several years. This approach is needed across a whole system of issues – individual lifestyle, social situations, the public realm and structural and policy issues such as good availability and service access.
We need to work across traditional boundaries, adopting new approaches both strategically and operationally to stop the rise in obesity.

Services for obesity and overweight are often referred to as Tiers, 1, 2, 3 and 4 services. Tier 1 and 2 services are the responsibility of Public Health to commission. Tier 3 and 4 services are the responsibility of the NHS. This strategy focuses on tier 1 and 2. We will work with the NHS to ensure Tiers 3 and 4 are commissioned and we have a pathway joining the various tiers.
What are the Costs of Obesity and Overweight?

Obesity is not just a significant health issue; it is also an economic issue. There is a substantial human cost to individuals, families and communities. It has been estimated that being overweight and obesity could cost the NHS £9.7 billion by 2050\(^1\). Obesity has a number of indirect costs including a decrease in the number of disability-free life years, additional pension payments due to early retirement through ill health, increased absenteeism and/or reduced productivity at work due to ill health\(^6\). Unemployment is higher in the obese (by at least 25%) \(^7\). Costs to social care include additional equipment, adaptations to homes, paid carers. Costs will continue to rise unless the prevalence of obesity decreases\(^6\).
What is a Healthy Weight?

The term ‘healthy weight’ is used to describe an individual’s body weight that is appropriate for their height and benefits their health.

The fundamental cause of excess weight is an imbalance between energy intake (through what we eat and drink) and the energy we expend through daily living and exercise.

While there is significant debate on the causes and origins of obesity and overweight, there are some clear causes which work together:

- Our biology (genetics and metabolism) plays a role
- Our behaviour (eating and levels of physical activity) are responsible for maintaining a healthy weight.
- Psychological issues which may drive a person to keep an energy imbalance for a variety of reasons
- Social and cultural issues such as expectations about food and the role of food and exercise
- Skills in knowing what constitutes a good diet, healthy weight and regular health-giving physical activity
- Environmental and structural factors often outside the control of the individual such as food access

However, this is not the whole picture. There are many more issues too.

The Foresight Report identified over 100 factors that contribute to obesity where no one single factor dominates. The Foresight report refers to this ‘obesogenic environment’ as the ‘sum of influences that the surroundings, opportunities or conditions of life have on promoting obesity in individuals and populations’.

We intend in this plan to address the issues the evidence suggests are most important and which we are able to influence.
How is Overweight and Obesity measured?

Overweight and obesity are therefore terms which refer to an excess accumulation of body fat to the extent that it may have an adverse effect on health.

The most widely used measure of overweight and obesity is Body Mass Index (BMI). This index classifies weight from a normal healthy weight to severe and complex obesity. BMI is calculated by dividing body weight (kilograms) by height (metres$^2$). In children, this is adjusted for a child’s gender and age.

**Adults**

<table>
<thead>
<tr>
<th>BMI</th>
<th>Kg/m$^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>18.5-24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25-29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>30-39.9</td>
</tr>
<tr>
<td>Obese (severe and complex)</td>
<td>40 plus</td>
</tr>
</tbody>
</table>

Research has shown that Asian and Chinese adults have an increased risk of serious health conditions at a lower BMI than the white population i.e. below a BMI 25 kg/m$^2$. The National Institute for Health and Clinical Excellence (2013) advised that:

- BMI of 23: Asians with a BMI score of 23 or more are at increased risk of developing type 2 diabetes
- BMI of 27.5: Asians with a BMI of 27.5 or more are at high risk of developing type 2 diabetes
- Although the evidence is less clear, Black adults and other minority groups are also advised to maintain a BMI below 25 to reduce their risk of type 2 diabetes
What are the Obesity Rates in Hertfordshire?

**Adults**

The information below has been taken from the Active People Survey 2012. It shows excess weight in Hertfordshire i.e. the percentage of adults who are overweight or obese.

The data that we have shows that in Hertfordshire, the adult obesity rate is slightly lower than the England figure. However, this masks a range of differences at district/borough levels as shown in the table below with Broxbourne having the highest rates.

![Overweight and obesity in Hertfordshire adults (16+) 2012](image)

**Children**

Overweight and obese children are more likely to become obese adults with associated health problems as they grow up.

The height and weight of children at the start and end of primary school is routinely collected as part of the National Child Measurement Programme (NCMP). This enables services to be targeted in areas of greatest need.
Children aged 4-5 years (reception year)

The NCMP results for 2012-2013 for Hertfordshire show that while the majority of Hertfordshire’s children aged 4 to 5 were in the healthy range (79.4%) which is significantly better than England (76.9%) there were 12.6% of children in reception year who were overweight and 7.1% were obese.¹¹

The percentage of obese children in Hertfordshire was 7.1% and significantly better than England (9.3%). The percentage of overweight children in Hertfordshire is similar to England.

These results can be seen in the chart below.

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### Percentage of weight categories for children ages 4-5 - 2012/13

<table>
<thead>
<tr>
<th>District</th>
<th>Not overweight or obese</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>77.8%</td>
<td>13.0%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>60.2%</td>
<td>12.0%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Hemel Hempstead</td>
<td>78.8%</td>
<td>12.4%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Broxbourne</td>
<td>77.3%</td>
<td>14.2%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Watford</td>
<td>81.3%</td>
<td>10.9%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Stevenage</td>
<td>80.0%</td>
<td>12.0%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Dacorum</td>
<td>80.5%</td>
<td>12.1%</td>
<td>7.3%</td>
</tr>
<tr>
<td>St. Albans</td>
<td>78.7%</td>
<td>14.3%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Three Rivers</td>
<td>81.3%</td>
<td>12.1%</td>
<td>6.6%</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>82.4%</td>
<td>11.4%</td>
<td>5.9%</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>81.9%</td>
<td>12.2%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

Source: National Child Measurement Programme (NCMP), Health and Social Care Information Centre

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Children aged 10-11 years (year 6)

For children aged 10 to 11, the majority were a healthy weight (70%). This was significantly better than England (65.4%), however there were more children aged 10 to 11 than aged 4 to 5 in the unhealthy range.

There was a higher percentage of children at ages 10 to 11 who were obese (14.7%) than those at ages 4 to 5 in Hertfordshire. The district of Broxbourne had the greatest percentage of obese 10 to 11 year olds (18.4%) and East Hertfordshire has the lowest percentage (11%) of obese children.¹¹
These results can be seen in the chart below.

Percentage of weight categories for children ages 10-11 - 2012/13

Source: National Child Measurement Programme (NCMP), Health and Social Care Information Centre (HSCIC)
What is the impact of being overweight or obese on health?

Being overweight or obese produces ill health, reduces well-being and increases the risk of serious illness.

Health Risks for the Adult Population

For adults, the consequences of being overweight or are obese include a wide range of serious health risks such as:

- Coronary Heart Disease
- Stroke
- Type 2 Diabetes
- Hypertension
- Certain cancers
- Sleep apnoea
- Asthma
- Infertility
- Musculoskeletal problems
- Falls

Many people also experience bullying, low self esteem, poorer mental health, fewer opportunities to work and social isolation as a result of their weight\(^\text{12}\).

Health Risks for Children

During childhood, obesity can contribute to serious physical and mental health problems.

The most widespread adverse effects, particularly among children and families seeking treatment for obesity, are psychological e.g. low self-esteem, effects of bullying, low quality of life and isolation. Children with severe obesity also commonly experience a range of sleep associated breathing disorders, including sleep apnoea (sleep associated disorders), which can have a negative effect on learning and memory function.

Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than children with a healthy weight.

There is evidence that indicates that the risks of becoming obese start at very early stage of life. Maternal overweight or obesity entering pregnancy is a risk factor for childhood obesity\(^\text{13}\). Infants born to overweight mothers are more
likely to be born large for gestational age, are less likely to be breastfed, and are at higher risk for obesity and disease such as type 2 diabetes in later life.

Overweight and obese children are also more likely to become obese adults with current trends suggesting that 80% of children who are obese at age 10–14 will become obese adults. Children have a higher risk of morbidity, disability and premature mortality in adulthood.
How do we maintain a healthy weight?

Maintaining a healthy weight is vital to good health. It is important that people in Hertfordshire are able to:

- eat healthily and
- be more active and
- sustain these habits over the long-term

Diet

Diet plays the key role in the development of obesity and the increased consumption of energy dense foods has been identified as an important factor in contributing to overweight and obesity.

We know that no more than a third of people’s calorie intake should come from fat. We also know that significant levels of unnecessary energy are derived from sugar.

Action to improve healthy, balanced diet for the long term is critical to tackling obesity if we are to reduce premature death, illness and disability.

Physical Activity

Physical activity is any body movement that ‘works muscles and uses more energy than when resting’. It is a wider definition than just playing sport and can include other activities such as walking, running, cycling, dancing, swimming, housework, gardening etc. For children, this also includes active play.

While physical activity is important, in itself it is not the answer to obesity though it is part of an answer. Physical activity has a wider health-protecting function (e.g. vascular, endocrine, musculo-skeletal, cognitive, emotional and immune benefits) and it contributes to a healthy weight.

Physical inactivity significantly increases the risk of a wide range of morbidities including cardiovascular disease, hypertension and type 2 diabetes.

Action to improve the percentage of the population regularly taking physical activity is critical to tackling obesity and critical in reducing the risk of avoidable non-communicable diseases such as diabetes.

Physical Activity in Adults
The UK chief medical officers’ guidance on minimal levels of physical activity is:

- **Adults (19-64 years old) and older people (65+)**
  150 minutes (two and half hours) each week of moderate to vigorous intensity physical activity (and adults should aim to do some physical activity every day)

The Active People Survey (APS) provides data on the amount of exercise that adults aged 16 and above take each week.

<table>
<thead>
<tr>
<th>Area</th>
<th>% of adults who achieve 150 minutes or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>56.0%</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>58.2%</td>
</tr>
<tr>
<td>St. Albans</td>
<td>65.8%</td>
</tr>
<tr>
<td>Three Rivers</td>
<td>64.7%</td>
</tr>
<tr>
<td>East Hertfordshire</td>
<td>59.1%</td>
</tr>
<tr>
<td>Watford</td>
<td>58.9%</td>
</tr>
<tr>
<td>Dacorum</td>
<td>58.1%</td>
</tr>
<tr>
<td>North Hertfordshire</td>
<td>56.6%</td>
</tr>
<tr>
<td>Hertsmere</td>
<td>56.1%</td>
</tr>
<tr>
<td>Broxbourne</td>
<td>55.4%</td>
</tr>
<tr>
<td>Welwyn Hatfield</td>
<td>52.8%</td>
</tr>
<tr>
<td>Stevenage</td>
<td>52.6%</td>
</tr>
</tbody>
</table>

(Time Period Quarter 1 January 2012 - January 2013)

Physical activity levels in Hertfordshire are considerably lower than they should be. 41.8% of adults do not achieve the recommended amount of moderate intensity exercise per week.

(Note, it is currently not possible to compare this APS result with previous surveys due to differences in collecting data on physical activity).
Physical Activity in Children and Young People

The UK chief medical officers’ guidance on the minimal levels of physical activity for children and young people is:

- **Under-fives**
  180 minutes – (three hours) – each day, once a child is able to walk.

  For non-walkers physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.

- **Children and young people (5-18 year olds)**
  60 minutes and up to several hours every day of moderate to vigorous intensity physical activity.
Policy

At national and local level there are priorities on Obesity and Overweight:

**National Drivers**

Healthy Lives Healthy People: A Call to action on obesity for England was published in October 2011. The plan established two national ambitions:

- A sustained downward trend in the level of excess weight in children by 2020
- A downward trend in the level of excess weight averaged across all adults by 2020

**Local Drivers**

- Hertfordshire County Council Corporate Plan (Priority: Opportunity to be Healthy and Safe)
- Hertfordshire Health and Wellbeing Strategy (Priority 9: Promoting a healthy weight and increasing physical activity)
- Hertfordshire Public Health Strategy (Priority: Longer Healthier Lives)
- Change for Life

Many other partner organisations also recognise the impact of obesity on their local populations such as Herts Valley and East & North Hertfordshire Clinical Commissioning Groups.

**Geographical Area of Deprivation**

In relation to obesity, the Hertfordshire Health and Wellbeing Strategy aims:

- To stop the increase in overweight children and obesity in our worst five areas by 2016 and then reverse this
- To stop the increase in overweight adults and obesity in our worst five areas by 2016
System Wide Approach

Obesity is the result of a complex system of interactions and influences including broad social developments, environmental developments, access to transport, increase and availability of convenience foods, changes in values and the way we live\textsuperscript{18}. Action is therefore required across all of these influences. Changing the nature of the places that we live, shop and work in will be necessary to make it easier to be more physically active and to reduce access to and consumption of unhealthy foods.

The Hertfordshire approach with our partner organisations and local communities is to influence these factors across public sector, business and community settings. It will involve a set of integrated services and actions delivered by the many organisations, community services and networks that make up the Hertfordshire ‘local system’.

Life Course Approach

A life course approach means that we support people to start and stay healthy throughout the different stages of their life ‘from the cradle to the grave’\textsuperscript{1}. The approach considers the long term health impact of both social and biological experiences in early years and the potential impact on health in later life. There are both opportunities and challenges at each stage of the life course and action is needed at every stage. Early intervention and prevention are important strands of this work.

This plan will address the life course through different key life stages\textsuperscript{19}:

- Pre-natal
- Pregnancy
- Early Years 0- 5 years
- School and College years
- Working Age
- Older Adults

Evidence

The evidence on what specific interventions or approaches for the prevention or treatment of obesity is still developing both in the UK and internationally. The evidence points to focusing policy and interventions at a population level targeting elements of the obesogenic environment as well as targeted support for individuals at increased risk\textsuperscript{1}. It is clear that small scale interventions will not be sufficient to reverse the current trend.

The most effective interventions are multi faceted approaches, encouraging healthy eating and increased physical activity as well as motivating people to change their lifestyles alongside/underpinned by changing the environment to
make it easier for people to develop healthy lifestyles and behaviours. This will require multi-sector strategies and action.

All relevant NICE guidance has been incorporated into this plan and will be used to guide implementation of an action plan.

**Addressing Inequalities**

People in disadvantaged areas are more likely to experience a greater burden of ill health and to have shorter life expectancy\(^\text{20}\). This inequality is driven by the underlying social factors that affect people’s health and wellbeing such as material circumstance, social environment and psychosocial factors. Low income and deprivation are particularly associated with higher levels of obesity\(^\text{21}\).

**Population groups**

There are particular population groups and communities that are more at risk of developing obesity. They include:

- Children from low income families
- Children from families where at least one parent is obese
- Looked After Children and Care Leavers
- Individuals with a learning disability
- Individuals with a mental health condition
- Adults who are unemployed or in semi routine and routine occupations
- Individuals of Asian origin
- Ethnic Groups including Black African women, Black Caribbean women, Pakistani women, Black Caribbean men and Irish men
- Older people
What do we need to achieve for Hertfordshire?

Our Aim

To increase the proportion of children and adults in Hertfordshire who maintain a healthy weight from the 2012 baseline.

Objectives

- Prioritise early intervention and prevention
- Take a whole place, system wide approach
- Promote healthy lifestyles
- Make reducing obesity a priority for all
- To be better than the England average
- To narrow the gap between areas with the lowest and highest prevalence of obesity in Hertfordshire

How will we achieve our aim?

To address the challenge of obesity in adults and children, interventions to prevent overweight and obesity in those who are of healthy weight, and support and sustain weight loss in those with an unhealthy weight need to be put in place.

Services or interventions provided in the public and voluntary sector are often referred to as universal, targeted or specialist. They are also often referred to as Tier 1, 2, 3 and 4 services. Tier 1 and 2 services are the responsibility of Public Health to commission. Tier 3 and 4 services are the responsibility of the NHS. This strategy focuses on tier 1 and 2. We will work with the NHS to ensure Tiers 3 and 4 are commissioned and we have a pathway joining the various tiers.

The tiers and levels are explained in the next table.
<table>
<thead>
<tr>
<th>Level / Tier</th>
<th>Example</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathway joining up the tiers</td>
<td></td>
<td>Public Health and CCGs together</td>
</tr>
<tr>
<td>Tier 1 – Universal services (support whole populations to maintain a healthy weight and prevent individuals from becoming overweight)</td>
<td>Leisure and green spaces, whole school approaches to healthy eating and physical activity, workplace health. Where particular groups or communities do not enjoy the same health outcomes, we will provide additional support</td>
<td>Public Health</td>
</tr>
<tr>
<td>Tier 2 – targeted services are those which focus on particular communities and individuals who are at greatest risk</td>
<td>Often but not exclusively community based lifestyle interventions such as physical activity schemes, commercial weight management groups, cooking skill courses</td>
<td>Public Health</td>
</tr>
<tr>
<td>Tier 3 – specialist services for people who are severely obese</td>
<td>Drug prescribing, paediatric services, psychological support services</td>
<td>CCGs</td>
</tr>
<tr>
<td>Tier 4 – specialist services for people who are severely obese</td>
<td>Bariatric surgery Ultra low and very low calorie diets under close clinical supervision</td>
<td>CCGs</td>
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Actions
Achieving our strategic aim requires action across the life course from childhood to older people with a particular focus on early intervention. We will focus on delivering against 9 priorities. The table below summarises our priorities. Many of the actions will be delivered in partnership with other agencies.

Priorities

Group 1: Life-course

<table>
<thead>
<tr>
<th>Priority</th>
<th>Stage</th>
<th>Why</th>
<th>What will we do (Prevention)</th>
<th>What we will do (Treatment)</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pre natal, Pregnancy and Early Years</td>
<td>Evidence indicates that early life is a critical time period for healthy development, and conditions in early life may impact on health risks in adult life. Healthy eating patterns are developed at</td>
<td>1. Raising awareness about impact of maternal overweight entering pregnancy as a risk factor for childhood obesity 2. Supporting pregnant women to maintain their weight 3. Breastfeeding support through acute trusts, children centres and health visitors 4. Weaning support for new parents 5. Healthy Start / Vitamins 6. Work on healthy lifestyles (diet and exercise)</td>
<td>11. Community based behaviour change programme for obese children and their families 12. Obesity pathway into tiers 3 and 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>this stage of life</td>
<td>undertaken as part of Children Centre work and pre school</td>
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<td>----------------------------------------------------------</td>
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<tr>
<td>7.</td>
<td>Encouraging Active play – both indoors and outside</td>
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<td>8.</td>
<td>Parents have good knowledge of healthy eating e.g. how to read food labels, portion sizes</td>
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<td>9.</td>
<td>Parents have access to cooking groups to develop cooking skills</td>
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<tr>
<td>10.</td>
<td>Training those who work with early years such as childminders, nursery staff, Home Start volunteers on the principles of healthy eating</td>
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</tr>
</tbody>
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<table>
<thead>
<tr>
<th>2</th>
<th>Schools and Colleges</th>
<th>13. Ensure that all schools have an active travel plan (including cycling and walking)</th>
<th>21. Primary school age community based behaviour change programme for obese children and their families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>14. Education children and young people on healthy eating</td>
<td>22. Obesity pathway into tiers 3 and 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15. Increased uptake of free school meals for those who are eligible</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>16. Ensure nutritional</td>
<td></td>
</tr>
</tbody>
</table>
|   | Adults: Working age & Older People | Evidence shows that there are enormous health benefits for an individual who loses weight. Even a moderate loss of 5-10% of body weight in an obese person can enable health benefits such as | standards implemented in primary and secondary schools  
17. Catering within establishments: Healthy balanced meals and also vending machines/tuck shops  
18. Promoting physical activity  
19. School Food Plan: A whole school approach  
20. Education of parents e.g. changing portion size |   |   |
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<tr>
<td>3</td>
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</tbody>
</table>
|   |   | 23. Promote healthy eating and physical activity  
24. Raising awareness and understanding of the causes of obesity and how to maintain a healthy lifestyle  
25. Healthy workplaces: work with employers to promote healthy work canteens, using the stairs  
26. Health Checks  
27. Lifestyle offer including Do Something Different, health trainers  
28. Health Walks  
29. Commissioning - do our | 31. Pilot health trainers with specific population groups  
32. Exercise on referral  
33. Weight management referral interventions in the community  
34. Weight management interventions in primary care  
35. Obesity pathway into tiers 3 and 4 |   |   |
as a reduction in blood pressure, reduced risk of developing type 2 diabetes

commissioning approaches include promoting healthy weight 30. Falls Prevention

<table>
<thead>
<tr>
<th>Priority</th>
<th>What</th>
<th>Why</th>
<th>What will we do (Prevention)</th>
<th>What we will do (Treatment)</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Targeting programmes at key risk groups such as ethnic minorities, those with a mental health problem or learning disability and geographical areas</td>
<td>Some populations experience worse prevalence of obesity and overweight, and worse outcomes, than others</td>
<td>36. Develop an action plan</td>
<td>As per the action plan</td>
<td></td>
</tr>
</tbody>
</table>
Changing the obesogenic environment

Our environment and public realm can promote weight gain, and we need to reverse this

37. Work with local planners and commissioners to design and implement environments which actively promote and encourage a healthy weight. This will involve transport, built environments, parks and open spaces, promoting access to healthy food.

38. Promoting the Responsibility Deal with food retailers and manufacturers locally

39. Work with planners to ensure the provision of open spaces in new developments that support activities such as walking and cycling

40. The same as prevention

<table>
<thead>
<tr>
<th>Group 3: Management priorities</th>
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<tbody>
<tr>
<td>Priority</td>
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<tr>
<td>6.</td>
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<tr>
<td>Effectiveness, best practice and evaluation</td>
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<td>-------------------------------------------</td>
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<tr>
<td><strong>7.</strong> Ensure we have good intelligence about obesity and overweight</td>
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<td><strong>8.</strong> Build local skills and capacity in agencies</td>
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</tbody>
</table>
| 9. | Social marketing strategy | To ensure we get the right messages to the right audiences | 50. Where appropriate develop information targeted at particular groups within the community  
51. Promote systematic and at scale use of Change for Life (a national marketing campaign) across health, social care and community settings  
52. Supporting Public Health England Campaigns as they develop  
53. Explore how social media and IT developments (such as Apps) could be used to improve access to information  
54. To support development of a HCC healthy lifestyle webpage |
How will we know if we have made a difference?

**Public Health Outcome Framework (PHOF)**

The Public Health Outcome Framework sets out a vision for improving the health of the population in England. We will use this to determine our success both locally and compared to England. Nationally there are a number of anticipated health outcomes with a range of indicators that all top tier Local Authorities will be measured against.

The relevant indicators for this plan are:

<table>
<thead>
<tr>
<th>National PHOF Indicators</th>
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<tbody>
<tr>
<td>Excess weight in 4-5 year olds</td>
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<tr>
<td>Excess weight in 10-11 year olds</td>
</tr>
<tr>
<td>Diet</td>
</tr>
<tr>
<td>Excess weight in adults</td>
</tr>
<tr>
<td>Proportion of physically active and inactive adults</td>
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</tbody>
</table>

As services are commissioned by Public Health or commissioned/developed in partnership with other organisations, outcome measures will be agreed which support the aim and objectives of this strategic plan.
### Glossary of Terms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BMI</td>
<td>Body Mass Index is a person’s weight (kg) divided by their height (m$^2$)</td>
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<tr>
<td>CCG</td>
<td>Clinical Commissioning Group (There are 2 in Hertfordshire)</td>
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<tr>
<td>GP</td>
<td>General Practice / General Practitioner</td>
</tr>
<tr>
<td>LA</td>
<td>Local Authority</td>
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<tr>
<td>NCMP</td>
<td>The National Child Measurement Programme, established in 2007, provides information about childhood obesity and helps inform local planning and delivery of services. Every year, the height and weight of around 24,000 children who attend state schools and live in Hertfordshire in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) are measured.</td>
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<tr>
<td>NICE</td>
<td>National Institute for Health and Clinical Excellence</td>
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<td>PHE</td>
<td>Public Health England</td>
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<tr>
<td>PHOF</td>
<td>Public Health Outcomes Framework</td>
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</tbody>
</table>
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esight/docs/obesity/~media/BISPartners/Foresight/docs/obesity/Obesity_final_part1. ashx


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6 The Economic Burden of Obesity


8 NICE Public Health Guidance (46) 2013 Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from Black, Asian and other minority ethnic groups in the UK

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11 National Child Measurement Programme
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17 Change for Life: www.nhs.uk/change4life


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http://www.phoutcomes.info/

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