

**DRAFT**

**Healthy Weight Strategic  
Framework  
for County Durham  
2014 – 2020**

<b>Reader Information</b>	
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# 1. Summary

## Context

Over 75% of children in County Durham are a healthy weight when they start school however throughout the life course development of excess weight (overweight and obesity) increase to an extent that below 25% of adults are a healthy weight. Underweight in children remains below 1% however there is insufficient information for estimates in adults. Interventions to promote healthy weight will therefore have to be targeted more at reducing excess weight and reducing the inequality gap across the life course through proportionate distribution of resources. In 2011/12, approximately 2000 residents of County Durham across all ages were admitted to hospital with either a primary or secondary diagnosis of obesity<sup>1</sup>, most of which could have been prevented.

The World Health Organization (WHO) global Strategy on Diet, Physical Activity and Health<sup>2</sup> provided recommendations for the promotion of healthy weight and prevention of non-communicable diseases. In 2011, the British government proposed that a new way of looking at the issue was needed to make a step-change towards a healthier weight for everyone. Two new national ambitions were set:

- Achieve a sustained downward trend in the level of excess weight in children by 2020 and
- Achieve a downward trend in the level of excess weight averaged across all adults by 2020.

The Joint Strategic Health Needs Assessment (JSNA)<sup>3</sup>, the Director of Public Health annual report<sup>4</sup> and the Joint Health and Wellbeing strategy<sup>5</sup> for County Durham identified excess weight in children, young people and adults as a priority health and social risk area that needed to be addressed.

This strategic framework is aligned to priority actions in the County Durham Joint Health and Wellbeing plan, Sustainable communities' strategy, Cardiovascular disease (CVD) delivery framework, Sustainable Food Strategy, Physical Activity Strategy, School Food plan, Children, Young People and Families Partnership plan, North Durham Clinical Commissioning Group (CCG) commissioning intentions and Durham Dales, Easington and Sedgefield (DDES) CCG commissioning intentions.

The strategic framework has been developed through the County Durham Healthy Weight Alliance (HWA), a multi-agency group working to systematically promote healthy weight in County Durham.

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<sup>1</sup> HES, Statistics on obesity, physical activity and diet- England 2013. <http://www.hscic.gov.uk/searchcatalogue?productid=11194&topics=2%2fPublic+health%2flifestyle%2fDiet&sort=Relevance&size=10&page=1#top>. Accessed 30/1/14

<sup>2</sup> WHO(), Global strategy on Diet, Physical Activity and Health. <http://www.who.int/dietphysicalactivity/en/> Accessed 15/1/14

<sup>3</sup> JSNA (2012), <http://content.durham.gov.uk/PDFRepository/JSNA-2012-Interactive-Version.pdf>. Accessed 8/1/14

<sup>4</sup> NHS County Durham and Darlington, *Back to the Future: annual report of the Director of Public Health*, <http://content.durham.gov.uk/PDFRepository/Public-Health-Annual-Report-2011-2012.pdf>. Accessed 8/1/14

<sup>5</sup> County Durham Joint Health and Wellbeing strategy (2013-2017), <http://content.durham.gov.uk/PDFRepository/Public-Health-Annual-Report-2011-2012.pdf>. Accessed 8/1/14

## Aims and Objectives

The aim of the strategic framework is to:

Develop and promote evidence based multi-agency working and strengthen local capacity and capability to achieve a sustained upward trend in healthy weight for children and for all adults in County Durham by 2020.

The objectives are:

- To develop a supportive built and natural environment so that it is less inhibiting of healthy lifestyles such as walking, cycling and access to healthy food and nutrition;
- Provide information and practical support needed for individuals to make healthier choices;
- Provide effective programmes and services to help individuals and families achieve and maintain a healthy weight; and
- Develop a workforce which is competent, confident and effective in promoting healthy weight.

## Scope

This strategic framework relates to children, young people and families, and adults within the boundaries of Durham County Council and covers the whole life course (pregnancy to death). Interventions progressed will be:

- **Universal** - create positive environments and activities which actively promote and encourage a healthy weight in County Durham. This involves transport, the built environment, parks, open space and access to affordable healthy food. Most interventions at this level will be achieved through provision by the voluntary and community sector (CVS), Independent sector, parish councils, children's centres, schools, Area Action Partnerships (AAPs), leisure and culture, businesses, sustainable transport etc. and also through influencing policy. It also includes opportunistic screening of height and weight by general practitioners (GP), brief intervention, advice and sign posting to relevant activities and programmes;
- **Targeted** – interventions that support individuals, families and communities most at risk of developing overweight and obesity to intervene early. Provision of these interventions will occur mainly through public health commissioning as part of the wellbeing for Life model, breastfeeding and parenting programmes;
- **Specialist** – services to ensure support to those who need additional support to achieve a healthy weight. These interventions will be provided through primary care/hospital based services commissioned by Clinical Commissioning Groups. E.g. bariatric surgery, dietetics, psychology, paediatrics

## What we will do

Stakeholders in County Durham have completed a self- assessment against the NICE guidance PH42 (Obesity: working with local communities), which resulted in prioritising of strategic actions. The high level strategic actions include:

- Provide interventions, education and training opportunities across the life course to promote healthy diet and nutrition;
- Support and progress implementation of A5 (takeaway foods) planning guidance;
- Improve access to the natural environment to increase participation in physical activity;
- Maximise opportunities available to become physically active;
- Adopt a consistent approach to marketing using Change4life branding;
- Develop and implement a model for community engagement; and
- Develop a performance and reporting process for the HWA in order to make relevant data available to all partners and facilitate evaluation and inform commissioning.

These actions will be progressed through four multi agency subgroups of the healthy weight alliance who will engage with agencies and community partners to ensure there is coordinated delivery. The subgroups will report to the HWA. The Food and Health and Physical activity subgroups will in addition report to the Food Partnership and the Sports and Physical Activity Partnership respectively. The HWA will report to the Health and wellbeing board through the Director of Public Health.

### **How we will know if we have been successful**

Implementation of the strategic actions identified through this strategic framework will contribute to achieving improvements in some of the indicators from the Public Health Outcomes Framework (page 19 of this framework). These indicators will be tracked and monitored throughout the lifetime of the strategic framework.

### **Summary of Conclusion and Recommendations**

Partners across the county and members of the population must be engaged in order to effectively address healthy weight. Actions taken should focus on:

- Building capacity and capability to promote physical activity and healthy diets;
- Tackling the obesogenic environment;
- Adopt Change4life branding;
- Investing in prevention, targeted and specialist support through proportionate resource distribution aligned to existing programmes and activities; and
- Embedding evaluation to demonstrate impact and value for money.

## 2. Setting the context

Lifestyle and behavior choices are important factors in influencing weight status. In County Durham, over 75% of children are a healthy weight when they start school however throughout the life course development of excess weight (overweight and obesity) increase to an extent that less than 25% of adults are a healthy weight. The issues relating to underweight are not explored in this framework as less than 1% of children are considered underweight and there is currently insufficient information for estimates in adults.

In 2011/12, approximately 2000 residents of County Durham across all ages were admitted to hospital with either a primary or secondary diagnosis of obesity<sup>1</sup>, most of which could have been prevented.

Unhealthy diets and physical inactivity are major risk factors for excess weight as well as a number of chronic health conditions including cardiovascular disease, diabetes, some cancers and high blood pressure and has implications for social care and mental wellbeing.

In May 2004, the World Health Organisation (WHO) produced a global Strategy on Diet, Physical Activity and Health<sup>6</sup>. This strategy provided recommendations on the promotion of healthy diets and regular physical activity for the promotion of healthy weight and prevention of non-communicable diseases.

In 2011, the British government proposed that a new way of looking at the issue was needed to make a step-change towards a healthier weight for everyone. Two new national ambitions were set:

- Achieve a sustained downward trend in the level of excess weight in children by 2020 and
- Achieve a downward trend in the level of excess weight averaged across all adults by 2020.

The Joint Strategic Health Needs Assessment<sup>7</sup>, the Director of Public Health annual report<sup>8</sup> and the Joint Health and Wellbeing strategy<sup>9</sup> for County Durham have identified excess weight in children, young people and adults as a priority health and social risk area that needs to be addressed.

This strategic framework has 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 in County Durham. It draws on the main themes from '*Healthy Lives, Healthy People: A Call to action on Obesity in England*<sup>10</sup>', *Joined up clinical pathways: Report of the working group*<sup>11</sup> and the National Institute for Health and Care

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<sup>6</sup> WHO(), Global strategy on Diet, Physical Activity and Health. <http://www.who.int/dietphysicalactivity/en/> Accessed 15/1/14

<sup>7</sup> JSNA (2012), <http://content.durham.gov.uk/PDFRepository/JSNA-2012-Interactive-Version.pdf>. Accessed 8/1/14

<sup>8</sup> NHS County Durham and Darlington, *Back to the Future: annual report of the Director of Public Health*, <http://content.durham.gov.uk/PDFRepository/Public-Health-Annual-Report-2011-2012.pdf>. Accessed 8/1/14

<sup>9</sup> County Durham Joint Health and Wellbeing strategy (2013-2017), <http://content.durham.gov.uk/PDFRepository/Public-Health-Annual-Report-2011-2012.pdf>. Accessed 8/1/14

<sup>10</sup> DH (2010), *Healthy Lives, Healthy People: A call to action on obesity in England*.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213720/dh\\_130487.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_130487.pdf). Accessed 24/9/13

Excellence (NICE) guidance PH42, '*Obesity: working with local communities*'<sup>12</sup> as a clear vision for where action should be taken.

The strategic framework is aligned to priority actions in the County Durham Joint Health and Wellbeing plan, Sustainable communities' strategy, Cardiovascular disease (CVD) delivery framework, Sustainable Food Strategy, Physical Activity Strategy, School Food action plan for County Durham, Children, Young People and Families Partnership plan, North Durham CCG commissioning intentions and DDES CCG commissioning intentions.

The strategic framework seeks to build on existing partnerships and to establish clear links with local services and activities in line with national, regional and local priorities and the evidence base of what works and to help a wide range of partners to see their role in tackling this important priority. It has been developed through the County Durham Healthy Weight Alliance, a multi-agency partnership working to systematically promote healthy weight in County Durham. Its role and way of working will be reviewed as part of the action plan.

The document has been based on dialogue between local partners and consultation with stakeholders.

### **3. Aims and Objectives**

The aim of the strategic framework is to:

- Develop and promote evidence based multi-agency working and strengthen local capacity and capability to achieve a sustained upward trend in healthy weight for children and for all adults in County Durham by 2020.

The objectives are:

- To develop a supportive built and natural environment so that it is less inhibiting of healthy lifestyles such as walking, cycling and access to healthy food and nutrition;
- Provide information and practical support needed for individuals to make healthier choices;
- Provide effective programmes and services to help individuals and families achieve and maintain a healthy weight: and
- Develop a workforce which is competent, confident and effective in promoting healthy weight.

### **4. Scope**

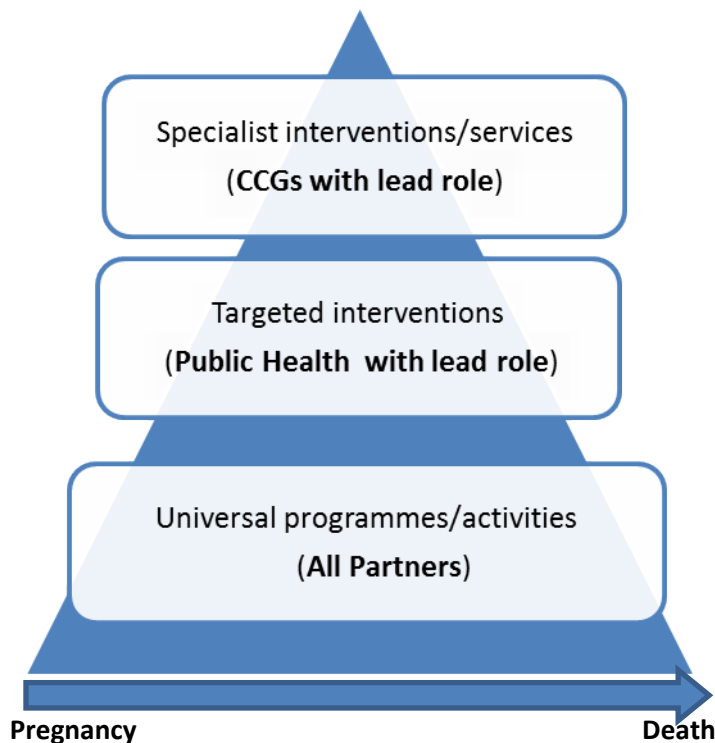
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<sup>11</sup> NHS England (2014), *Joined up clinical pathways*: Report of the working group. <http://www.england.nhs.uk/wp-content/uploads/2014/03/owg-join-clinc-path.pdf>. Accessed 22/8/14

<sup>12</sup> NICE PH42 (2012), *Obesity-working with local communities*. <http://publications.nice.org.uk/obesity-working-with-local-communities-ph42>. Accessed 2/10/13.



This strategic framework relates to children, young people and families, and adults living within the boundaries of Durham County Council and covers the whole life course (pregnancy to death) as shown in the diagram below. Interventions progressed will be:



- **Universal** - create positive environments and activities which actively promote and encourage a healthy weight in County Durham. This involves transport, the built environment, parks, open space and access to affordable healthy food. Most interventions at this level will be achieved through provision by the voluntary and community sector, Independent sector, parish councils, children's centres, schools, Area Action Partnerships (AAPs), leisure and culture, businesses, sustainable transport etc. and also through influencing policy and planning. It also includes opportunistic screening of height and weight by general practitioners (GP), brief intervention, advice and sign posting to relevant activities and programmes;
- **Targeted** – interventions that support individuals, families and communities most at risk of developing overweight and obesity to intervene early. Provision of these interventions will occur mainly through public health commissioning as part of the wellbeing model, breastfeeding and parenting programmes; and
- **Specialist** – services for children, young people and adults to ensure support to those who need additional support to achieve a healthy weight, including maternity services. These interventions will be provided through hospital based services commissioned by Clinical Commissioning Groups. e.g. bariatric surgery, dietician, psychology and paediatrician.

## 5. What is the problem?

The fundamental cause of unhealthy weight is an energy imbalance between calories consumed and calories expended. ‘Changes in dietary and physical activity patterns are often the result of environmental and societal changes associated with development and lack of supportive policies and legislation in sectors such as health, agriculture, transport, urban planning, environment, food processing, distribution, marketing and education’<sup>13</sup>.

## 5.1 Definition of ‘healthy weight’

The term ‘healthy weight’ is used to describe when an individual’s body weight is appropriate for their height and benefits their health. Body weights above (overweight) or below (underweight) the healthy weight range produce adverse effects on health and wellbeing. ‘Excess weight’ refers to a combination of overweight and obesity.

The recommended measure of underweight, healthy weight, overweight and obesity in children and adults is the body mass index (BMI). BMI is calculated by dividing body weight (kilograms) by height (metres) squared. In children this is adjusted for a child’s age and gender. The National Childhood Measurement Programme (NCMP) uses BMI reference charts to classify children which take into account children’s weight and height for their age and sex.

Table 1 outlines the classification of BMI in children and adults respectively.

**Table 1: BMI classification**

Classification	BMI centile range- children	BMI range-Adults (kg/m <sup>2</sup> )
<b>Underweight</b> (children may be healthy at this BMI centile)	Below 2nd BMI centile	<18.5
<b>Healthy weight</b>	Between 2nd and 90th BMI centiles	18.5 – 24.9
<b>Overweight</b>	Between 91st and 97th BMI centiles	25.0 – 29.9
<b>Very overweight/Obese</b> (clinically obese)	At or above 98th BMI centile	30.0 – 39.9
<b>Morbidly Obese</b>		>40

Source: NCMP guidance 2013/14<sup>14</sup>, NICE 2006<sup>15</sup>

## 5.2 Healthy weight in Children – the challenge

Information gathered through the NCMP<sup>16</sup>, table 2 below, show that, in County Durham, there are fewer children who are underweight at both reception (4-5 year olds) and year 6 (10-11 year olds) compared to England average.

There are however, more children who have excess weight at year 6 but similar at reception compared to England average. Proportions of children who are

<sup>13</sup> WHO, Obesity and overweight, <http://www.who.int/mediacentre/factsheets/fs311/en/index.html>. Accessed 30/1/14

<sup>14</sup> NCMP operational guidance for 2013/14.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251651/NCMP-guidance-October-2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251651/NCMP-guidance-October-2013.pdf). Accessed 21/10/13

<sup>15</sup> NICE (2006) CG43. Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. <http://guidance.nice.org.uk/CG43>. Accessed 23/10/13

<sup>16</sup> NCMP, <http://www.hscic.gov.uk/catalogue/PUB13115/nati-chil-meas-prog-eng-2012-2013-tab.xls>. Accessed 23/1/14

underweight in County Durham are very low compared to those who have excess weight.

Figure 1 below shows that, the proportion of children in County Durham who have a healthy weight reduces by about 14% from reception to year 6.

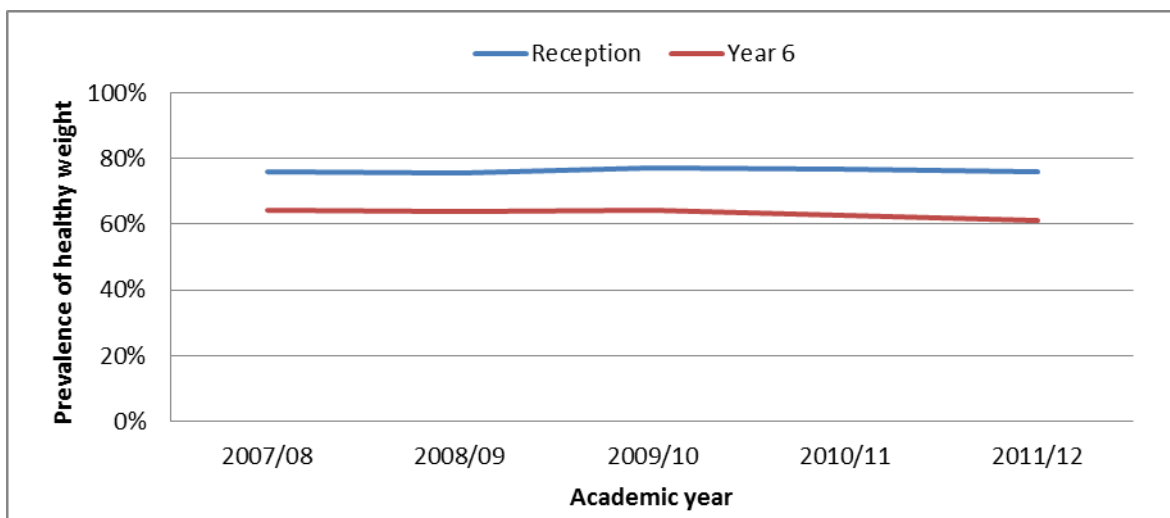
Interventions to increase healthy weight in children in County Durham will therefore need to place a greater emphasis on reducing excess weight and to bridge the gap between reception and year 6.

**Table 2: Prevalence of underweight, healthy weight, overweight and obesity in children at reception and year 6 in County Durham (2012/13)**

	Reception		Year 6	
	County Durham	England	County Durham	England
<b>Underweight</b>	0.6%	0.9%	0.8%	1.3%
<b>Healthy weight</b>	77.5%	76.9%	63.2%	65.4%
<b>Overweight</b>	12.8%	13.0%	14.4%	14.9%
<b>Very overweight/ Obese</b>	9.1%	9.3%	21.0%	18.9%
<b>Excess weight (overweight plus very overweight)</b>	21.9%	22.3%	35.4%	33.8%

Source: NCMP, [www.hscic.gov.uk](http://www.hscic.gov.uk)

**Figure 1: Prevalence of healthy weight children, reception and year 6, County Durham, 2007/08 to 2012/13**



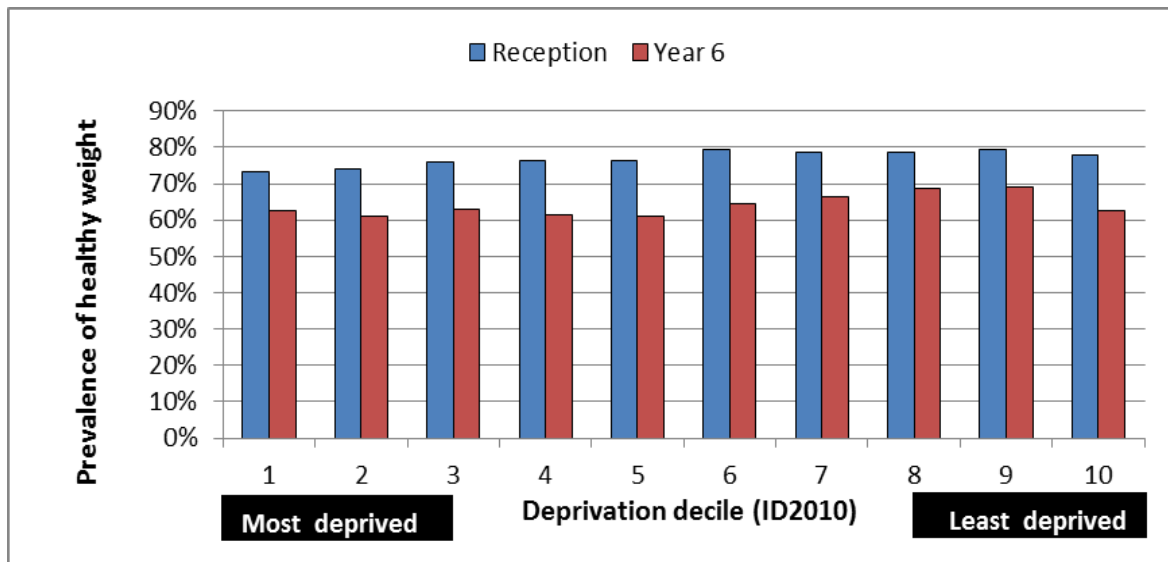
Source: NCMP, [www.hscic.gov.uk](http://www.hscic.gov.uk)

Other data from the NCMP have shown that, excess weight in children affects more boys than girls and is higher in children with learning disabilities.

There is a direct relationship between deprivation and achievement of healthy weight in children. From figure 2 below, it is observed that at reception age, there are fewer children who are of a healthy weight in the most deprived families compared to the least deprived/most affluent families.

At year 6, the difference is insignificant and it is also observed that, children from the lowest (1<sup>st</sup>) and highest (10<sup>th</sup>) deprivation deciles have the same prevalence of healthy weight. This trend needs to be considered when targeting interventions to reduce inequalities for healthy weight in children in County Durham and to ensure proportionate distribution of resources.

**Figure 2: Prevalence of healthy weight children in County Durham at reception and year 6 (2008-11) compared to level of deprivation**



Source: NCMP, HSCIC.

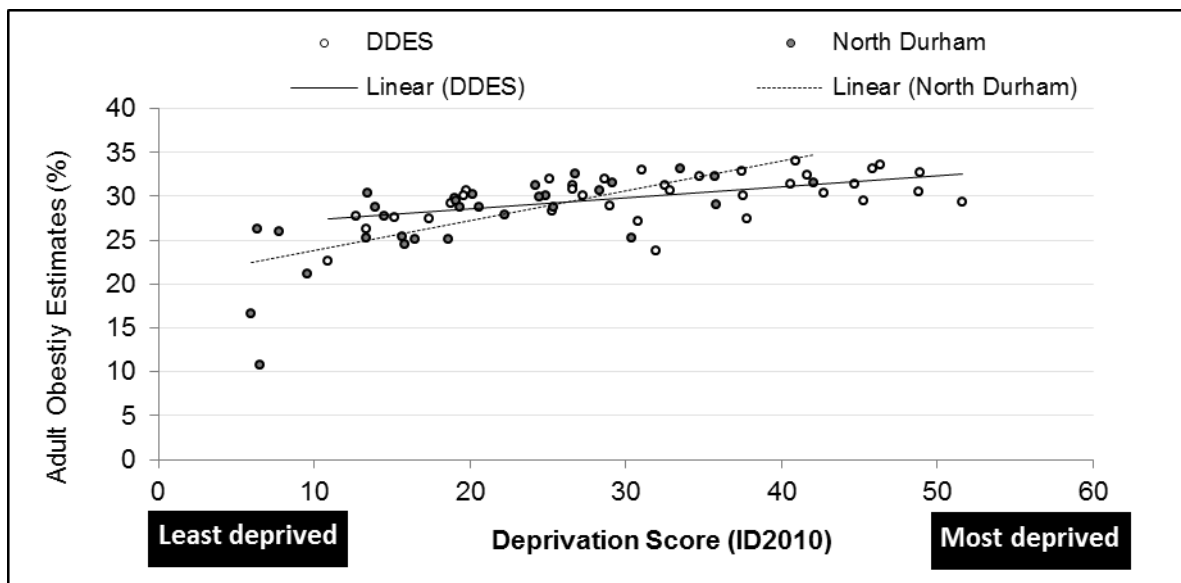
### 5.3 Healthy Weight in Adults – the challenge

Public Health England (PHE) estimate that 28.6% of the adult population in County Durham aged 16 and over was obese based on modelled estimates<sup>17</sup>. There is some limited data available at a local level via the national Quality Outcomes Framework (QOF) however this data only includes the BMI of those individuals who visit their GP practice and is therefore reflective of prevalence at the population level.

The National Obesity Observatory (NOO) has shown that obesity varies by household income, with greater prevalence associated with lower household income. Figure 3 shows that the relationship between adult obesity estimates and deprivation is strong in North Durham (cc=0.7) and moderate in Durham Dales, Easington and Sedgefield (DDES) (cc=0.5) Clinical Commissioning Group (CCG) areas. Interventions in the DDES area should therefore not be targeted based on deprivation alone, but should consider obesity prevalence in addition, to ensure proportionate distribution of resources.

<sup>17</sup> PHE, Health profiles, <http://www.apho.org.uk/resource/view.aspx?RID=50215&SPEAR>. Accessed 30/1/14

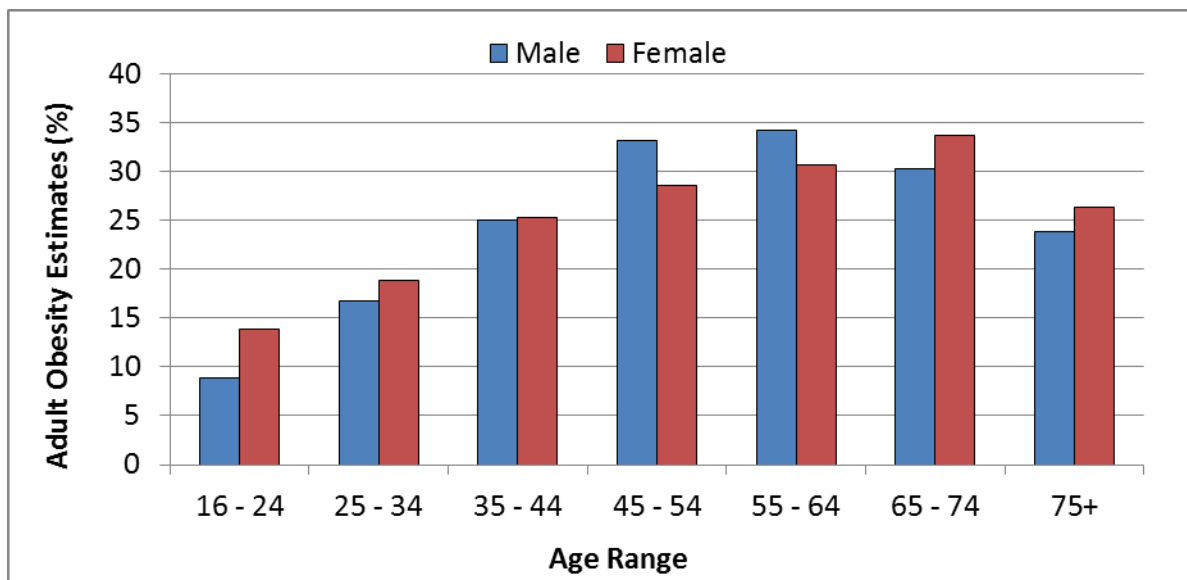
**Figure 3: Relationship between middle super output area adult obesity estimates and deprivation, DDES and North Durham CCGs.**



Source: Quality Outcomes Framework 2012/13 (QOF), HSCIC.

In addition there is greater prevalence in the older segments of the population although not so different between the sexes (except perhaps at the lowest extreme) as demonstrated in figure 4.

**Figure 4: Adult Obesity prevalence by age and sex Health Survey for England 2008-2010**



Source: National Obesity Observatory (NOO), Public Health England (PHE)

Obesity in pregnancy (or maternal obesity) increases the risks to health for the mother and child during and after pregnancy and obesity has been described as the biggest challenge facing maternity services today with an 8% increase in maternal obesity in England since 1989 (CMACE 2010). In County Durham the level of maternal obesity is estimated to be around 22% based on booking data from local maternity services. There is good evidence to suggest that women are more motivated to make a lifestyle change when they are pregnant therefore it is important that opportunities to support healthier lifestyle choices are available at key points in life.

#### **5.4 Physical Activity**

Physical activity is one of the key lifestyle factors impacting on achieving a healthy weight and reducing development of non-communicable diseases such as diabetes mellitus, hypertension, cancer and cardiovascular diseases as well as improving mental wellbeing. In County Durham 52.2% of the Adult population achieve the Chief Medical Officer (CMO) recommendation of 150 minutes per week compared to the England average of 56%<sup>16</sup>.

Physical activity levels for children in County Durham are significantly higher than the English average. 56.7% of children in years 1 to 13 spend at least 3 hours per week on high quality PE and school sport compared to 55.1% nationally<sup>18</sup>. In order to sustain and to improve further this level of participation, it is important to encourage greater use of the natural environment and ensure green spaces, cycle ways and footpaths are well maintained.

#### **5.5 Food and Nutrition**

An unhealthy diet is one of the major risk factors for a range of chronic diseases, including cardiovascular diseases, cancer, diabetes and other conditions linked to excess weight. Specific recommendations for a healthy diet include: eating more fruit, vegetables, legumes, nuts and grains; cutting down on salt, sugar and fats. It is also advisable to choose unsaturated fats, instead of saturated fats and towards the elimination of trans-fatty acids<sup>19</sup>. Improving dietary habits is a societal, not just an individual problem. Therefore it demands a population-based, multisectoral, multi-disciplinary, and culturally relevant approach.

#### **5.6 Economic costs**

There are significant social and health costs associated with the treatment of obesity and its consequences, as well as costs to the wider economy arising from chronic ill health. Sickness absence attributable to obesity in England is estimated at 15.5 -16 million days per year.

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<sup>18</sup> Child and Maternal Health Network, *Child Health Profile 2013*.  
<http://atlas.chimat.org.uk/IAS/dataviews/report?reportId=201&viewId=305&geoReportId=3567&geold=4&geoSubsetId=>  
Accessed 30/1/14

<sup>19</sup> WHO, diet, <http://www.who.int/topics/diet/en/>. Accessed 30/1/14

Estimates of the direct costs to the NHS for treating overweight and obesity, and related morbidity in England, have ranged from £479.3 million in 1998 to £4.2 billion in 2007. Estimates of the indirect costs (those costs arising from the impact of obesity on the wider economy such as loss of productivity) over the same time period ranged between £2.6 billion and £15.8 billion. Modelled projections suggest that indirect costs could be as much as £27 billion by 2015. In 2006/07, obesity and obesity-related illness was estimated to have cost £148 million in inpatient stays in England<sup>20</sup>.

## 6. What we need to do – an evidence based approach

Achieving a higher proportion of healthy weight in the population is a complex social and public health issue that requires coordinated multi-agency working. Evidence<sup>2, 21</sup> shows that interventions aimed solely at individuals are inadequate and simply increasing numbers of small scale interventions will not reverse the current trend. Effective action promoting healthy weight at a population level whilst targeting the obesogenic environment, coupled with providing opportunities to improve nutrition and physical activity in individuals is recommended. There are several NICE guidance documents associated specifically with healthy weight all of which highlight the need for wide partnership action. The recommendations apply to individuals and organisations across the public, private, community and voluntary sector. For the purposes of this strategic framework, the NICE guidance PH42, Obesity: working with local communities<sup>11</sup> has been used as the gold standard for promoting healthy weight in County Durham.

A self-assessment against NICE guidance PH42 was completed, [NICE obesity ph42 self assessment CD.xls](#), to assess the current state and identify strategic actions that will need to be undertaken to ensure that there is:

- Strategic leadership and support at all levels;
- Coordination of local action;
- Improved communication;
- Community involvement and engagement;
- Integrated commissioning;
- Involvement of businesses and social enterprises operating in County Durham;
- Learning and sharing of good practice;
- Monitoring and evaluation of programmes including cost effectiveness; and
- Workforce training and capability.

There will be an annual review of the NICE action plan to take account of any emerging issues or guidance that can help to strengthen local delivery.

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<sup>20</sup> NOO. Economics of Obesity. [http://www.noo.org.uk/NOO\\_about\\_obesity/economics](http://www.noo.org.uk/NOO_about_obesity/economics). Accessed 24/10/13

<sup>21</sup> The School Food Plan, [http://www.schoolfoodplan.com/wp-content/uploads/2013/07/School\\_Food\\_Plan\\_2013.pdf](http://www.schoolfoodplan.com/wp-content/uploads/2013/07/School_Food_Plan_2013.pdf)

## 7. Stakeholder consultation

In developing this strategic framework, consultations have been undertaken using local existing partnerships and mechanisms to include contributions from key stakeholders. This has included the Area Action Partnerships (AAPs), Healthwatch, Durham voice, membership of the healthy weight alliance, Clinical Commissioning Groups (CCGs), parish councils, schools, local access forum, health networks, Durham businesses, carer's groups, care home providers, nurseries, County Durham and Darlington NHS Foundation Trust (CDDFT) and market engagement events with third sector organisations. Themes drawn from these consultations include:

- Ensure the language is simple and messages are clear to support all organisations and stakeholders to progress in 'Making Every Contact Count' (MECC)<sup>22</sup>;
- Agree a common message relating to the healthy weight agenda;
- Co-ordinate delivery and implement integrated commissioning and integrated provision across all sectors;
- Need to place a greater focus on universally proportionate provision;
- It is important to promote local innovation and to provide opportunities for partners to learn and share from good practice;
- Use existing local structures to access hard to reach groups;
- Use expertise out there and groups that already exist to support communities;
- Keen to see outcomes where we can actually make a difference; and
- Ensure that healthy weight is considered in all policy and strategy development.

## 8. Strategic Actions

A strategic action plan (Table 3 below) has been developed following contributions from stakeholder consultations and the self-assessment against the NICE guidance. These actions have been grouped and will be addressed as short term (within one year), medium term (within two to three years) and long term (within four to six years) by the delivery subgroups identified in section 9.0 of this framework. Each of the subgroups will produce a detailed delivery plan that will include process and outcome measures to address the strategic actions. These will be multi-agency plans with partners leading on the relevant areas as described under section 4.0 of this framework. Partners are encouraged to maximise inward investments and resource to avoid duplication and promote coordinated delivery.

Actions agreed will need to consider proportionate distribution of resources in line with the findings from the evidence (sections 5.2 and 5.3 of this framework) and ensure that whereas there is a need to consider interventions to reduce underweight, a greater emphasis is placed on reducing excess weight. In addition, interventions will have to be proportionately aimed at reducing gaps in inequalities along the life course and at geographic levels, taking into consideration the impact on deprivation.

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<sup>22</sup> Making Every Contact Count (MECC) encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices.



**Table 3: Strategic Action Plan**

<b>Strategic Actions</b>	<b>Mar 2016</b>	<b>Mar 2018</b>	<b>Mar 2020</b>	<b>Lead Agency</b>
<b>Food and Health</b>				
Explore opportunities for education and training across the life course (birth to death) – Including breastfeeding, weaning, food growing clubs/allotments, classroom education, cooking clubs, farmers markets, school meals, food banks, etc.	√	√	√	Food partnership, Schools, School nursing, Health visiting, DCC education and public health, CCGs, CDDFT dietetics, AAPs, VCS, Parish Councils, children's centres
Support local businesses to recognise and acknowledge social responsibilities to <ul style="list-style-type: none"> <li>• Employees health choices</li> <li>• Residents via award/accreditation scheme for businesses</li> </ul>	√	√	√	DCC environmental health and public health, Local businesses, Parish Councils
Support the development of A5 (takeaway foods) and street trading planning guidance currently going through County Durham Plan through advocacy and lobbying.	√	√		DCC planning, Parish councils
Explore using procurement processes to specify dietetically appropriate food choices, including low salt and low fat products in settings such as schools, care homes, hospitals, leisure centres and canteens and to include vending machines		√	√	DCC procurement, Food partnership
<b>Physical Activity</b>				
Increase awareness of the benefits of being physically active across the life course	√	√	√	PH, VCS, Independent sector, CCGs, schools. Parish Councils
Maximise affordable opportunities available to become physically active	√	√	√	PH, CCG, AAPs, Culture & leisure, schools, VCS, Independent sector
Explore ways to improve access to physical activity and encourage greater use of the natural environment			√	DCC planning, neighbourhoods and sustainable transport, AAPs, Parish Councils
Build on community assets and protect existing natural environments/resources, within communities to harness the energy & resource at local level	√	√		DCC planning, AAPs, VCS, Independent sector. Parish Councils
<b>Social Marketing, Engagement and communication</b>				
Consider a consistent approach to marketing using Change4life branding for all healthy weight initiatives in County Durham	√			Public Health, PHE, All providers/partners
Develop a shared communications plan for partners. This will inform partners of ongoing activities in order to improve accessibility and maximise opportunities for clients across the county	√			Public Health
Develop and implement a model for community engagement and to include advocacy		√	√	Public Health
Explore ways to identify the needs and preferences of the population in relation to healthy weight provision. This will include a process to collate current information from providers and or a population level research if required	√			Public Health
Develop and adopt a unified offer of interventions to CCGs to aid the referral process into the community		√	√	Public Health
Join in with national campaigns on the healthy weight agenda and to include advocacy and lobbying	√	√	√	All partners
<b>Capacity Building, Monitoring, Evaluation and Intelligence</b>				
Develop a checklist of indicators that have an influence on behaviours which impact on healthy weight, to be considered when writing strategy/policy	√			Public Health
Develop a performance and reporting process for the HWA in order to make relevant data available to all partners	√			DCC performance, public health
Promote the standard evaluation framework and other resources from the obesity learning centre to all partners	√			Public Health, PHE
Develop and complete an equity audit/needs assessment of healthy weight provision	√	√	√	Public Health
Develop and adopt a framework for assessing value for money (VFM) for the HWA		√	√	Public Health, PHE, Durham Univ.
Design and roll out a capacity building model for the HWA- Training should address the barriers some professionals feel they face, opportunities for sharing good practice, and monitoring and evaluation.		√	√	Public Health
<b>Programmes/Services to help individuals and families achieve and maintain a healthy weight</b>				
Targeted interventions	√	√	√	Public Health
Specialist interventions/services	√	√	√	CCGs

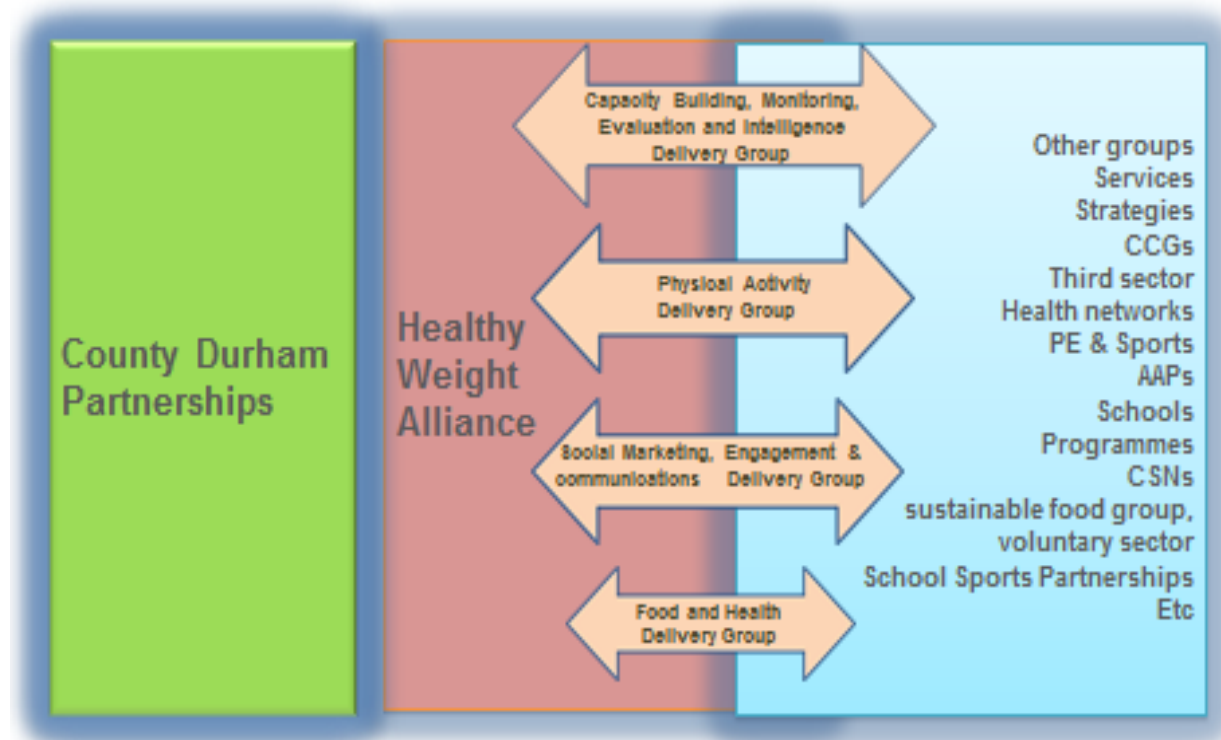
## 9. How will we know if the framework is making a difference? – Monitoring and evaluation

The actions identified from the NICE self-assessment and stakeholder consultations will be addressed through four delivery subgroups of the healthy weight alliance namely:

- Food and Health (F&H)
- Physical activity (PA)
- Social marketing, Engagement and communications (SME&C)
- Capacity Building, Monitoring, Evaluation and Intelligence (CBME&I)

These subgroups will develop links (figure 5 below) with other existing groups, services, programmes or organisations that are progressing similar objectives or activities in order to ensure that there is a coordinated approach across the county and a shared responsibility for promoting healthy weight.

**Figure 5: From Strategy to action via local delivery mechanisms**



Each of the delivery groups will report progress directly to the healthy weight alliance bi-annually. The Food and Health, and the physical activity groups will in addition report to the Food Partnership and the Sports and Physical Activity Partnership respectively. Evaluation of programmes should include both qualitative and quantitative measures. The healthy weight alliance will in turn report to the health and wellbeing board through the Director of Public Health.

Delivery of the strategic framework will contribute to achieving improvements in the indicators from the Public Health Outcomes Framework (PHOF)<sup>23</sup> listed below. These indicators will be tracked and monitored throughout the lifetime of this strategic framework. There will be direct impact on:

- 1.16 Utilisation of outdoor space for exercise/health reasons;
- 2.02i Breastfeeding initiation;
- 2.02ii Breastfeeding prevalence at 6-8weeks after birth;
- 2.06i Excess weight in 4-5year olds
- 2.06ii Excess weight in 10 -11year olds;
- 2.13i Percentage of physically active adults;
- 2.13ii Percentage of physically inactive adults;
- 2.23 Self-reported wellbeing;

There will be indirect impact on:

- 0.1 Healthy life expectancy at birth;
- 0.2 Inequality in life expectancy at birth:
- 1.09 Sickness absence;
- 2.01 Low birth weight of term babies;
- 2.17 Recorded diabetes;
- 4.01 Infant mortality;
- 4.03 Mortality rate from causes considered preventable;
- 4.04i Under 75 mortality rate from all cardiovascular diseases;
- 4.04ii Under 75 mortality rate from cardiovascular diseases considered preventable;
- 4.05i Under 75 mortality rate from cancer; and
- 4.05ii Under 75 mortality rate from cancer considered preventable.

## 10. Conclusions

Strong leadership and interventions at industrial scale is required to tackle the issue of healthy weight in County Durham. The challenge to address healthy weight must engage all relevant partners across the county and members of the population. Interventions/actions taken should focus on:

- Making healthy weight a priority for all;

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<sup>23</sup> DH (2013), Public Health Outcomes Framework 2013-2016 and technical updates, <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>. Accessed 10/12/13

- Promoting healthy behaviours;
- Tackling the obesogenic environment;
- Investing in prevention, targeted and specialist support through proportionate distribution of resources and aligned to existing programmes and activities; and
- Embedding evaluation to demonstrate impact and value for money.

## 11. Recommendations

It is recommended that:

- The healthy weight alliance should lead on the delivery of the healthy weight strategic framework. The alliance should report to the Health and Wellbeing board through the Director of Public Health;
- A needs assessment or equity audit for healthy weight in County Durham should be undertaken to understand current service provision against needs in order to tailor programmes for proportionate distribution and to provide insight for providers to plan delivery;
- The delivery subgroups should ensure that their delivery plans are aligned to interventions by external partners to facilitate integrated and coordinated delivery for healthy weight;
- The healthy weight alliance should adopt change4life branding for all healthy weight initiatives in County Durham and build on the baseline registration data;
- The healthy weight alliance should promote evidence based delivery and use the standard evaluation framework to assess impact/ outcome of programmes;
- Commissioners of healthy weight programmes should assess value for money and to ensure proportionate distribution to reduce inequalities;
- Universal programmes designed for promoting healthy weight should build on current local structures/programmes to enhance community engagement;
- The healthy weight alliance should work with key partners to develop an environment that promotes physical activity as part of daily life;
- Ensure a range of weight management interventions are available in workplaces;
- Implement a range of multi-component family and adult interventions for healthy weight. Tailored advice/support for different groups should be available, especially for those population groups at risk of developing obesity and those at a life stage when there is an increased risk of weight gain;
- Ensure all relevant staff groups have the capacity and knowledge to provide appropriate advice/brief intervention on healthy weight;
- Equip children, young people, families and adults with knowledge on food and diet and cooking skills to consume a healthy balanced diet; and
- Ensure strategic policy developments consider impact on healthy weight.

## Appendix 2: List of Acronyms

AAP	Area Action Partnership
BHAW	Better health at work
BMI	Body mass index
C4L	Change4life
CCG	Clinical commissioning group
CDS	County Durham Sport
CDDFT	County Durham and Darlington NHS Foundation Trust
CPAL	Changing the physical activity landscape: commissioned programme which delivered physical activity for adults aged 40-74 at risk of CVD
CPD	Continuous professional development
CVD	Cardiovascular disease
DCC	Durham County Council
DDES	Durham Dales, Easington and Sedgefield
DPH	Director of Public Health
FISCH	Family Initiative Supporting Children's Health
HV	Health visiting
HWB	Health and Wellbeing
HSE	Health Survey England
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
M4L	Move4life
MECC	Making Ever Contact Count- Encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices
NCMP	National Child Measurement Programme – A national surveillance programme that measures the height, weight and BMI of children at reception and year 6 annually.
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NOO	National Obesity Observatory
PH	Public Health
PHE	Public Health England
QOF	Quality Outcomes Framework
SEF	Standard Evaluation Framework
SN	School Nursing
VCS	Voluntary and Community Sector
WHO	World Health Organization