

Healthy Weight Strategy

FOR PORTSMOUTH CITY 2008–2011

change

4 life

Eat well

Move more

Live longer

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EXECUTIVE SUMMARY

1.0 Healthy weight strategy for Portsmouth city: 2008–2011

Maintaining a healthy weight is key to health and quality of life. The increase in obesity is one of the most important public health threats facing the people of Portsmouth.

The City of Portsmouth, its people and its organisations, need to work together to:

- Change the obesogenic nature of the city
- Make the healthy choices easier, especially with physical exercise and diet
- Offer help to those already burdened with obesity

The national context

Reflecting its importance the national work on healthy weight/ healthy lives is driven by a wide range of Public Service Agreements, Departmental Strategic Objectives and within the Local Area Agreement Process.

In January 2008 the Government published the national obesity strategy, “Healthy Weight, Healthy Lives” in which it said “Our ambition is to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight.”

The local context

Healthy weight has been a priority in the city for a number of years. Available statistics demonstrate that this is an issue for all groups in the city, with a strong link to deprivation.

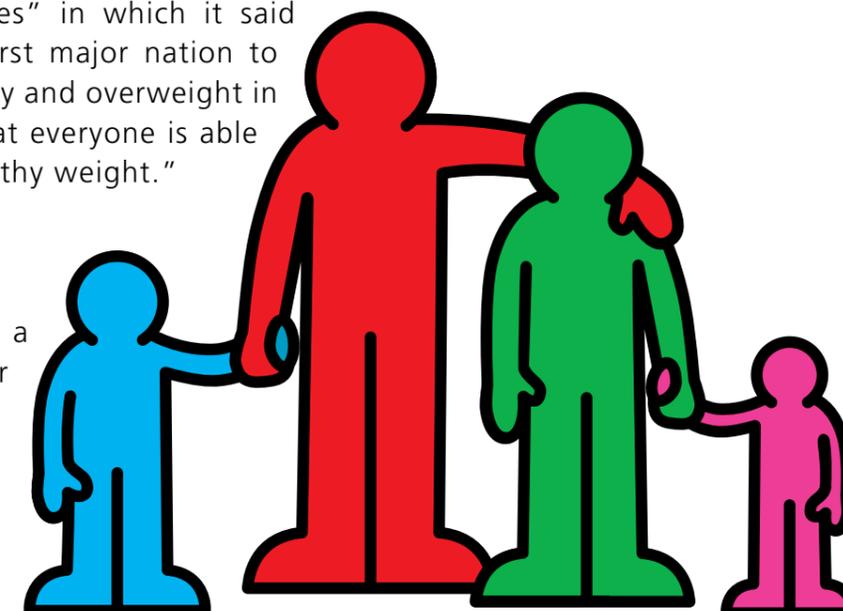




Table 1: Estimated obesity prevalence in England, South Central SHA and Portsmouth

	England		SC SHA		Portsmouth		
	Health Survey for England 2006				Health & Lifestyle Survey 2005		GP register
	male	female	male	female	male	female	adult
Normal weight %	32	42	31	41	41.1	41	
Overweight%	43	32	49	30	41.5	36.2	
Obese%	24	24	19	27	17.4	22.8	29

Table 2: 2006/7 National Child Measurement Programme results

2006/07	Portsmouth City		England	
	Year R (4-5yrs old)	Yr 6 (10-11 yrs old)	Year R (4-5yrs old)	Yr 6 (10-11 yrs old)
Overweight %	15.4	14.9	13	14.2
Obese %	12.3	24	9.9	17.5

Theme 1: Changing the obesogenic nature of the city

Aim: Portsmouth will be able to identify those local policies which influence healthy weight and will have the willingness and ability to change them.

In order to change the obesogenic environment that has developed work will be undertaken, at a city wide and community wide level, influencing a wide range of policies across the city, and possibly across regional and national areas.

Theme 2: Making healthy choices easier

Aim: Portsmouth will have a range of opportunities which enable all to choose to increase their physical exercise and improve their diet.

It is important that everyone has the opportunity to build sufficient physical exercise into their lifestyle and to eat a healthy diet. This is key to both preventing the development of obesity and to dealing with obesity which is already present.

Theme 3: Help for those burdened with obesity

Aim: Adults and children in Portsmouth will have access to complete care pathways for the management of obesity.

Inevitably some people, adults and children, are already burdened with obesity. Some will want to take positive steps towards managing their weight, with the help of the NHS. The PCT is working to develop comprehensive care pathways for adults and for children. These pathways will cover prevention, primary care, specialist care and through to the surgical options.

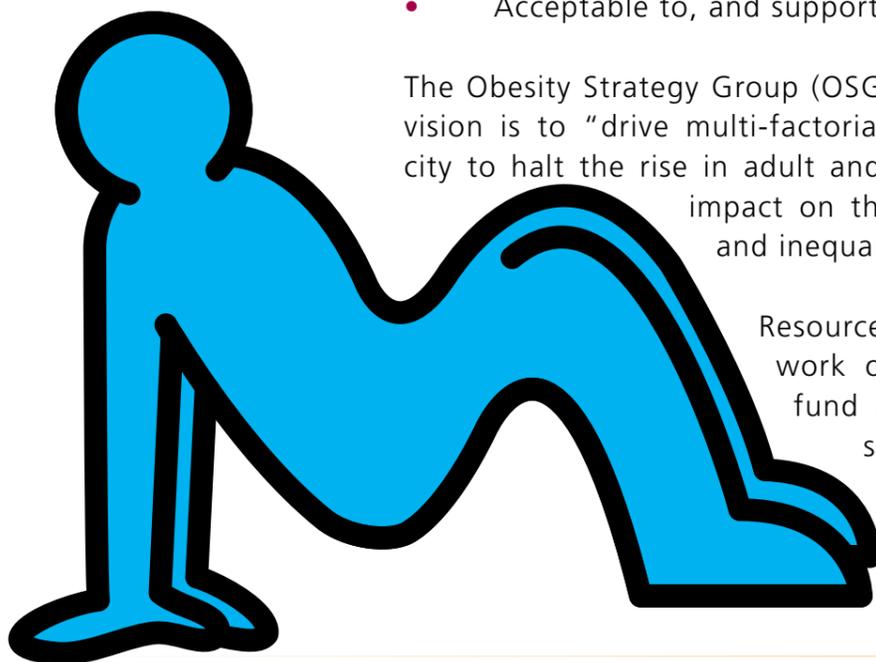
2.0 The local approach

Portsmouth's approach to healthy weight will be:

- Multi-agency
- Evidence-based and effective
- Based on the needs of the population
- Sustainable
- Acceptable to, and supported by, the population

The Obesity Strategy Group (OSG) is a multi-agency group whose vision is to "drive multi-factorial work across all sectors of the city to halt the rise in adult and child obesity and to reduce its impact on the life-expectancy, quality of life and inequalities in health."

Resources will be needed to develop the work outlined in this strategy and to fund additional services. The time of skilled individuals and financial resources will be needed from all organisations signed up to this strategy.



3.0 Conclusion

Obesity is a major problem for the city of Portsmouth. Its causes are complex, as are the solutions. To tackle obesity the city has to take action at a city-wide, community and individual level.

Healthy Weight Strategy For Portsmouth City: 2008–2011

1.0 Introduction

- 1.1 Maintaining a healthy weight is key to health and quality of life. The increase in obesity is one of the most important public health threats facing the people of Portsmouth.
- 1.2 The causes of, and solutions to, this threat are complex and multifaceted. Progress can only be made through partnership between the people of the city and the many organisations that influence it, and will take many years.
- 1.3 To tackle obesity Portsmouth, as a city, must make a collective effort. This collective effort must be undertaken by a wide variety of people and organisations who are each aware of their own responsibilities.
- 1.4 This strategy outlines the city of Portsmouth's collective approach. It describes the scale of the challenge, the framework in place to tackle it, the responsibilities and initiatives being, and to be taken.

2.0 Aim: The City of Portsmouth, its people and its organisations, need to work together to:

Theme 1: Change the obesogenic nature of the city

Theme 2: Make the healthy choices easier, especially with physical exercise and diet

Theme 3: Offer help to those already burdened with obesity

3.0 Background

- 3.1 Obesity and overweight are the terms used to describe increasing degrees of excess body fatness which can lead to ill health and adversely effect wellbeing. Obesity is associated with increased risks of cardiovascular disease, diabetes and is now recognised as the commonest cause of cancer after smoking. Other potential problems include respiratory disease, chronic musculoskeletal problems, depression, obstetric complications and infertility. Genetic, physical, cultural and behavioural factors all have an influence on contributing to an obesogenic environment and thus any strategy needs to take a multi-faceted approach.

- 3.2 The prevalence of obesity in the UK has trebled since the 1980s. In Portsmouth, in 2005, 52% of adults were estimated to be overweight or obese, compared with a national average of approximately 37%. In the same year 32% of Portsmouth's 5 yr olds were overweight or obese and 35% of 10 yr olds.
- 3.3 Obesity is associated with deprivation, and this has been demonstrated in Portsmouth, through our lifestyle survey of 2005, with a higher prevalence of adult obesity in the more deprived wards. Childhood obesity is associated with deprivation, but this link is becoming less stark as obesity becomes a problem in children from all areas. Prevalence can vary in relation to black and minority ethnic communities with higher average Body Mass Index (BMI) among Black African, Black Caribbean and Asian children.
- 3.4 Obesity is a result of decreased physical activity in relation to calorie intake in food. Modern UK society has been described as "obesogenic" with many factors which decrease physical activity and lead to a less healthy diet. There is no simple solution and responsibility lies with individuals but also with society as a whole through policy issues such as town planning, food policy, parenting, transport and education.
- 3.5 In 2002 the economic costs of obesity are estimated at between £3.3 and £3.7 billion in England. The direct costs of treating obesity in the NHS represented 2-2.3% of the NHS expenditure, while the indirect costs were estimated at 5-5.5% of the total. In Portsmouth this equates to £5.2 million for direct costs and £13million for indirect costs. With the increasing prevalence of obesity since 2002, and the increased understanding of its role in morbidity and mortality this sum is likely to be higher in reality. See Table 2.

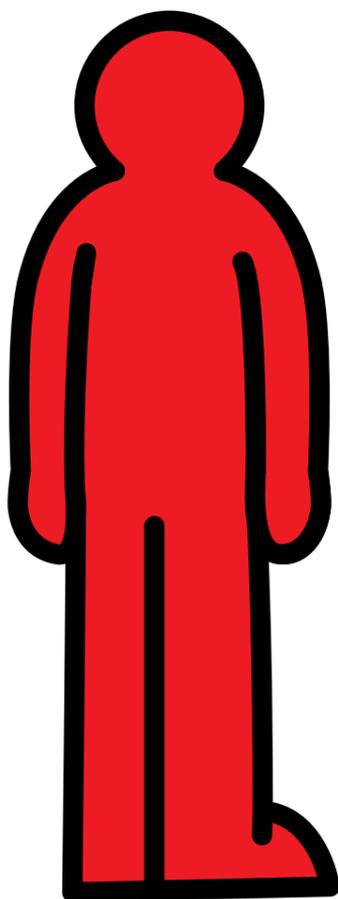
4.0 The National Context

In 2003, only 35% of men and 44% of women had a healthy weight.

By 2050, less than 10% of men and 15% of women will have a healthy weight.

In 2006, 28% of men and 32% of women consumed five or more portions of fruit and vegetables a day

In 2006, 40% of men and 28% of women undertook at least 30 minutes of moderate exercise 5 times a week.



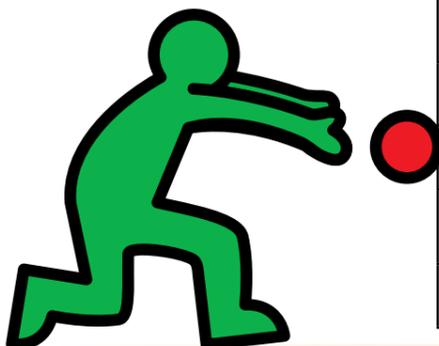
Healthy Weight Strategy For Portsmouth City 2008–2011

4.1 In January 2008 the Government published the national obesity strategy, “Healthy Weight, Healthy Lives” in which it stated, “Our ambition is to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight.” Through this strategy they also changed the 2004 PSA target to an aim to, by 2020, “reduce the proportion of overweight and obese children to 2000 levels in the context of tackling obesity across the population.’A national baseline for childhood obesity has only been available since 2005.

4.2 Reflecting its importance the national work on healthy weight is driven by Public Service Agreements (PSA), Departmental Strategic Objectives (DSO) and, within the Local Area Agreement Process, National Indicators (NI) See Table 1.

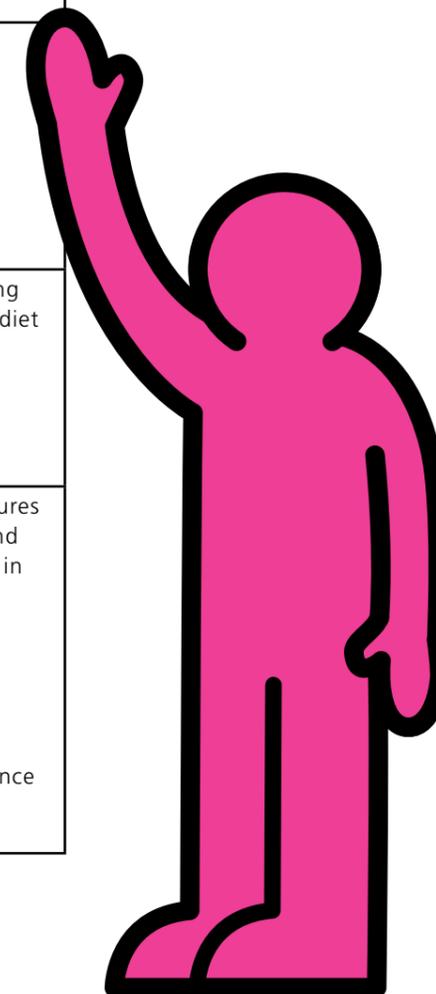
Table 1:
National targets, including locally agreed priority National Indicators

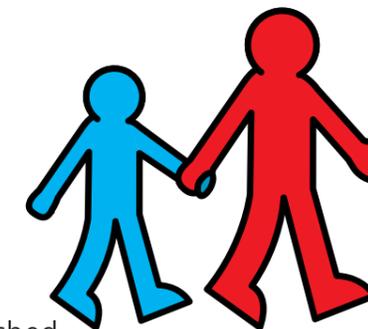
PSA 12	To improve the health and well-being of young people – including an aim to reduce childhood obesity rates to those of the year 2000
PSA 18	To increase overall, and decrease inequalities in, life-expectancy
PSA 22	Deliver a successful Olympic Games and Paralympic Games with a sustainable legacy and get more children and young children taking part in high quality PE and sport.
PSA 27	Lead the global effort to avoid dangerous climate change
DSO (DCMS)	Secure the well-being and health of children and young people
DSO (DCMS)	Encourage more widespread enjoyment of culture and sport
DSO (DfT)	To enhance access to jobs, services and social networks including for the most disadvantaged
DSO (DCSF)	Secure the well-being and health of children and young people
NI 8	Increase adult participation in sport
NI 17	Improved Oral Health
NI 55	Reduce obesity amongst primary aged children in Year R
NI 56	Reduce obesity amongst primary aged children in Year 6
NI 120	Healthy life expectancy at age 65
NI 175	Access to services and facilities by public transport, walking and cycling
NI 186	Per capita reduction in CO2 emissions in the LA area



4.3 A number of documents are key to the current national context:

Document	Purpose
<p>“Healthy Weight, Healthy Lives: Commissioning weight management services for children and young people”</p> <p>November 2008</p> <p>www.dh.gov.uk</p>	A guide to support local areas in commissioning weight management services for children and young people.
<p>“Healthy Weight, Healthy Lives: A toolkit for developing local strategies”</p> <p>October 2008</p> <p>www.dh.gov.uk</p>	A toolkit to help areas implement a comprehensive obesity strategy.
<p>“Healthy Weight, Healthy Lives: Guidance for Local Areas”</p> <p>March 2008</p> <p>www.dh.gov.uk</p>	Sets out the actions that local areas should take as part of the NHS Operating Framework Vital Signs and the Local Government National Indicator Set.
<p>“Healthy Weight, Healthy Lives: a cross governmental strategy for England”</p> <p>January 2008</p> <p>www.dh.gov.uk</p>	<p>5 key areas:</p> <ul style="list-style-type: none"> • Healthy children • Healthier food choices • Building physical activity into daily lives • Incentives for better health • Care for the obese and overweight.
<p>“Statistics on Obesity, Physical Activity and Diet: England”</p> <p>January 2008</p> <p>www.ic.nhs.uk</p>	Outlining the national statistics, including trends, on obesity, physical activity and diet in England.
<p>“Tackling Obesity: Future Choices”</p> <p>October 2007</p> <p>www.foresight.gov.uk</p>	<p>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.</p> <p>Key messages:</p> <ul style="list-style-type: none"> • Individual effort alone will not work • A societal approach is needed • Obesity is a threat of similar importance as climate change.





<p>"Why Mothers Die"</p> <p>CEMACH Maternal Deaths Enquiry</p> <p>December 2007</p> <p>www.cemach.org.uk</p>	<p>The regular review of obstetric morbidity and mortality 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.</p>
<p>"Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children"</p> <p>December 2006</p> <p>www.nice.org.uk</p>	<p>A review of the available evidence on how to:</p> <ul style="list-style-type: none"> • Stem the rise in obesity prevalence • Increase the effectiveness of interventions to prevent obesity • Improve the care for those who are obese and overweight.
<p>"Tackling Child Obesity – First Steps"</p> <p>February 2006</p> <p>www.nao.org.uk</p>	<p>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.</p>
<p>"Health Survey for England: Obesity among children under 11"</p> <p>April 2005</p> <p>www.dh.gov.uk</p>	<p>Key information for 1995 to 2003 on obesity among children aged under 11 living in England. Showing rising trends across all age bands.</p>
<p>"Delivering choosing health: making healthier choices easier"</p> <p>March 2005</p> <p>www.dh.gov.uk</p>	<p>The delivery plan for "Choosing Health".</p>
<p>"Choosing a Better Diet: a food and health action plan"</p> <p>March 2005</p> <p>www.dh.gov.uk</p>	<p>The Government's plans to encourage and co-ordinate the action of a range of organisations to improve nutrition and health in England.</p>
<p>"Choosing Activity: a physical activity action plan"</p> <p>March 2005</p> <p>www.dh.gov.uk</p>	<p>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.</p>
<p>"Choosing Health: Making healthy choices easier"</p> <p>November 2004</p> <p>www.dh.gov.uk</p>	<p>Setting out the key principles for supporting the public to make healthier and more informed choices. Obesity is one of a number of priorities.</p>
<p>"Securing Good Health for the Whole Population" Derek Wanless</p> <p>February 2004</p> <p>www.dh.gov.uk</p>	<p>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.</p>

- 4.4 In spring of 2008 the National Obesity Observatory was launched. The observatory was established to provide a single point of contact for wide-ranging authoritative information on data, evidence and practice related to obesity, overweight, underweight and their determinants. The observatory can be found at: www.noo.org.uk
- 4.5 The Health Survey for England figures show a clear link between obesity and deprivation. Obesity is higher, for children and adults, in manual households than non-manual households. Obesity varies with ethnicity; it is highest amongst Black African and Black Caribbean populations. Children are more likely to be obesity if one or both parents are obese.
- 4.6 The Department of Health is undertaking detailed social marketing work, including segmentation of the population into 6 "clusters", describing which clusters are more at risk of obesity, and formulating a targeted, national marketing campaign.
- 4.7 More men than women are overweight. Similar percentages are obese, but more women are morbidly obese (BMI>40) than men.

5.0 The local context

In 2005, only 41% of the adult population of Portsmouth had a healthy weight.

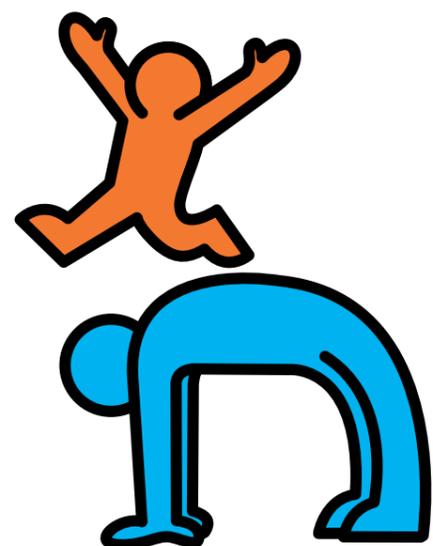
In 2007, only 58% of pregnant women in Portsmouth Hospital Trust had a healthy weight at booking.

In 2006/7, 25% of children were overweight or obese on joining Portsmouth's primary schools, and 35% were overweight or obese on leaving Portsmouth's primary schools.

In 2005, 34% of men and 46% of women consumed five or more portions of fruit and vegetables a day

In 2005, 29% of men and 22% of women undertook at least 30 minutes of moderate exercise 5 times a week.

- 5.1 Portsmouth city has areas of great deprivation, acute health inequalities and a lower life expectancy than its surrounding areas. Much of this is due to high levels of vascular disease secondary to the lifestyle factors that lead to it, including obesity.

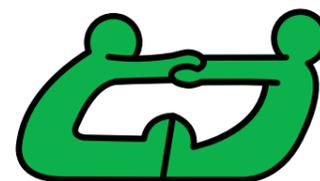


5.2 A number of documents are key to the current local context regarding healthy weight:

Document	Purpose
<p>"Local Area Agreement, 2008-2011 Vision into Reality"</p> <p>January 2008</p> <p>www.portsmouth.gov.uk</p>	<p>Obesity is one of the 3 cross-cutting themes in the LAA, recognising its importance to the well-being of the people of Portsmouth.</p>
<p>"The Second Local Transport Plan for Portsmouth"</p> <p>2007-2011</p> <p>www.portsmouth.gov.uk</p>	<p>Sets out Portsmouth's transport proposals for the next five years "recognising the healthier lifestyles that walking and cycling support"</p>
<p>"City of Portsmouth's Children and Young People Plan 2007/08 - 2009/10"</p> <p>www.portsmouth.gov.uk</p>	<p>Outlining joint working in the city to support children and young people including "that all Children and Young People should grow up healthy." This document also includes the NHS and LAA targets on childhood obesity.</p>
<p>South East England Health Strategy</p> <p>February 2007</p> <p>www.go-se.gov.uk</p>	<p>Sets out the forward strategy to improve health of the South East Region including tackling levels of obesity.</p>
<p>Choosing Health in the South East: Obesity</p> <p>www.sepho.org.uk</p>	<p>South East Public Health Observatory report on available obesity information to support the implementation of Choosing Health locally.</p>
<p>"Local Strategic Partnership Community Strategy, 2004-2009"</p> <p>www.portsmouth.gov.uk</p>	<p>Outlining the strategy for the Local Strategic Partnership (LSP). This strategy sets particular targets to "reduce the numbers of overweight and obese people".</p>

5.3 Healthy weight has been a priority in the city for a number of years. A previous National Regeneration Fund bid centred its work on healthy eating and increasing physical activity.

5.4 The revised Obesity Toolkit (jointly produced by DH, the National Heart Forum and the Faculty of Public Health) predicts NHS costs by PCT, extrapolated from the findings of the Foresight Report "Tackling Obesity: Future Choices". Table Two outlines predicted costs for Portsmouth, over the next 2 decades, of elevated BMI (obesity and overweight) and obesity alone. In 2008/09 the PCT has committed an additional £588,000 to fund work tackling obesity in the city.



	2001	2007	2015	2020	2025
Obesity & overweight	£7.2m	£15.2m	£23.1m	£30m	£35m
Obesity	£3.6m	£8.3m	£14.1m	£19.1m	£25.6m

Source: Based on figures from Lightening the Load (DH, National Heart Forum & Faculty of Public Health, 2007)

Table 2: Predicted costs to the NHS in Portsmouth resulting from overweight & obesity and from obesity alone.

5.5 It is difficult to get accurate, local statistics regarding obesity and overweight.

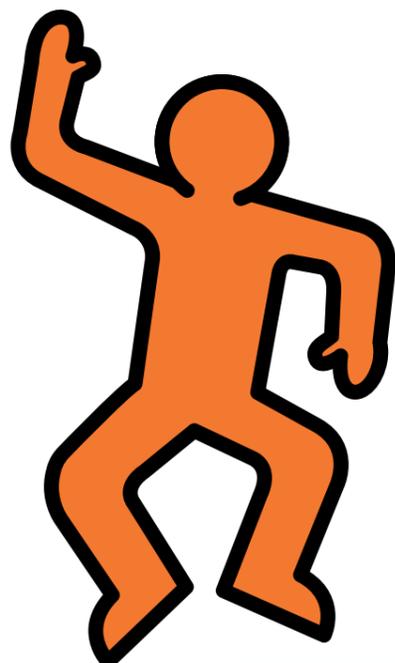
5.6 Adults are not routinely measured. In 2005 the PCT carried out a lifestyle survey which recorded the BMI of a statistically representative sample of the population. GPs are encouraged to record BMIs through their national contract and in 2007/08 the PCT further incentivised GPs to record BMIs in adults with additional payments.

5.7 Obesity and overweight levels vary across the city. Figure One shows the findings of the Lifestyle Survey carried out in 2005. It demonstrates the clear association between adult obesity and deprivation, with obesity being higher in wards with high levels of deprivation.

	England		SC SHA		Portsmouth		GP register
	Health Survey for England 2006		Health & Lifestyle Survey 2005				
	male	female	male	female	male	female	adult
Normal weight %	32	42	31	41	41.1	41	
Overweight%	43	32	49	30	41.5	36.2	
Obese%	24	24	19	27	17.4	22.8	29

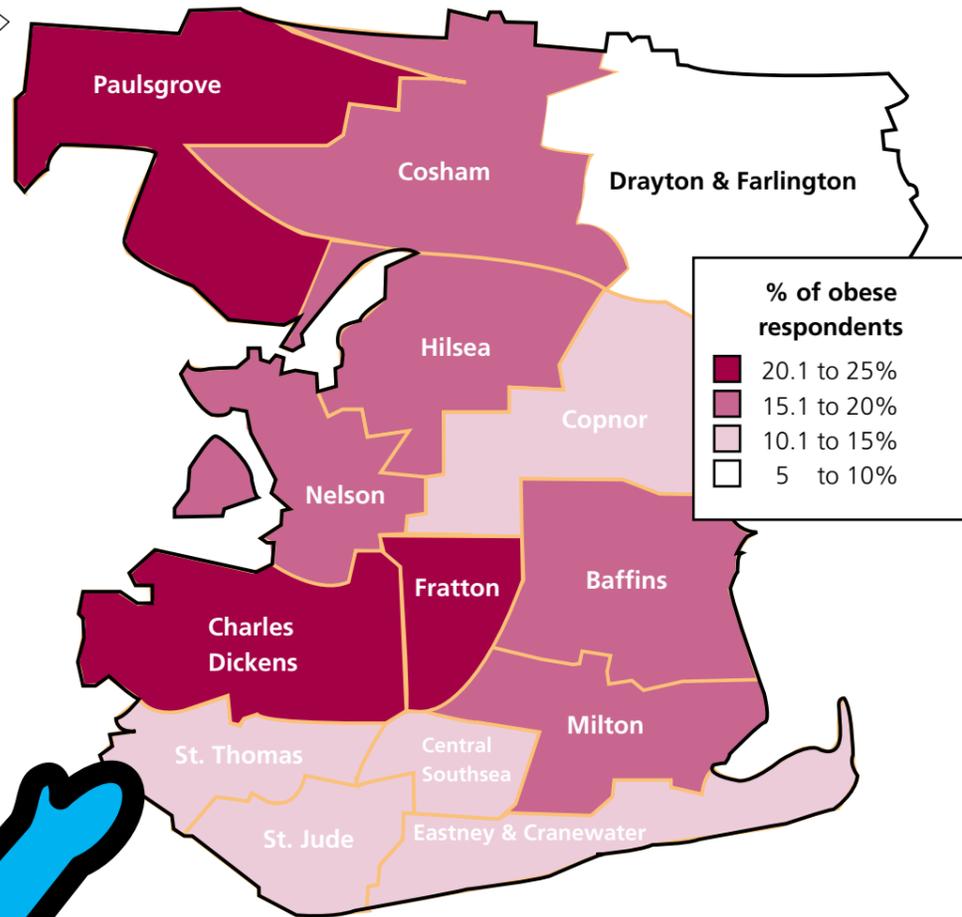
Table 3: Estimated Portsmouth obesity prevalence

5.8 Obesity levels vary with ethnicity. Black Caribbean males are more likely to be obese, with males from other ethnic groups less likely to be obese. Women from Black Caribbean, Black African, Pakistani and Bangladeshi groups are more likely to be obese than women from other ethnic groups. In Portsmouth, Black and Minority Ethnic groups account for only 5.9% of the population. However the additional risks of obesity carried by these groups must not be missed and need to be approached in culturally appropriate ways.



Healthy Weight Strategy For Portsmouth City 2008-2011

Figure 1: The percentage of adults surveyed who were obese, by electoral ward in Portsmouth City



5.9 Children have been measured and weighed on school entry (Year R, 4-5 yrs old) for many years. Since 2005 children have also been measured, as part of the National Child Measurement Programme, on leaving primary school (Year 6, 10-11 yrs old).

5.10 Figures Two and Three shows the obesity and overweight levels in Reception Year and Year 6 children, by Community Improvement Partnership (CIP) area in the academic year 2006/7. Measurements are undertaken in schools, but the small numbers involved mean that school level data are not reliable. Aggregating the data to CIP areas gives a more accurate distribution of obesity and overweight in the children in the city. These figures indicate that obesity is an issue for all areas of the city amongst children. Interestingly obesity levels in children in Year 6 are higher than overweight levels. This has been demonstrated in academic years 05/06 and 06/07. The PCT is undertaking a study tracking individual children's measurements from Reception Year to Year 6 to look at this more closely.

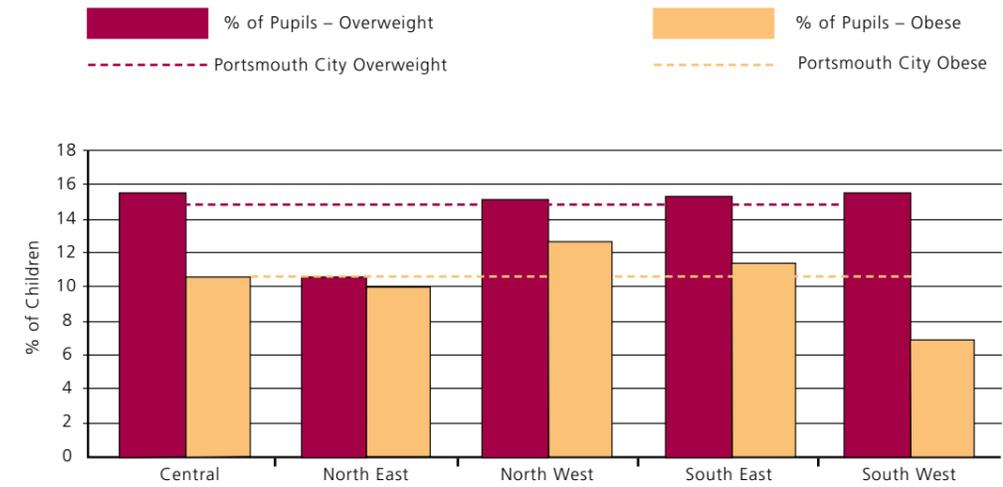


Figure 2: Percentage Of Children Overweight Or Obese As Recorded By School Nurses In Reception Classes By Portsmouth Community Improvement Partnership Area - Academic Year September 2006-July 2007

Source: child health surveillance system - Island and Portsmouth Health ICT Services

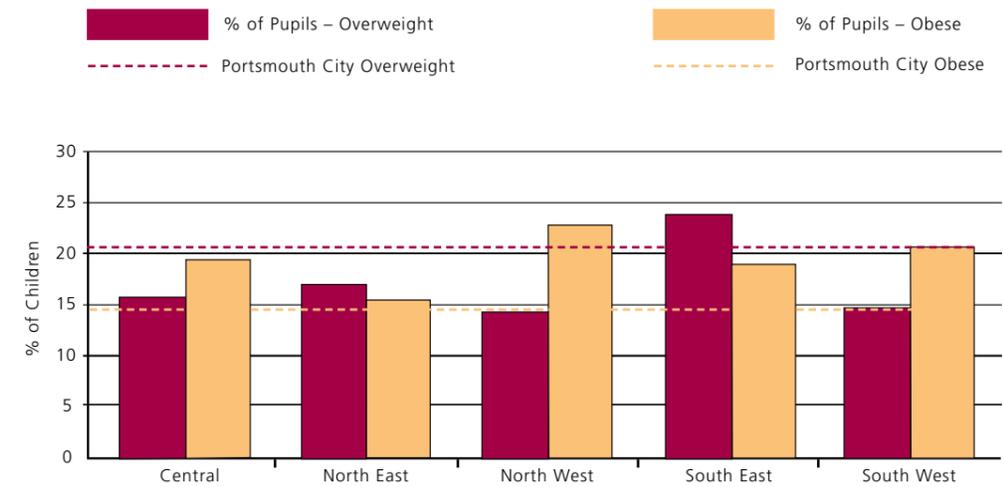
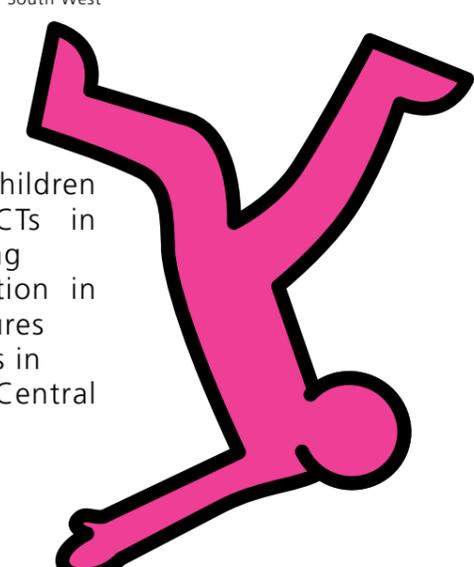
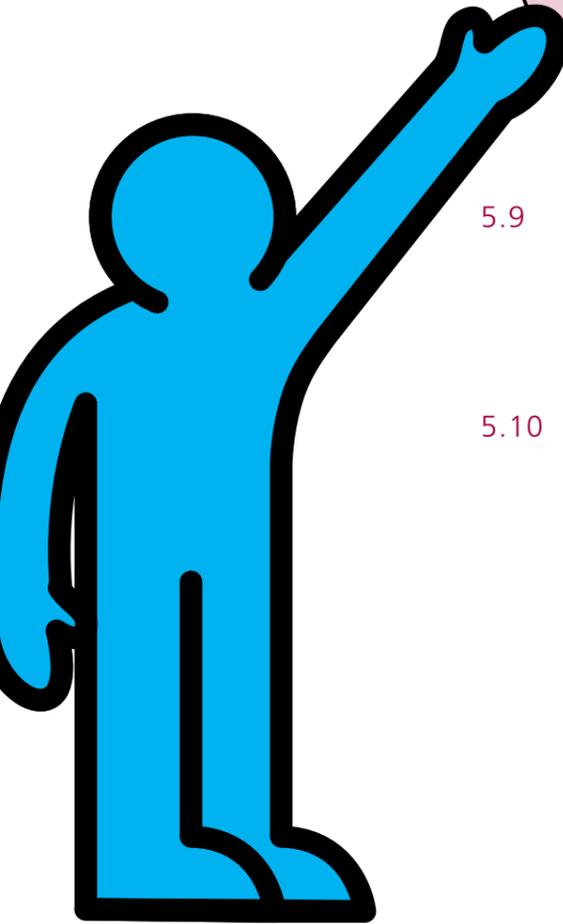


Figure 3: Percentage of children overweight or obese as recorded by School Nurses in Year 6 by Portsmouth Community Improvement Partnership Area - academic year Sept 2006-July 2007

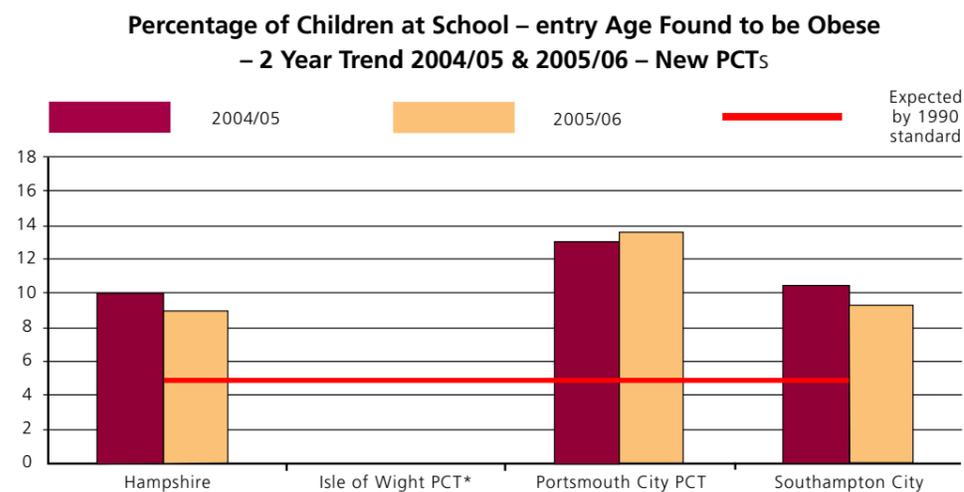
Source: child health surveillance system - Island and Portsmouth Health ICT Services

5.11 Figure 4 shows the percentage of obese 5 yr old children in Portsmouth, compared with surrounding PCTs in academic year 2005/6. It demonstrates the worsening position in the city and its relatively poor position in comparison with surrounding areas. The 2006/7 figures show that 12.3% of 5 yr olds and 24% of 10 yr olds in the city are obese – the highest rates in the South Central area. Table 4 shows the 2006/07 Portsmouth figures compared with England as a whole.



Healthy Weight Strategy For Portsmouth City 2008-2011

Figure 4: Percentage of Obese 5 yr olds by local authority 2004/5 and 2005/6



Source: Southampton, Portsmouth and Blackwater & Hart Child Health Information Services
 Note: * Data is unavailable from Winchester, Isle of Wight and North Hampshire Child Services. Therefore, the Isle of Wight PCT is missing from this analysis. Also large areas of Hampshire PCT served by the above CHISs are missing.

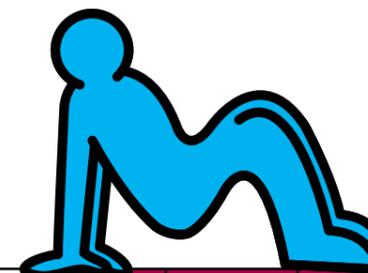
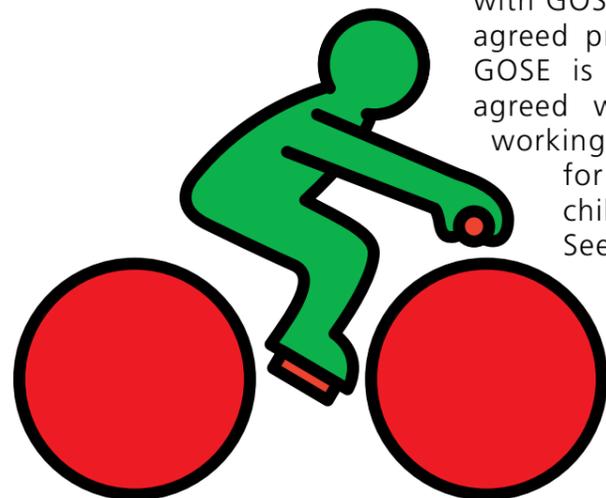
Source: Hampshire Locality Comparisons www.southamptonhealth.nhs.uk/publichealth/lhc/hantslhc2006/4lifestyle

Table 4: 2006/7 National Child Measurement Programme results

	2006/07 Portsmouth City		England	
	Year R (4-5yrs old)	Yr 6 (10-11 yrs old)	Year R (4-5yrs old)	Yr 6 (10-11 yrs old)
Overweight %	15.4	14.9	13	14.2
Obese %	12.3	24	9.9	17.5

Source: www.ncmp.ic.nhs.uk/index.asp

5.12 In the Portsmouth Local Area Agreement the National Indicators NI8 and NI55 have been agreed as priorities with GOSE and NI17, NI56, NI120 and NI175 are locally agreed priorities. The trajectory for NI 55 agreed with GOSE is the same as the PCT's Vital Signs trajectory agreed with NHS South Central, reflecting the joint working which is central to success. The trajectory asks for a reduction of obesity levels in Reception Year' children of 0.9% on 2005/6 figures, by 2010. See Table 5.



	2005/06 actual	2006/07 actual	2007/08 projected	2008/09 projected	2009/10 projected	2010/11 projected
Year R (4-5yrs old)						
Number of obese children	196	198	193	210	215	217
% obese	13	12	12	12	11	11
Year 6 (10-11 yrs old)						
Number of obese children	376	369	418	395	385	376
% obese	22	24	24	24	23	22

Table 5: The number, and percentage, of those children who are measured who are obese in Year R and Year 6 in Portsmouth – as agreed in Vital Signs and LAA targets.

6.0 The Local Approach

Portsmouth's approach to healthy weight will be:

- Multi-agency
- Evidence-based and effective
- Based on the needs of the population
- Sustainable
- Acceptable to, and supported by, the population

6.1 Obesity is a complex and important issue for the city of Portsmouth. The solution is also complex and demands a multi-agency response. It will need to involve both the people of Portsmouth and the key organisations in the city. To tackle obesity Portsmouth needs to take steps as a city, as a collection of communities and as individuals.

6.2 Resources will be needed to develop the work outlined in this strategy and to fund additional services. The time of skilled individuals and financial resources will be needed from all organisations signed up to this strategy.

6.3 The approach outlined in this strategy is based on 3 themes:

- Changing the nature of the obesogenic environment in the city through influencing policy and strategy.
- Creating lifestyle opportunities so that making the healthy choices, about physical exercise and diet, is easier for the people who live and work in the city.
- To offer help to those already burdened with obesity through effective, high-quality health service care pathways.

6.4 The Local Strategic Partnership (LSP) will lead the strategy, through the Health and Social Well-being Partnership Board (H&SWBPB). Figure 5 describes the framework for the relationship between the LSP and the Obesity Strategy Group which will sit as a subgroup of the H&SWBPB. In addition the obesity strategy lead will report to the Choosing Health and Vascular Prevention Board, itself a subgroup of the H&SWBPB.

6.5 It is important that the approach taken is evidence-based. Obesity is an “evidence-lite” area with little high quality, robust evidence of effectiveness. Activity will be based around the NICE Guidelines on obesity and other guidance and published research as it arises. Monitoring of the population obesity levels will continue through the National Child Measurement Programme, through GPs and surveys. New services and changes to policy need to be evaluated to ensure that they are having the desired effects. Evaluation will be built into services from the start and funded appropriately.

6.6 The work to tackle obesity will be based on the needs of the population. The data that we do have clearly shows that obesity, and the burdens that it brings, are unequally distributed throughout the city. Any action taken to tackle obesity will be considered in light of the effect it will have on this inequality, with the specific aim that this health inequality will be reduced. Inequalities can be seen in groupings defined by geography, ethnicity and deprivation. Other groupings will exist. All groups need to be recognised and their needs addressed.

6.7 Approaches developed to tackle obesity will be sustainable. Funding for the wide range of approaches needed to tackle obesity will demand funding from an equally wide range of sources. The PCT has been able to dedicate the full amount of Choosing Health allocation suggested for obesity with additional recurring funding. Other work will be part of mainstream work that is already ongoing. Some approaches will not need specific funding but rather a change of approach. The Foresight report highlighted that obesity is a problem that has been developing for the last 40 years and that making the changes necessary to tackle it may also take a long period of time. Funding and changes in policy need to reflect this long-term agenda.

6.8 The work to tackle obesity will need to be acceptable to, and supported by, the population. Social marketing techniques will be used to involve the community in developments, including newly developing techniques such as geo-segmentation to ensure that specific groups are identified and their needs addressed. New services will be developed in such a way that funding is sustainable wherever possible and quality is regularly assessed.

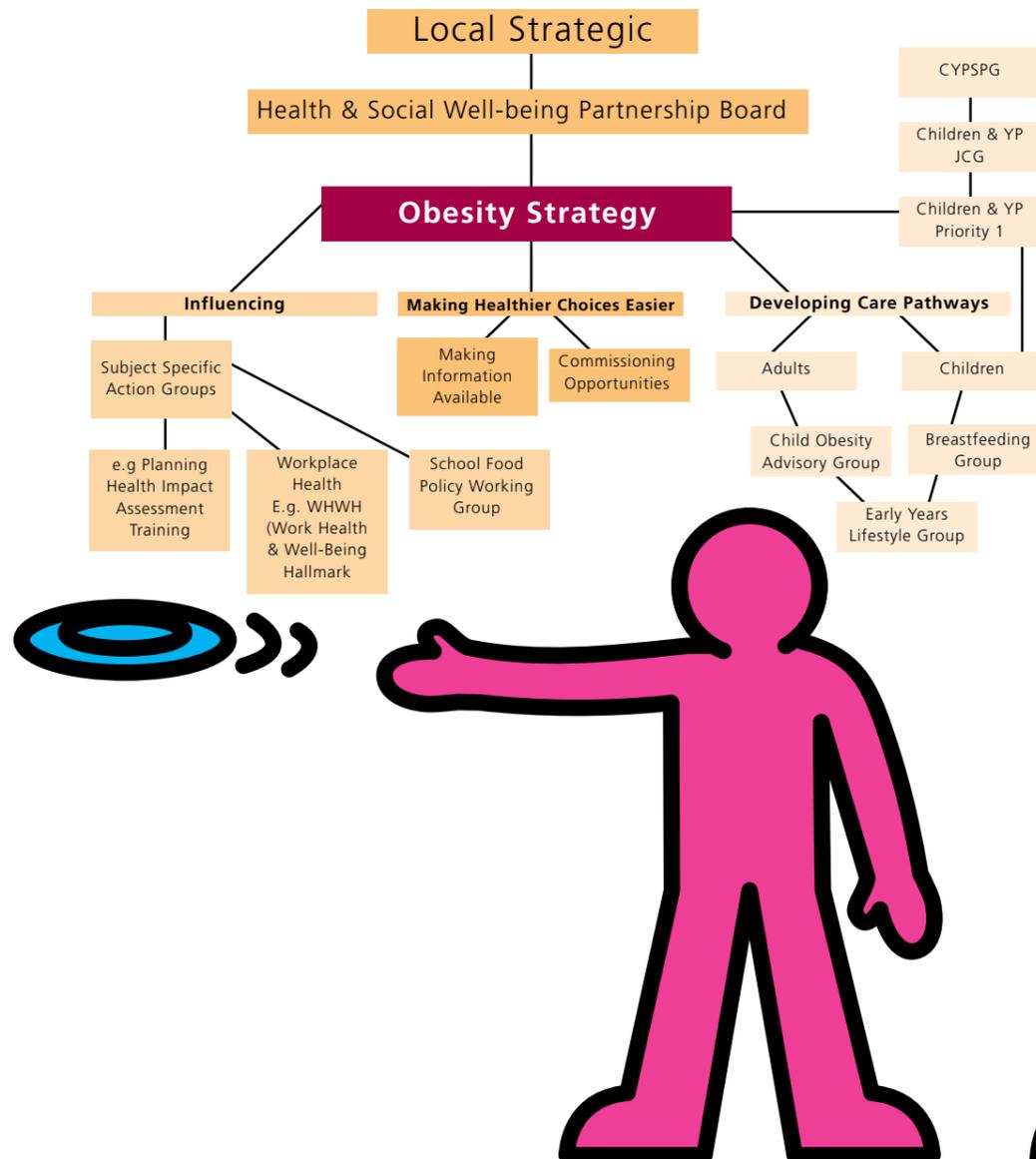
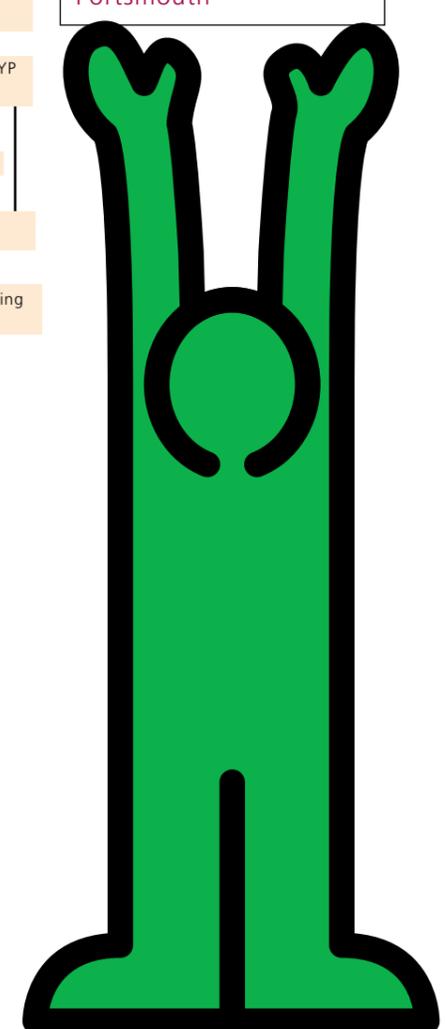
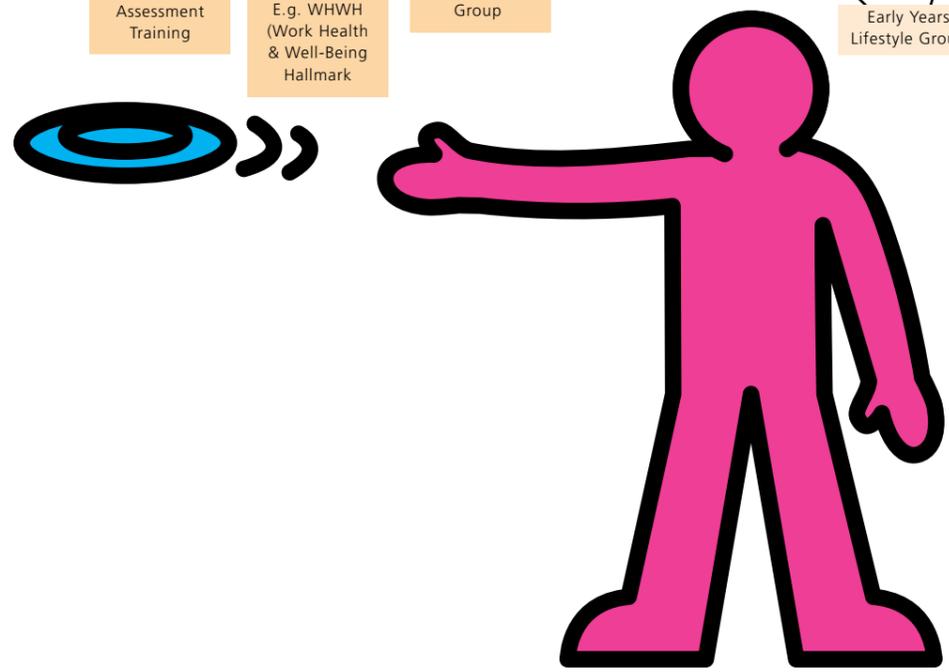
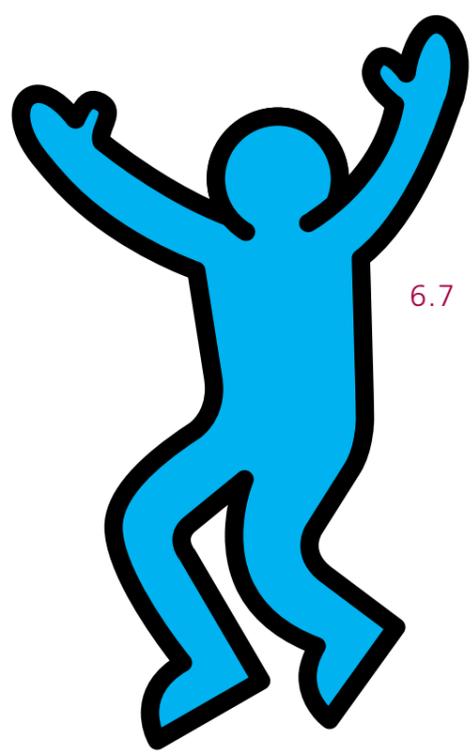


Figure 5: The strategic framework for tackling obesity in Portsmouth



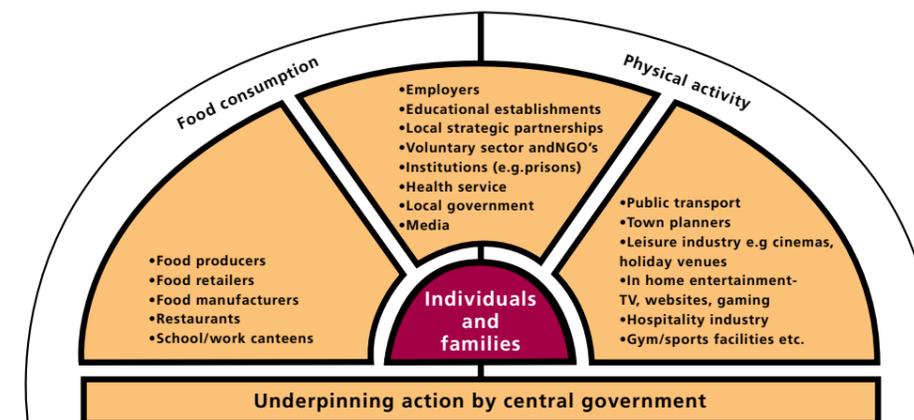
7.0 The Obesity Strategy Group

7.1 The Obesity Strategy Group (OSG) is a multi-agency group whose vision is to “drive multi-factorial work across all sectors of the city to halt the rise in adult and child obesity and to reduce its impact on the life-expectancy, quality of life and inequalities in health.”

7.2 Key aims of the Strategy Group include:

- Leading and developing the elements relating to obesity in both the Community Strategy and the Local Area Agreement
- Ensuring the implementation of the 2004-2009 Community Strategy’s aim to “reduce the numbers of overweight and obese people” and all similar priorities in any successor Strategy;
- Ensuring that relevant National Indicator Targets in the Local Area Agreement are reached.
- Leading, developing and overseeing the implementation of the obesity strategy for Portsmouth; co-ordinating the work of task groups in relation to different elements of the strategy as these develop

7.3 The national strategy “Healthy Weight, Healthy Lives” diagrammatically describes the major sectors that must play a role in tackling obesity (Figure 6). The membership of the OSG tries to reflect this wide ranging group. The OSG is chaired by the Consultant in Public Health Medicine who currently holds the strategic lead for obesity. It has membership from the LSP, H&SWBPB, the Director of Public Health, Portsmouth City Council (PCC) Health Improvement Directorate, PCT Commissioning, the University, the PCT provider function, Elected Members of PCC, PCC Physical Activity, PCC Planning, PCC Education, PCC Trading Standards, and community representation. This membership will change over time as the work of implementing this strategy develops.



Source: Healthy Weight, Healthy Live; www.dh.gov.uk

Figure 6: Major players in tackling obesity

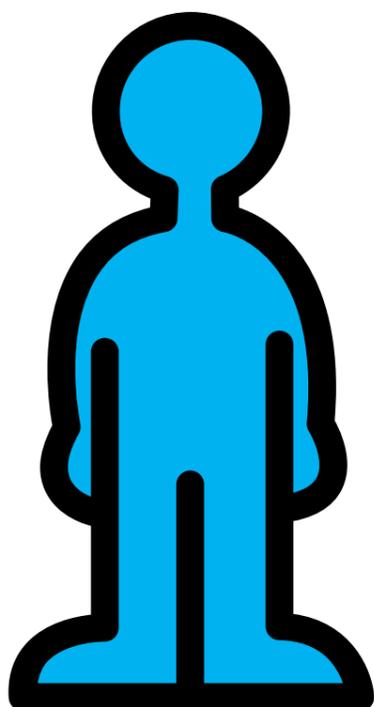
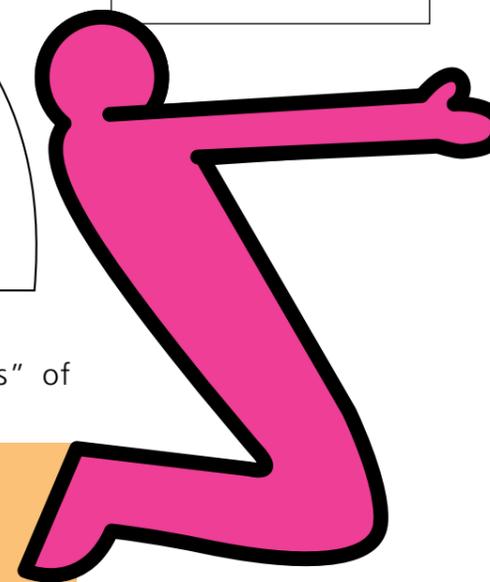
7.4 The OSG will approach its work using the 3 “themes” of this strategy:

- Theme 1: Change the obesogenic nature of the city**
- Theme 2: Make the healthy choices easier, especially with physical exercise and diet**
- Theme 3: Offer help to those already burdened with obesity**

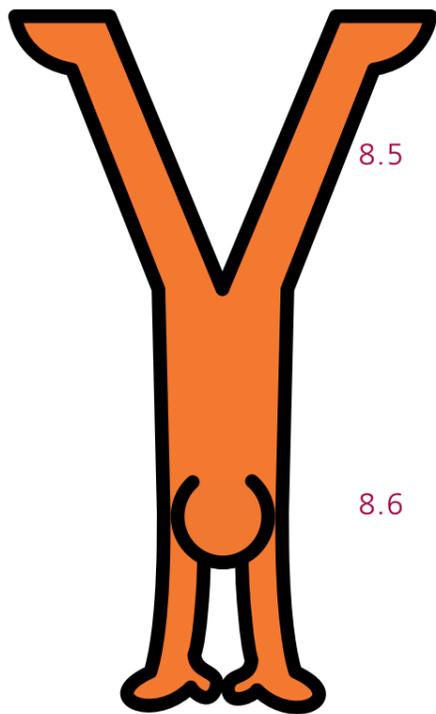
8.0 Theme 1: Changing The Obesogenic Nature Of The City

8.1 In order to change the obesogenic environment that has developed work will be undertaken, at a city wide and community wide level, influencing a wide range of policies across the city, and possibly across regional and national areas.

Aim: Portsmouth will be able to identify those local policies which influence obesity and will have the willingness and ability to change them.



- 8.2 The opportunities and resources available to influence a wide range of policies will vary over time. The OSG is well-placed to recognise opportunities. Time-limited subgroups of the OSG will be created to work on different policy areas. The following paragraphs describe some of the current policy work underway.
- 8.3 Planning of the built environment and transport policy have huge effects on the ability to undertake exercise as part of recreation and travel. Work is currently underway to increase the profile of, and capacity to undertake, Health Impact Assessment (HIA) as part of planning and transport policy development. Training on HIA has been funded through Choosing Health money to train members of the planning and transport teams within PCC. Further training will be made available to wider audiences. Once trained members of the planning and transport teams will be able, and expected, to use these skills in their daily work, ensuring that, in a sustainable fashion, health (including obesity) is considered in planning and transport policy decisions. Evaluation of the training is underway.
- 8.4 The influence of the workplace on health is well recognised. The Workplace Health and Wellbeing Hallmark award scheme, led by the Health Improvement Directorate of Portsmouth City Council, encourages employers to recognise the influence that they can have on their employee's health, for the benefit of both employer and employee. Both the City Council and PCT are committed to work towards the award as employers in their own right.
- 8.5 Extreme obesity in some children can be regarded as a safeguarding issue. The Child Obesity Advisory Group (COAG) has flagged up the operational difficulties with dealing with the few cases of extreme obesity where it is a safeguarding children issue. A meeting of key players has resulted in a planned addition to the safeguarding children policy and the involvement of a Consultant Paediatrician in the local safeguarding children conference so that obesity can be highlighted as a legitimate and important safeguarding issue.
- 8.6 COAG has also flagged up the issue of food in school during and outside of lunchtime. The School Food Trust issued guidance in September 2007 but many local schools have not implemented it. Work will be done, with schools, to ensure that food and drink offered are in line with the national guidance.



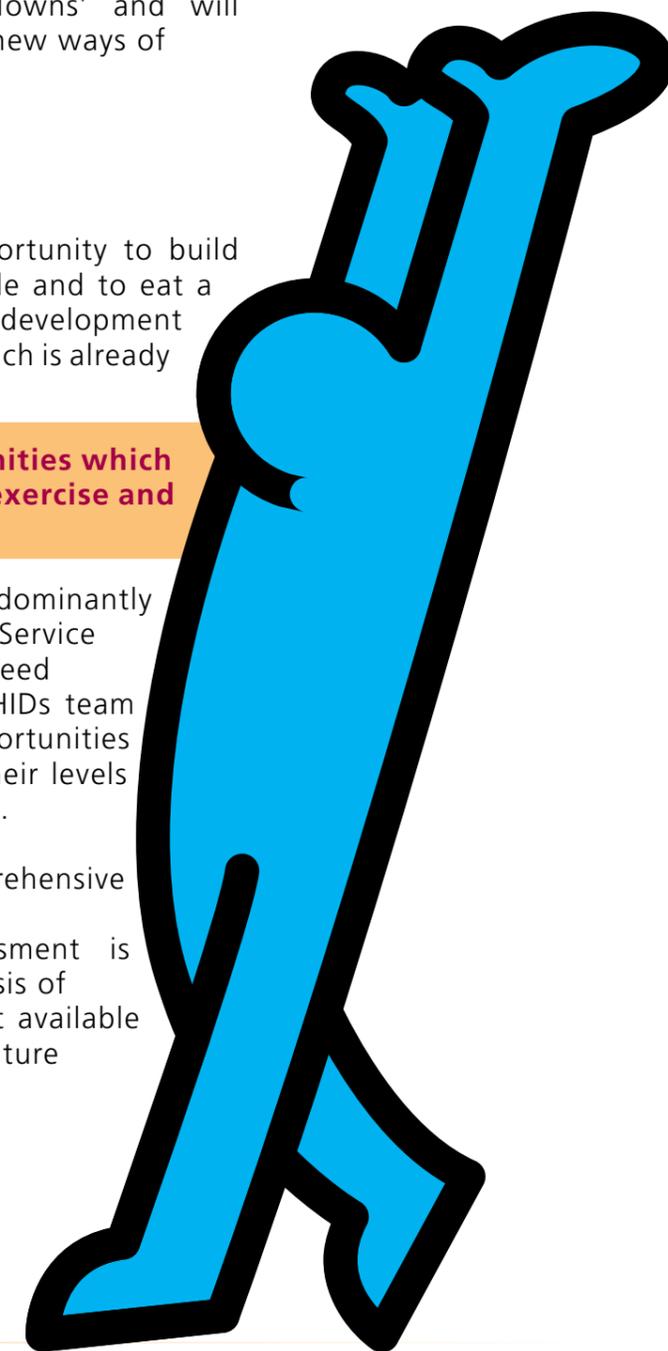
- 8.7 The City Council is leading on social marketing for a wide range of health priorities, including segmentation of the population which is also in line with the DH national healthy weight work.
- 8.8 In June 2008 DH invited bids for the Healthy Community Challenge Fund inviting areas to "come up with innovative ways to make regular physical activity and healthy food choices easier for local communities". Portsmouth was chosen as one of nine new 'Healthy Towns' and will receive an additional £3 million to test out new ways of working.

9.0 Theme 2: making healthy choices easier

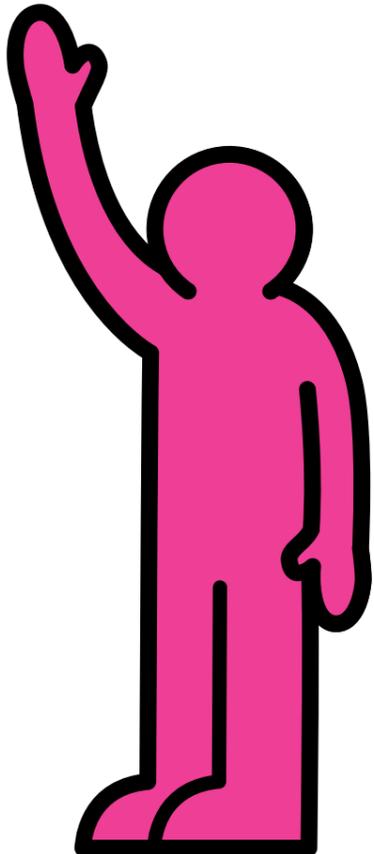
- 9.1 It is important that everyone has the opportunity to build sufficient physical exercise into their lifestyle and to eat a healthy diet. This is key to both preventing the development of obesity and to dealing with the obesity which is already present.

Aim: Portsmouth will have a range of opportunities which enable all to choose to increase their physical exercise and improve their diet.

- 9.2 This area of work is being undertaken predominantly by the Health Improvement & Development Service (HIDS) of PCC in line with a project plan agreed with the PCT. The PCT commissioned the HIDS team to undertake a mapping exercise of all opportunities in the city for the population to increase their levels of physical activity and to improve their diet.
- 9.3 This mapping exercise has informed a comprehensive needs assessment of lifestyle opportunities undertaken by HIDS. The needs assessment is evidence-based and undertakes a gap analysis of effective lifestyle opportunities that are not available in the city. It makes recommendations for future action.



- 9.4 The Needs Assessment makes a wide range of other recommendations. These recommendations will be prioritised by the Strategy Group. As resources become available further service specifications will be drawn up in order to commission lifestyle opportunities to fill the gaps identified. Social marketing techniques will be used to inform service specifications which will be evidence-based, needs assessed, acceptable to and wanted by their target populations. These opportunities will be examined for their effect on inequalities and be contracted in a way that will demand demonstration of quality.
- 9.5 It is important that the population and professionals can easily access accurate information about lifestyle opportunities in the city. The PCT is commissioning a constantly-updated database of opportunities for physical exercise and improving diet accessible by the public and professionals. DH has indicated that they are doing similar work at a national level. Links have been made with DH about this work.
- 9.6 HIDS team have successfully bid for DH capacity building funding for staff training and programmes of family based activity and healthy eating sessions. This funding is also being used to implement a city-wide initiative which is being led by the PCT jointly with Portsmouth City Council HIDS team to enable progress towards UNICEF baby friendly accreditation which encourages breastfeeding for patients and staff.
- 9.7 Other work being undertaken to tackle lifestyle issues that affect health will be co-ordinated with the healthy weight agenda. Examples include the inclusion of BMI as part of the calculation of cardiovascular risk in the Vascular Prevention Project in primary care, the inclusion of BMI measurement of inpatients in the contract between Portsmouth City Teaching PCT and Portsmouth Hospitals Trust and alcohol advice that links alcoholic drinks with their calorie content.

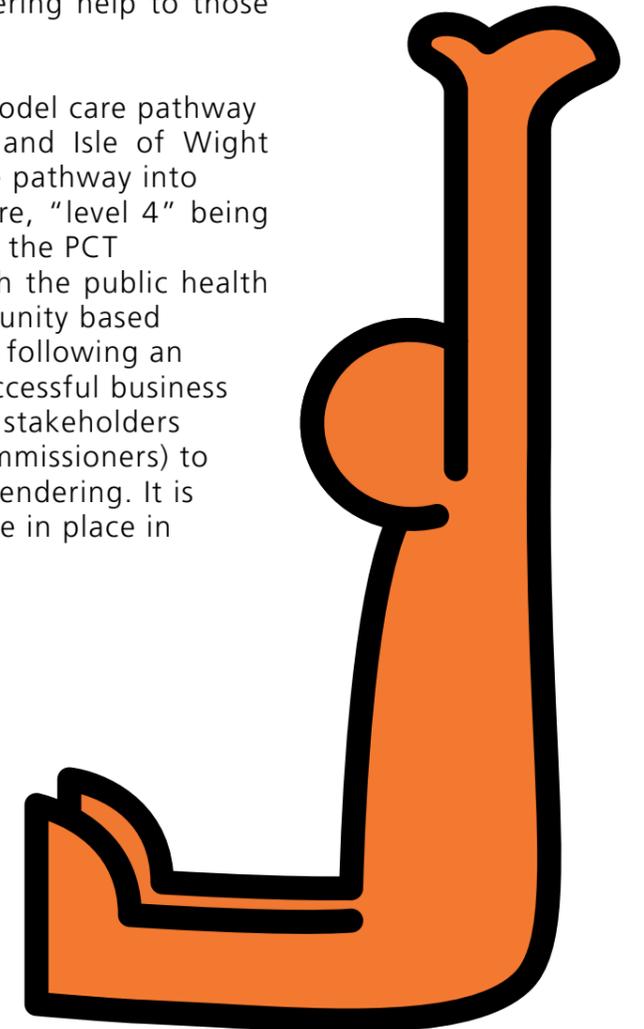


10.0 Theme 3: Help For Those Burdened With Obesity

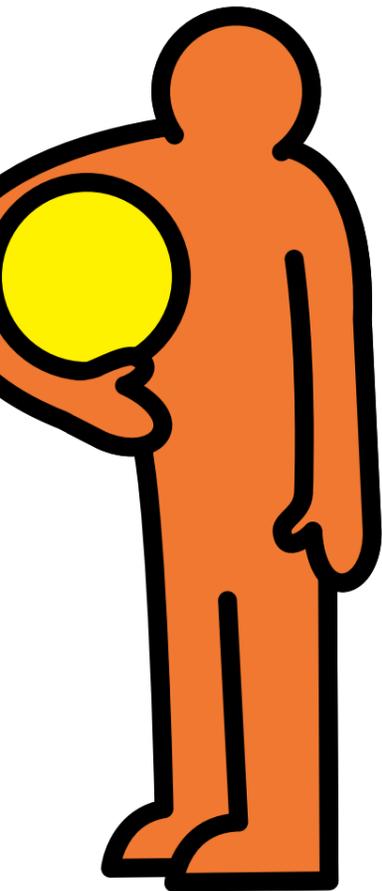
- 10.1 Inevitably some people, adults and children, are already burdened with obesity. Some will want to take positive steps towards managing their obesity, with the help of the NHS

Aim: Adults and children in Portsmouth will have access to complete care pathways for the management of obesity.

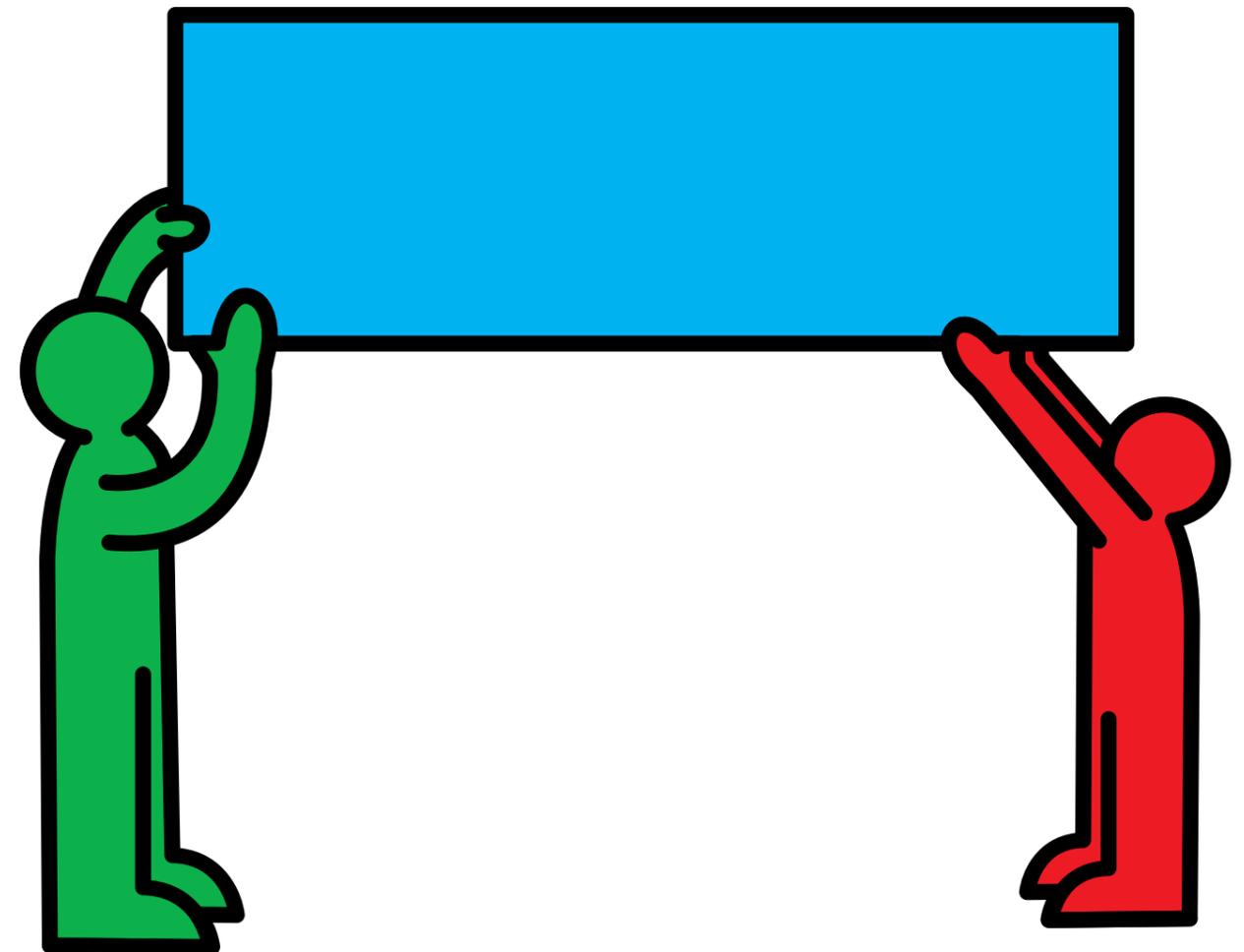
- 10.2 The PCT is working to develop comprehensive care pathways for adults and for children. These pathways will cover prevention, primary care, specialist care and through to the surgical options. In line with the rest of the healthy weight strategy these care pathways will be evidence-based, based on need and acceptable and wanted by the populations they are aimed at. The Obesity Strategy Group will consider the use of incentives in offering help to those who need it.
- 10.3 The adult care pathway is based on the model care pathway developed on behalf of the Hampshire and Isle of Wight Public Health Network. This splits the care pathway into "levels" 1 -4; "level 1" being primary care, "level 4" being bariatric surgery. The work is being led by the PCT commissioning team, working closely with the public health team. In 2008/09 a "level 1" and a community based "level 2 and 3" service will be developed, following an agreed project plan, funded through a successful business case. Development includes working with stakeholders (potential users, care professional and commissioners) to develop the services specification before tendering. It is planned that the community service will be in place in Summer 2009.



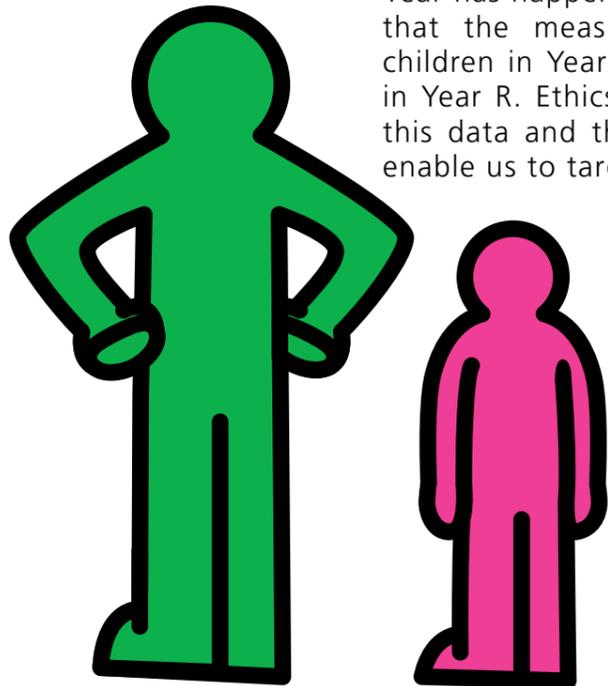
- 10.4 Adult obesity care in primary care was encouraged, in 2007/08, by a locally enhanced service (LES). This offered payment to GPs in return for the GPs working closely with a number of patients, aiming for a 5% loss in body weight. The purpose of this LES was to gain weight loss in a small number of patients but also to encourage GPs to engage with the healthy weight agenda and to develop services for these patients. Detailed evaluation of one model has been commissioned and feedback from other practices collected. The LES will not be repeated in 2008/09 but valuable lessons learnt will be used in the development of a more sustainable model for a "level 1" service.
- 10.5 Anti-obesity medication is a growing field. Prescribing in the city continues to be informed and influenced through the medicines management team of the PCT in line with NICE and other evidence as it appears. One of the pharmacists on the team is an independent Prescriber for obesity medication.
- 10.6 In July 2008 Community Pharmacists across the city were funded to pilot support to adults who want to tackle their weight. Dietary advice, support and encouragement to increase physical exercise is being given by pharmacists in their pharmacy. This will form part of the wider adult care pathway, increasing patient choice.
- 10.7 The 2008/09 Standard Contract between the PCT and Portsmouth Hospitals Trust (PHT) contains a target that every patient who is admitted for more than 3 days to PHT will have their BMI recorded and be referred to weight management services as appropriate. The Standard Contract is a new concept in the NHS and all targets will not be met immediately. Work will continue to encourage PHT to fulfil this obligation under the contract through the PCT's Head of Clinical Standards (Commissioning).



- 10.8 The Child Obesity Advisory Group (COAG) is a well attended multi-professional and multi-sector group. It informs the development of the child obesity care pathway and identifies other areas of concern related to child obesity. The COAG has assisted in mapping services available for pre-school and school-aged children. COAG is clearly steering work towards prevention at a pre-school level.
- 10.9 A child care pathway is under development, led by the Public Health Development Manager. Commissioning support and the professional advice from the COAG inform the care pathway. The involvement of children will be explored. Once finalised the care pathway will form the basis of further commissioning of services as resources can be secured.



- 10.10 Elements of the child care pathway are already in place. January 2008 saw the first “Families for Health” programme in the city. Based on the model from the University of Warwick this programme is aimed at families with a least 1 obese child and involves both the children and the parents. The programme of weekly sessions covers parenting skills, self-esteem, physical activity and healthy eating. Parents self-refer to the scheme. This scheme is funded by Choosing Health money and will become part of a larger multi-centred trial through the University of Warwick. Funding is available for expansion of the scheme across the city. Evaluation of the scheme will inform the rate of expansion.
- 10.11 In addition to Families for Health other schemes, including HENRY and MEND, will be looked at for their applicability to Portsmouth.
- 10.12 Areas for training of Health Visitors and School nurses have been identified. Training on growth measurement and the impact of obesity will be a regularly recurring event. Policies for monitoring and referral of children by health visitors and school nurses have been agreed.
- 10.13 Measurement of height and weight in children in Reception Year has happened for many years in Portsmouth meaning that the measurements now being taken of those same children in Year 6 can be tracked back to their measurements in Year R. Ethics approval has been given for a study tracking this data and the research is underway. This information will enable us to target work with children more effectively.



11.0 Conclusion

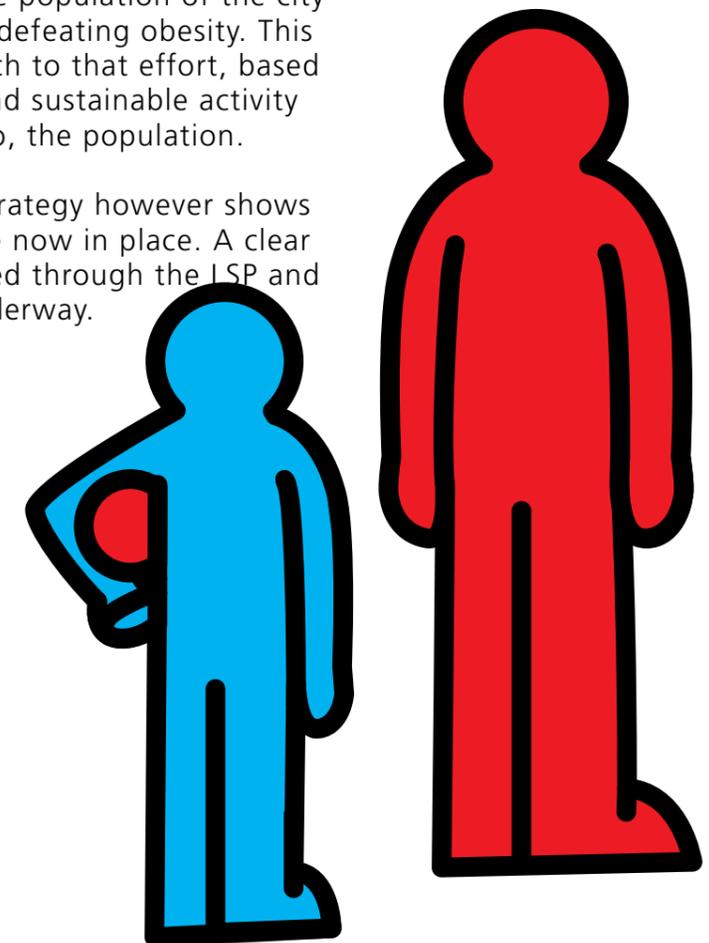
- 11.1 Obesity is a major problem for the city of Portsmouth. Its causes are complex, as are the solutions. To tackle obesity the city has to take action at a city-wide, community and individual level.
- 11.2 This strategy outlines an approach based on 3 themes:
- Changing the obesogenic nature of the city
 - Making the healthy choices easier, especially with physical exercise and diet
 - Offering help to those already burdened with obesity, providing care pathways for those already obese and overweight.
- 11.3 The obesity “epidemic” has taken decades to develop. It will take decades of concerted effort to reduce the obesogenic nature of our environment and for the population of the city to make the lifestyle changes vital to defeating obesity. This strategy describes a city-wide approach to that effort, based on evidence-based, needs assessed and sustainable activity which is wanted by, and acceptable to, the population.
- 11.4 There is much work still to do. This strategy however shows that the foundations for this work are now in place. A clear structure of accountability is developed through the LSP and the LAA, and work is already well underway.

Dr Helen Walters

Consultant in Public Health Medicine

Campbell Todd

Public Health Development Manager



Top tips for getting started: better eating

- Start the day with cereal and a piece of fruit or a glass of fruit juice.
- Have at least five portions of fruit or vegetables every day.
- Take a packed lunch if this helps you to have a healthier meal.
- Plan ahead for your family food shopping and meals.
- Avoid extra snacks and drinks containing fat and sugar.
- Have plenty to drink, including water.
- Try to avoid using food as a reward or for comfort.

Top tips for getting started: becoming more active

- Aim to cut down on activities that involve little movement, such as watching television and using the computer.
- Add a little activity as part of your daily routine. Use the stairs rather than the lift, get off the bus one stop early, walk up escalators.
- Find times in the day when you can take a brisk walk. Several 10 minute walks are as beneficial as one longer walk.
- Identify ways of becoming more active as a family. Try walking, swimming, cycling, dancing or playing together in the park.
- Make activities part of your social life. Meet up with a friend or neighbour for a daily walk.
- Think of ways of becoming more active that you will enjoy, like dancing, bowling or gardening.

Source: Why Weight Matters (DH, 2006)