



# HEALTHY WEIGHT STRATEGY FOR DORSET 2009 – 2012

20<sup>th</sup> November 2009



## Table of Contents

Foreword .....	1
1.0 Introduction .....	2
2.0 Aim .....	3
3.0 Background .....	4
4.0 National Context.....	6
5.0 Local Context .....	9
6.0 Monitoring .....	12
7.0 Local Approach .....	14
8.0 Theme 1: Changing the Obesogenic Environment of Dorset..	18
9.0 Theme 2: Making Individual Healthy Lifestyle Choices Easier	20
10.0 Theme 3: Supporting those who are already Overweight or Obese to achieve a Healthy Weight and Lifestyle .....	24
11.0 Conclusion .....	27
12.0 References.....	28
13.0 Action Plan .....	30
Appendices.....	33

## List of Tables and Figures

Table 1: NICE Classification of Body Mass Index.....	4
Table 2: National Indicator Set Indicators Linked to Tackling Obesity.....	33
Table 3: NCMP National results.....	35
Table 4: Comparison of Dorset and National NCMP results.....	35
Table 5: National Childhood Measurement Programme results for Dorset .....	35
Table 6: Differences in year on year results of the National Childhood Measurement Programme for Dorset.....	36
Table 7: Comparison of District and Borough NCMP results for 2005/2006.....	36
Table 8: Comparison of District and Borough NCMP results for 2006/2007 .....	36
Table 9: Comparison of District and Borough NCMP results for 2007/2008 .....	37
Figure 1: The Proportion of Super Output Areas belonging to each of the deprivation bands.....	11
Figure 2: Major Sectors in Tackling Obesity.....	15
Figure 3: The Proposed Strategic Framework for Tackling Obesity in Dorset.....	16
Figure 4: A life course approach.....	23

## Foreword

Welcome to our new Strategy for Health Weight in Dorset.

As the Director of Public Health, part of my role is to highlight challenges to the health of our population. Traditionally this has been through a focus on the major diseases such as cancer and heart disease. However, part of my role is to look forward and recognise where the challenges lie – achieving and maintaining healthy weight as a society is most certainly one of those.



The impact of 'modern society' with its emphasis on technology and convenience has produced not only a number of very positive developments but also a number of less desirable ones – the global 'epidemics' of obesity is certainly one of these with obesity possessing the potential to produce more early death and disease than almost anything in mankind's history.

To date the focus of our response has been on the management of the individual with a weight problem but progressively we are recognising that we as a society need to alter our attitudes and lifestyle across many aspects of everyday life, including transport, exercise and eating.

This will not be easy however we hope that the strategy provides clear local information on the scale of the problem, and practical suggestions as to how we might respond.

Finally my sincere thanks go to all those people who have contributed to the development of this report and in particular Amy Paterson for her unflagging enthusiasm and energy in leading the process.

A handwritten signature in cursive script that reads "David Phillips".

Dr David Phillips  
Director of Public Health

## **1.0 Introduction**

- 1.1 Maintaining or achieving a healthy weight is a fundamental aspect of human health. Excess body weight in both children and adults shows a sustained increase locally and for that reason it is one of the most significant public health challenges facing the population of Dorset.
- 1.2 The causes of overweight and obesity are complex, involving the interplay of factors relating to individual behaviour, and the social and physical environments. Strategies to reverse the current trends must necessarily reflect that complexity and therefore a co-ordinated multifactorial programme of policy and action is required. For progress to be made, commitment, responsibilities and effective partnership working need to be established between the people of Dorset and the various organisations that can influence and make a positive impact.
- 1.3 This strategy document outlines a collective vision for Dorset (excluding Bournemouth and Poole) whereby people are supported in moving towards or maintaining a healthy weight, and in doing so mitigates for current and future risks to population health. It describes the trends in obesity, seeks to understand the challenges through reviewing evidence of what has worked elsewhere, and sets out a comprehensive three-year programme of action to be agreed and implemented jointly by key stakeholders.

## 2.0 Aim

- 2.1 The overall aim is to increase the proportion of people in Dorset achieving and maintaining a healthy weight by developing and adopting evidenced based strategies for the prevention and treatment of overweight and obesity.

In order to achieve this, Dorset, its people and its organisations need to work together to:

**Theme 1:** Change the obesogenic environment of Dorset (one where the social and physical environments conspire to promote obesity)

**Theme 2:** Make individual healthier lifestyle choices easier

**Theme 3:** Support those who are already overweight or obese to achieve a healthy weight and lifestyle

- 2.2 Although a healthy weight is the desirable, it should be noted that a reduction in weight rather than achieving a healthy weight would still have a significant impact on health. For example, a 5% reduction in weight would still be significant and for some a more achievable aim.
- 2.3 It also needs to be acknowledged that a concern for healthy weight also includes the other end of the spectrum, encompassing a range of factors regarding underweight (for example, malnutrition). Due to the national priority and the financial and health costs of obesity, this strategy will primarily be focussing on weight reduction in order to achieve and/or maintain a healthy weight.

### 3.0 Background

3.1 Obesity and overweight are defined as a build up of excess body fat. This can then lead to the onset of ill health through increased risks of <sup>1</sup>:

- Cardiovascular disease and stroke
- Reproductive disorders
- Some forms of cancers e.g. bowel
- Respiratory problems
- Type 2 diabetes
- Dyslipidaemia
- Sleep apnoea
- Psychological problems

As well as the human cost of poor health, obese and overweight individuals place a significant financial burden on the NHS, where direct costs are estimated to be £4.2 billion per year<sup>2</sup>.

3.2 Overweight and obesity in adults are commonly defined by Body Mass Index (BMI) calculated using the formula below and classified as in Table 1:

$$\text{Body Mass Index (BMI)} = \frac{\text{Weight (Kg)}}{\text{Height (m}^2\text{)}}$$

**Table 1.** NICE Classification of Body Mass Index<sup>3</sup>

<b>BMI (kg/m<sup>2</sup>)</b>	<b>Classification</b>
18.5 – 24.9	Healthy Weight
25 – 29.9	Overweight
30 – 34.9	Obesity I
35 – 39.9	Obesity II
40 or more	Obesity III (severely or morbidly obese)

3.3 Overweight and obesity in children is also measured by BMI (adjusted for age and gender) using the 1990 UK Growth Reference Charts for boys

and girls. Overweight is defined as a BMI equal to or greater than the 91st centile, and obesity as a BMI greater than or equal to the 98th centile<sup>3</sup>.

- 3.4 Excessive weight gain is caused by an imbalance between energy intake and energy expenditure. On this basis, eating healthily and being physically active are the solutions for maintaining a healthy weight. Unfortunately it is not this simple, as evidence suggests there is a broad set of social and environmental factors ('obesogenic') that influence people in making these healthy decisions. Changes in these factors, for example, human biology, individual psychology, the availability and promotion of food, and the physical environment, are increasingly making healthy decisions hard to make and adhere to<sup>4</sup>.
  
- 3.5 Increased levels of obesity has been found to be associated with social deprivation, however it is clear that overweight and obesity also affects people across all socio-economic groups<sup>4</sup>.



## 4.0 National Context

In 2007, 24% of adults in England were classified as obese. This represents an overall increase from 15% in 1993<sup>5</sup>.

In 2007, 17% of boys and 16% of girls aged 2 to 15 were classified as obese. This represents an overall increase from 11% and 12% respectively in 1995<sup>5</sup>.

By 2050, based on current trends, levels of obesity will rise to 60% in men, 50% in women, and 25% in children. A further 35% of adults and 40% of children will be overweight<sup>4</sup>.

- 4.1 In January 2008 the Government published the national strategy *Healthy Weight, Healthy Lives* with the ambition 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 initial focus was considered to be on children, with a new target proposed ‘by 2020 to have reduced the proportion of overweight and obese children to 2000 levels.’<sup>2</sup>
- 4.2 A number of key documents have been published relating to overweight and obesity at the national level:
- Statistics on Obesity, Physical Activity and Diet: England – February 09 – <http://www.ic.nhs.uk><sup>5</sup>.
  - Be active, be healthy: A plan for getting the nation moving – February 09 – [www.dh.gov.uk](http://www.dh.gov.uk)<sup>28</sup>.
  - Healthy Weight, Healthy Lives: Guidance for local areas – March 08 – [www.dh.gov.uk](http://www.dh.gov.uk)<sup>6</sup>.

- Healthy Weight, Healthy Lives: a cross governmental strategy for England – January 08 – [www.dh.gov.uk](http://www.dh.gov.uk)<sup>2</sup>.
- Foresight Tackling Obesities: Future Choices – October 07 – [www.foresight.gov.uk](http://www.foresight.gov.uk)<sup>4</sup>.
- Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children – December 06 – [www.nice.org.uk](http://www.nice.org.uk)<sup>3</sup>.
- Tackling Child Obesity – First Steps – February 06 – [www.nao.org.uk](http://www.nao.org.uk)<sup>7</sup>.
- Health Survey for England: Obesity among children under 11 – April 05 – [www.dh.gov.uk](http://www.dh.gov.uk)<sup>8</sup>.
- Delivering Choosing Health: Making healthier choices easier – March 05 – [www.dh.gov.uk](http://www.dh.gov.uk)<sup>9</sup>.
- Choosing a Better Diet: A food and health action plan – March 05 – [www.dh.gov.uk](http://www.dh.gov.uk)<sup>10</sup>.
- Choosing Activity: A physical action plan – March 05 – [www.dh.gov.uk](http://www.dh.gov.uk)<sup>11</sup>.
- Choosing Health: Making healthy choices easier – November 04 – [www.dh.gov.uk](http://www.dh.gov.uk)<sup>12</sup>.

4.3 The National Obesity Observatory was launched in 2008. The observatory was established to provide information on data, evidence and practice related to obesity, overweight, underweight and their determinants.<sup>13</sup>

4.4 Men and women are equally likely to be obese, however women are more likely to be morbidly obese. In 2006, 40% of men and 28% of women reported that they were meeting the recommended physical activity levels of at least 30 minutes of at least moderate intensity activity at least 5 times a week. In 2007, 27% of men and 31% of women said they consumed five or more portions of fruit and vegetables a day<sup>5</sup>.

- 4.5 Boys are more likely than girls to be obese. In 2007, 72% of boys and 63% of girls reported taking part in 60 minutes or more of physical activity on all 7 days in the previous week. Among children aged 5 to 15, 21% of boys and girls said they consumed five or more fruit and vegetables a day<sup>5</sup>.
- 4.6 The Department of Health is undertaking detailed social marketing work, to encourage a society wide movement, that aims to prevent people from becoming overweight by encouraging them to eat well, move more and live longer - 'Change4Life'. The primary focus is on families, with the objective of instigating healthier behaviours amongst their children, which will serve them as they grow up. The Change 4 Life programme particularly targets parents with younger children (0-11) and those who are pregnant or attempting to become pregnant. Within these groups, clusters of families have been identified who are most at risk of becoming overweight or obese. Further details of the segmentation breakdown can be found on [www.dh.gov.uk](http://www.dh.gov.uk). The media campaign was launched at the start of 2009.
- 4.7 The national work on healthy weight is driven by Public Service Agreements (PSA), and to support the PSA outcomes, the Local Area Agreement Process National Indicators (NI). Appendix 1 lists these targets and their links to tackling obesity.

## 5.0 Local Context

In 2008, 20% of the adult population were classified as obese<sup>14</sup>.

In 2007/08, 22.8% of children were overweight or obese in Reception year (4-5 year olds), and 28.9% were overweight or obese in Year 6 (10-11 year olds)<sup>15</sup>.

In 2007/08, the highest prevalence of children classified as overweight or obese in Reception year was in Christchurch (26.1%) and the lowest in North Dorset (19.5%). The highest prevalence of children classified as overweight or obese in Year 6 was in Weymouth and Portland (33%) and the lowest in North Dorset (25.9%)<sup>15</sup>.

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

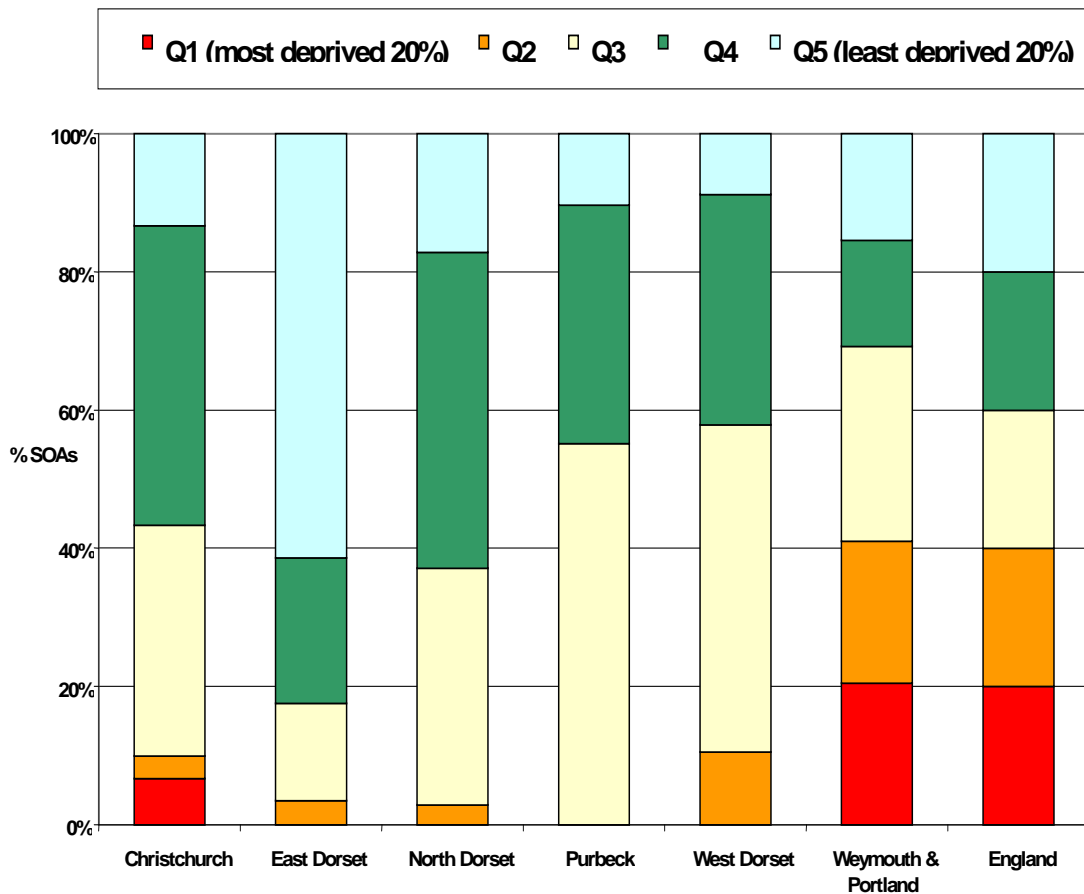
- Dorset Local Area Agreement 2 (LAA) 2008-2011<sup>17</sup>.
- NHS Vital Signs<sup>18</sup>.
- NHS South West<sup>19</sup>.
- Dorset Health and Well-being Partnership Annual Action Plan<sup>20</sup>.
- Dorset Local Transport Plan<sup>21</sup>.
- Dorset Children and Young People Plan<sup>22</sup>.
- Dorset School Travel Plan<sup>23</sup>.
- Dorset Play Strategy<sup>24</sup>.
- Dorset Sport and Physical Activity Strategy<sup>25</sup>.
- Dorset Sustainable Community Strategy<sup>29</sup>.

- 5.2 The epidemiology of overweight and obese is not clear in Dorset due to lack of robust survey data. However, in the South West, it has been found that 20% of males and 24% of females consume the recommended five portions of fruit and vegetables per day and 42% of males and 27% of females undertake 30 minutes of moderate activity on five days a week. Ambitions for the South West include having the highest levels of fruit and vegetable consumption in England by 2013 and raising the levels of exercise in the population in the South West to 50% in men and 40% in women by 2013<sup>19</sup>.
- 5.3 Within the LAA in Dorset, the National Indicator 'NI 56 – obesity among primary school aged children in year 6' has been included with the target to 'decrease the percentage of year 6 children who are classified as obese by 0.2% by 2011'<sup>17</sup>. This would be a decrease from the baseline of 13.1% in school year 2006/07 to 12.9% by 2011.
- 5.4 The Foresight report (2007) indicates that there is some correlation between social deprivation and obesity, where the prevalence of obesity among men in 2004 was about 18% in Social Class I and 28% in Social Class V. For women the gap between the Social Classes is larger<sup>30</sup>. Although on the whole, Dorset is an affluent county, there are pockets of social deprivation and rural poverty<sup>16</sup>. As shown in Figure 1, deprivation tends to be concentrated in the areas of Weymouth and Portland, and Christchurch.
- 5.5 The health profiles for Dorset (2008) suggests that 29.2% of adults eat healthily compared to the national average of 26.3%, and 13.1% are physically active compared to the national average of 11.6%<sup>14</sup>.
- 5.6 In 2007/2008 the active people survey results for Dorset showed that only 23.1% of all adults (aged 16+) achieve the recommended 3 times 30

minutes moderate participation per week<sup>26</sup>.

5.7 Within the LAA in Dorset, the National Indicator NI 8 – Adult participation in sport has been included with the target to ‘increase the number of people participating in 3 times 30 minutes physical activity by 1% year on year’; an increase from 21.7% in 2005/2006 to 25.7% in 2010/2011.

**Figure 1.** The Proportion of Super Output Areas Belonging to each of the Deprivation Bands.



Note. Super Output Area – a unit of geography used in the UK for statistical analysis

## 6.0 Monitoring

- 6.1 Children have been measured and weighed in Reception Year (4-5 year olds) for many years as part of the school entry health check. Since 2005 as part of the National Childhood Measurement Programme (NCMP), children in Year 6 (10-11 year olds) have also been measured and weighed. These two sets of data are collected each year and results analysed to inform local service delivery (Appendix 2 provides NCMP results in Dorset)<sup>15</sup>.
- 6.2 It is difficult to get accurate, robust local statistics on the weight of adults in Dorset. Therefore it has been problematic to obtain an exact picture of the local prevalence and patterns of obesity for the adult population.
- 6.3 Dorset Community Health Profiles have previously been used as the source for intelligence, where data is based on direct estimates from the Health Survey for England<sup>27</sup>.
- 6.4 Within NHS Dorset there are currently monitoring tools under development which will result in improved public health data on obesity in the future.
- The Quality and Outcomes Framework requires GP Practices to have a register of all patients aged over 15 years with a BMI of equal to or more than 30 in the last 15 months.
  - A cardiovascular risk measurement tool (Oberoi) within GP practice registers will be rolled out from April 2009.

- A Lifestyle survey has recently been conducted to ask members of the Dorset population questions about their health and well-being. The survey incorporates questions around physical activity, eating behaviours and alcohol consumption. In February a report was produced detailing the baseline measurement results.



## 7.0 Local Approach

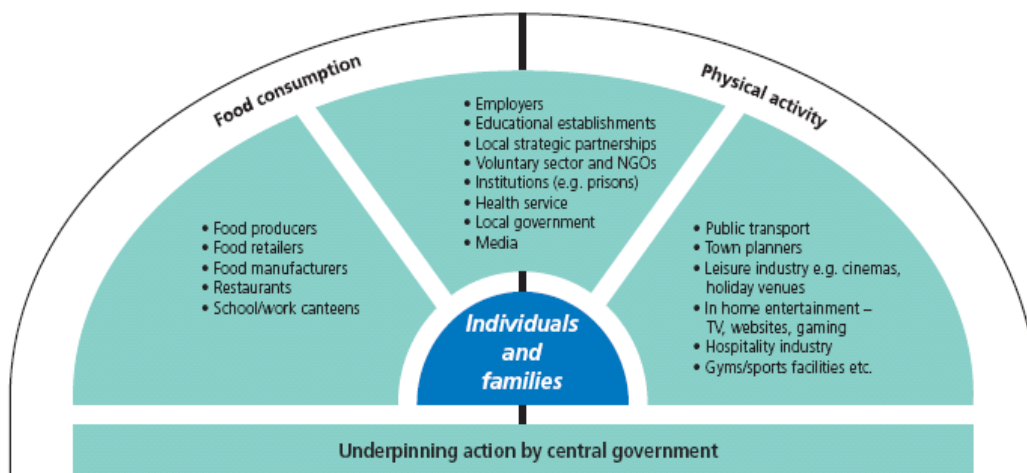
Dorset's approach to healthy weight will be:

- Multi-agency development of a Healthy Weight Strategy group
- Evidence-based and effective
- Tailored to the needs of the population
- Sustainable in the short and long term
- Supported by and satisfactory to the population

- 7.1 Obesity is a complex issue and requires a multi agency approach to attempt to combat the problem. Strategies will need to involve local people and penetrate communities and key organisations in Dorset.
- 7.2 In Dorset there are formal partnership working arrangements through the Dorset Strategic Partnership and also the second tier of community partnerships. These are responsible for a wide range of actions at a local level and therefore the Healthy Weight action plans needs to be delivered through these community partnerships.
- 7.3 As part of this multi agency approach, Dorset will establish a Healthy Weight Strategy Group. Its vision will be to drive forward and implement the actions of the strategy across the county to prevent and reduce the levels of obesity. It will aim to reach the National Indicator targets in the Local Area Agreement and improving the health and quality of life of the Dorset population.
- 7.4 The 'Healthy Weight, Healthy Lives' national strategy describes the major sectors that have a crucial role to play in combating obesity (Figure 2). The membership of the Dorset Healthy Weight Strategy Group will try to reflect and involve the wide range of key organisations shown in Figure 2. It is proposed that the group will be chaired by the Consultant in Public

Health who currently has the strategic lead for obesity for NHS Dorset. The proposed strategic framework for tackling obesity in Dorset is shown in Figure 3, with the strategy being monitored through the Health and Well-being Partnership as part of the LAA. It is proposed that the membership will evolve as the focus of the work in the implementation of this strategy develops.

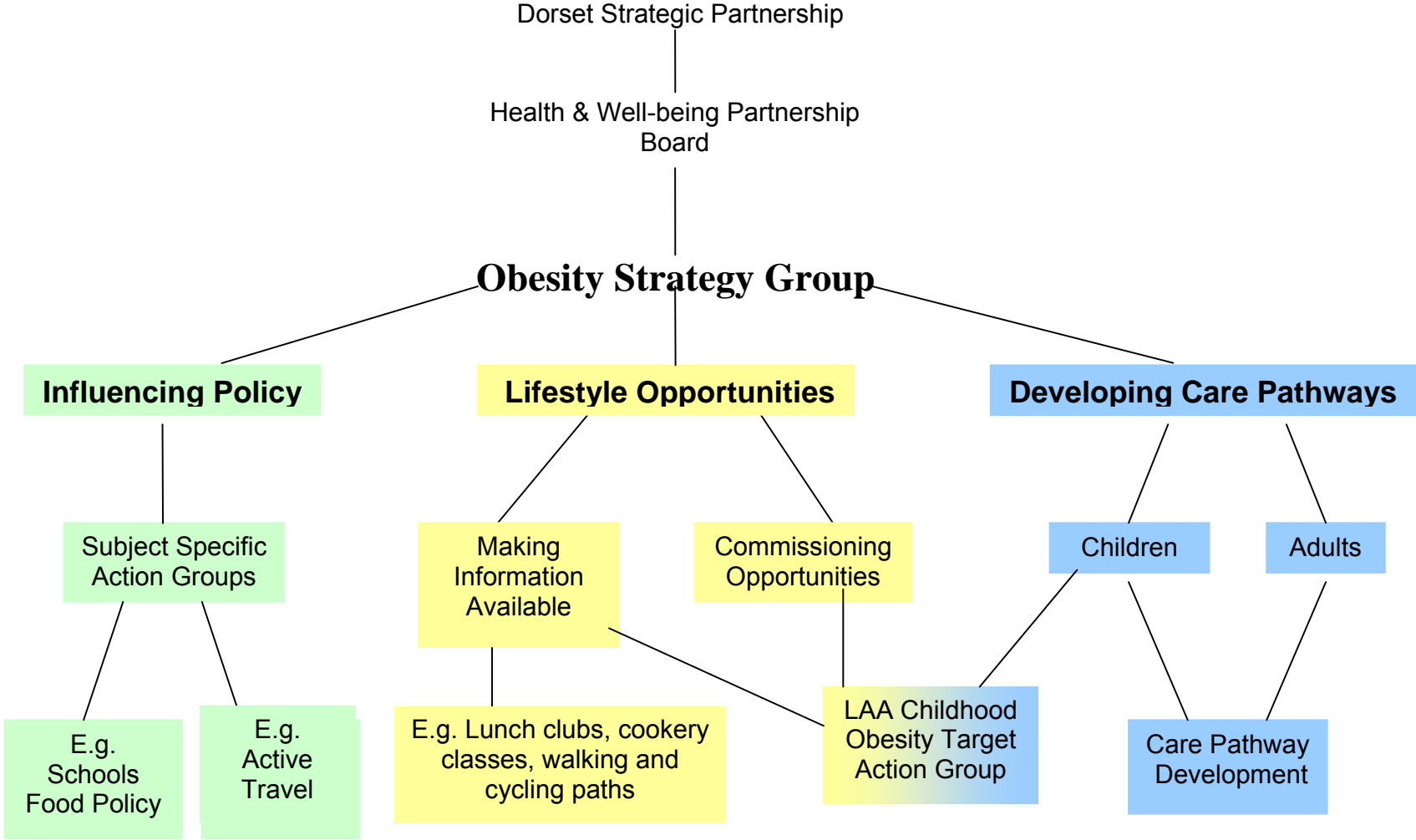
**Figure 2: Major Sectors in Tackling Obesity** <sup>2</sup>.



7.5 Resources will be needed in developing and implementing the work detailed in this strategy. The time of professionals and financial resources will be essential from all organisations committed to the operation of this strategy.

7.6 Although high quality and robust evidence in what works in the area of obesity is limited, it is important that the approach taken is evidence based. Activity will be based around the National Institute for Health and Clinical Excellence (NICE) guidelines on obesity and other related published research. Services will be evaluated and quality assured from the outset to ensure that they are having the proposed impact and start to build local evidence of effectiveness.

**Figure 3:** The Draft Strategic Framework for Tackling Obesity in Dorset



- 7.7 Work undertaken will be based on the needs of the population. Current data highlights the levels of deprivation and obesity, and shows these factors are unequally distributed through the County. Consideration will also be given to the particular issues and vulnerabilities of young people and people from minority groups (e.g. Black minority ethnic people; lesbians, gay men, bisexuals and transgender people, people from different faith groups; older people; those with learning difficulties). This includes problems related to access, inclusion and cultural issues. Within this healthy weight strategy the above issues will not be addressed separately but should be fully integrated within the three theme areas, as the strategic direction within Dorset County Council, NHS Dorset and other organisations is already aimed toward addressing such inequalities.
- 7.8 Sustainability is vital for any successful intervention to ensure its continuation and effectiveness in the long term. Funding from a wide range of sources will be needed in order to implement a range of approaches to tackle obesity. The Foresight report (2007) highlights that obesity has developed over the last 40 years and therefore changes and solutions may also take a long period of time<sup>4</sup>. Funding and strategies need to reflect and be committed to this long term agenda.
- 7.9 In order to ensure that actions are appropriate and effective, the Dorset population and the key organisations need to be consulted so that they support and are satisfied with the approach to be taken. The development of activities arising from the strategy should be informed by the participation of end users and other stakeholders. Going forward, social marketing techniques will be used to involve the community in developments to ensure specific population groups and needs are identified and actions tailored as appropriate.
- 7.10 The approach Dorset is setting out to follow is based on three themes:
- Changing the obesogenic environment of Dorset
  - Making individual healthier lifestyle choices easier
  - Supporting those who are already overweight or obese to achieve a healthy weight and lifestyle

## 8.0 Theme 1: Changing the Obesogenic Environment of Dorset

8.1 Changing the obesogenic (social and physical) environment that has been developed over years will not be an easy task. Work will need to be undertaken at a Community, District, County, Regional and National level, with the intention of creating a culture where people view healthy eating and exercise as an expectation and the norm.

**AIM:** To identify local policies which adversely influence obesity and seek to bring about opportunistic or iterative change that promotes healthy behaviour.

8.2 The opportunities and resources available to influence a wide range of policies will vary, but the Healthy Weight Strategy Group aims to be well-placed to inform and recognise these opportunities. It is proposed that the strategy group will form sub groups to work on different policy areas.

8.3 Some areas of current policy work include school food standards and the building of school kitchens.

8.4 The influence of the workplace is well recognised and work is being carried out with private, public and small businesses to develop approaches to promote healthy lifestyles for the employees of the different type of businesses.

8.5 Through the Dorset Play Forum Partnership, Dorset is committed to creating or enhancing children's play areas and to embed children's play as a strategic priority. The recent award of



- Play Builder status and capital funding from the Department for Children, Schools and Families (DCSF) provides impetus in providing new community play spaces.
- 8.6 A healthy activities survey has been carried out in Dorchester on behalf of the Dorchester Area Community Partnership. As a result of the survey the partnership have been successful in obtaining a grant to purchase outdoor gym equipment for adults in the Dorchester area.
- 8.7 Within Dorset County Hospital, the dietetic manager has recently taken on the role of managing the catering department of the hospital, therefore having an impact and ability to improve hospital food.
- 8.8 Future work is also required on developing a social and physical environment that supports and encourages mums to breast feed.
- 8.9 Further policy work needs to be undertaken, for example, influencing the planning of the built environment and transport can have huge effects on the ability to undertake exercise as a part of travel and access to food retailers. This identifies a need to increase the profile of active travel and ensure walking and cycling route networks are in existence or under development. Services should be located close enough to the areas of need to ensure that sustainable travel modes are the logical choice.
- 8.10 These examples are far from an exhaustive list and an approach to identify further opportunities to influence policy could be based around settings; to include work in schools, hospitals, prisons, workplaces and others. Identification of these opportunities will form one of the first tasks to be undertaken by the Healthy Weight Strategy Group.



## 9.0 Theme 2: Making Individual Healthy Lifestyle Choices Easier

- 9.1 In both prevention and treatment of obesity it is vital that everyone has the opportunity to build healthy eating and exercise into their lifestyles. To do this a life course approach is needed that ensure people are better able to choose healthy lifestyle behaviours and actions at different lifestages (e.g. pregnancy, infancy, childhood, adolescence) and transition points within these stages (e.g. parenthood, marriage, employment, retirement).

**AIM:** Dorset will provide a range of opportunities that can enable all to choose to improve their diet and increase their physical activity throughout the lifecourse.

- 9.2 This area of work already includes a range of activities being undertaken by a variety of organisations.
- 9.3 A breastfeeding policy has been written to help midwives, health visitors, doctors and other relevant professionals and carers provide more effective and consistent information and support concerning breastfeeding. Also breastfeeding co-ordinators have been employed over the last 2 years to work in Dorset County Hospital and the community. This will be extended for a further 2 years to encourage breastfeeding initiation and for women to continue for as long as they want. Activity will include the development of a baby friendly community breastfeeding programme and ensure processes are in place to collect robust data regarding breastfeeding initiation and continuation at 6 weeks and 6 months.
- 9.4 A programme of work is being developed to incorporate preventative activities to promote healthy eating and being physically active in the lives of children and their families. Activities include; an 'Incredible Edibles' training package to enable Health Visitors and Children centre staff to give

practical weaning advice and demonstrations; a young parents healthy eating cookery workshop in a children's centre setting; pre school interventions for children aged 2- 4 years and their families; and healthy lunch box and parent cooking skills classes in schools in areas of deprivation and with high prevalence of overweight or obese children.

- 9.5 The Healthy Schools Programme is another opportunity to promote and encourage healthy lifestyle behaviours in the lives of children. It follows four themes; two of these include healthy eating and physical activity. To achieve the National Healthy School Status all schools must meet national criteria through undertaking actions such as improving school lunch standards and providing extra curricular activities. Currently approximately 74% of schools in Dorset have achieved the National Healthy School Status. In 2009 Dorset started the roll out Healthy School Plus, which allows targeted schools to identify specific health concerns, for example, sexual or emotional health, healthy eating and physical activity.



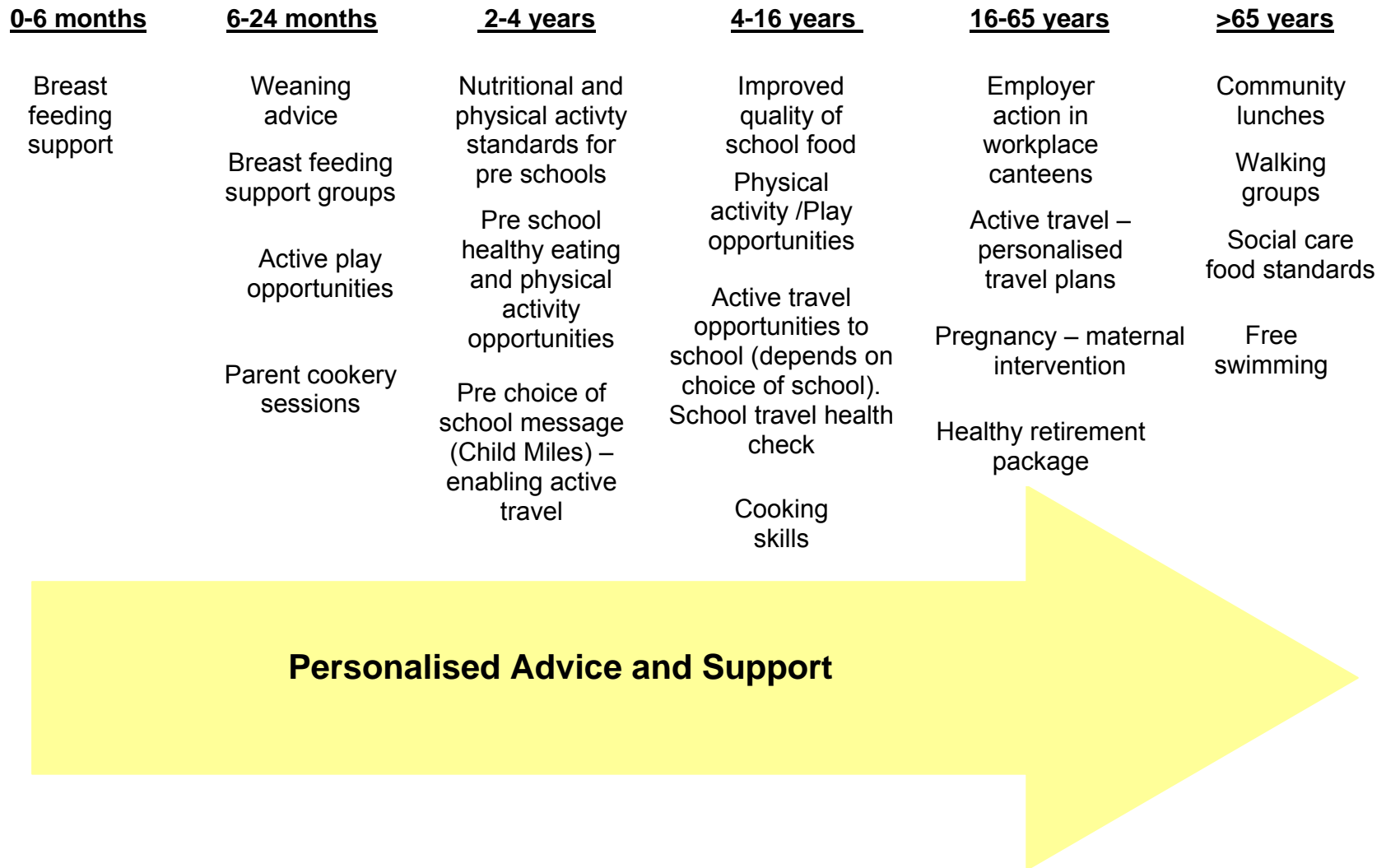
- 9.6 School sports partnerships work on increasing the quality of physical activity before, during and after school. Initiatives include increasing daily physical activity, positive play and promoting healthy lifestyles.
- 9.7 Dorset Trading Standards service is undertaking a range of activities including working with food producers to encourage reformulation of products with the aim of reducing levels of salt, saturated fat and sugar; food sampling of food advertised or labelled as appealing to children; 'low cost food' advertised to residents in Weymouth and Portland; and production of education resources for both consumers and businesses around 'Traffic Light Signposting' to identify healthy and unhealthy foods.



- 9.8 A new free swimming programme has been jointly funded over 2 years for those under 16 years and over 60 years to increase access and opportunity to be physically active. The programme will be running in certain pools in the West and North Dorset, and Purbeck. A Dorset Physical Activity Alliance has been newly established to work in partnership to promote opportunities and deliver programmes to increase physical activity levels.
- 9.9 Local led walks have been set up and are currently operating across Dorset through the Walking the way to health initiative. This scheme encourages people to do regular short walks in their communities to improve their health. There is a need to link these types of community and third sector opportunities into care pathways where these provisions can contribute to the prevention and treatment of individuals, helping them to achieve and maintain a healthy weight as a part of a healthy lifestyle.
- 9.10 Through the Dorset Partnership for Older People Project (POPP) healthy eating workshops, community lunches and physical activities such as Extend and Tai Chi for people over 50 years are provided. Also Age Concern Dorchester co-ordinates the Fit as a Fiddle programme of exercise opportunities for older people.
- 9.11 As needs are identified and resources are available, further service specifications will be drawn up in order to commission lifestyle opportunities to fill any gaps that are highlighted. A lifecourse approach needs to be taken where services and opportunities to eat healthily and be physically active are available at any age in a person's life. Figure 4 gives an example of this approach. Whilst the strategy aims to promote healthy lifestyles for all, it is recognised that some groups find it more difficult than others to access certain initiatives, or maintain certain behaviours. This theme of the strategy will be subject to a process of Health Equity Audit, ensuring that those with the greatest needs are prioritised. Needs and recommendations will be prioritised and actioned by the strategy group.

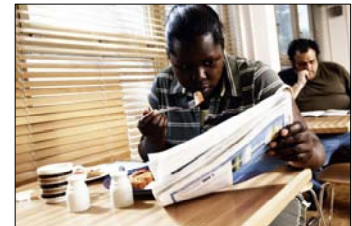


**Figure 4:** Examples of opportunities in a life course approach



## 10.0 Theme 3: Supporting those who are already Overweight or Obese to achieve a Healthy Weight and Lifestyle

10.1 Some adults and children will already be overweight or obese, and a number will be motivated and wanting to make positive changes to their lifestyle to help manage their obesity, with the help and support of the NHS and appropriate partners.



10.2 For those who are ready to seek support, there needs to be a comprehensive range of services available for them to access. These services need to range from self-directed early intervention (e.g. advice and information), community programmes (e.g. commercial slimming groups), specialist primary care services (e.g. dietetic, practice clinic and anti-obesity medication) and specialist secondary care services (Anti-obesity medication and obesity surgery) to meet the needs and level of support of the individuals. These services will then form a care pathway, where the individual can flow back and forth through the different tiers as appropriate to his or her needs.

**AIM:** Overweight or obese adults and children in Dorset will have access and support to complete care pathways to manage their obesity.

10.3 The East and South dietetic department have developed a 0-3 care pathway, and maternal and child nutrition guidelines. If relevant, the strategy group could support this work and explore whether the information can be interpreted and cascaded across the whole of the County.

- 10.4 In Dorset previous child weight management programmes have been very sporadic and differ between districts. Past initiatives have included a pilot project (PACEE – Programme to Actively Change Eating and Exercise) in Weymouth and Portland, and Bridport, a ‘Change for Life’ programme in Christchurch and MEND (Mind, Exercise, Nutrition and Do it) programme in Wareham, Purbeck. Evaluations have been limited and evidence of effective interventions is lacking at a national and local level and requires further research.
- 10.5 A joint tender is in the process of being commissioned by NHS Dorset and Dorset Children’s Fund to provide a child weight management programme from 2009.
- 10.6 Within the East and West of the County, both overweight and obese adults and children can be referred to access acute services through dietetic one to one and clinic support. In the East there is an adult care pathway that identifies which adults are eligible to see a dietitian on a one to one.
- 10.7 Healthy Choices is a joint initiative between Dorset PCT and commercial weight loss providers. It was launched across Dorset in September 2008 to offer practical dietary and activity support and guidance to help people attain and manage healthier lifestyles.
- 10.8 From January 2009 a selection of Community Pharmacists across Dorset have been piloting a lifestyle support programme for adults who want to address their weight issues. Healthy eating advice, behaviour change support and promotion of physical activity will be provided by community pharmacists. This will increase community access to services as well as patient choice.



- 10.9 Programme to Actively Changing Eating (PACE) is run by dietitians in the West of the County. The programme receives referrals from the GP practices and provides healthy eating guidance in a group situation.
- 10.10 Eatwise and Energise is run in the East and South of the County by leisure centre providers with support from dietitians and dietetic assistants. The programme involves promoting healthy eating and exercise over a 10 week course. Some leisure centres across Dorset also provide an exercise referral scheme.
- 10.11 Areas for training of front line staff needs to be addressed. Currently childhood obesity training is offered in the East of the County to health professionals such as school nurses and health visitors and fitness specialists. Also in the East of the County a 30 hour learning package on healthy eating and weight management for adults is run yearly. Therefore, a need for these type of training courses may be identified in the West of the County. This can be addressed and taken forward by the strategy group.
- 10.12 Going forward, Dorset needs to develop comprehensive care pathways for both children and adults; inclusive of primordial, primary, secondary and tertiary services.

## 11 Conclusion

11.1 Obesity is an escalating problem, with both health and financial consequences. Its causes and solutions are multifactorial, and therefore Dorset needs to take action at a County, District, Borough, community and individual level.

11.2 This strategy approaches the issue based on 3 themes:

- Changing the obesogenic environment of Dorset
- Making individual healthier lifestyle choices easier
- Supporting those who are already overweight or obese to achieve a healthy weight and lifestyle

11.3 There will be no 'quick fix' to this problem that has taken years to develop. Therefore, it will take long term efforts with a County wide approach to ensure activities/interventions are evidence-based, needs assessed, sustainable, and supported and wanted by the population.

11.4 Some work is already underway, however more work is still needed to be accomplished. As proposed within the strategy, a Healthy Weight Strategy Group will be formed with accountability developed through the Dorset Strategic Partnership and Local Area Agreement to provide foundations and structure to take this agenda forward.

## 12 References

1. Department of Health. (2003). Health check on the state of public health: Annual Report of the Chief Medical Officer. London: Department of Health.
2. Cross Government Obesity Unit, Department of Health and Department of Children, Schools and Families. (2008). Healthy Weight, Healthy Lives: A Cross Government Strategy for England. London.
3. The National Institute for Health and Clinical Excellence (NICE). (2006). Obesity: The prevention, identification, assessment and management of overweight and obesity in adults and children. London.
4. Foresight. (2007). Tackling Obesities: Future Choices – Project Report. Government Office for Science.
5. The Information Centre. (2009). Statistics on Obesity, Physical Activity and Diet: England.
6. Cross Government Obesity Unit, Department of Health and Department of Children, Schools and Families. (2008). Healthy Weight, Healthy Lives: Guidance for Local Areas. London.
7. Audit Commission, Health Commission and NAO. (2006). Tackling Child Obesity – First Steps.
8. Department of Health. (2005). Health Survey for England: Obesity among children under 11. London.
9. Department of Health. (2005). Delivering Choosing Health: Making healthier choices easier. London.
10. Department of Health. (2005). Choosing a Better Diet: A food and health action plan. London.
11. Department of Health. (2005). Choosing Activity: A physical activity action plan. London.
12. Department of Health. (2004). Choosing Health: Making healthy choices easier. London.
13. National Obesity Observatory. (2008). <http://www.noo.org.uk>.
14. Association of Public Health Observatories and Department of Health.

- (2008). Community Health Profiles: Dorset. Crown.
15. Department of Health. (2006/2007 and 2007/08). National Childhood Measurement Programme (NCMP).
  16. Dorset PCT Public Health and Dorset County Council. (2007). Public Health Report.
  17. Dorset Local Area Agreement (LAA). 2008-2011.
  18. NHS The Operating Framework. Vital Signs.
  19. NHS South West SHA. (2008). The Draft Strategy Framework for Improving Health in the South West.
  20. Health and Wellbeing Partnership. (2008). Health and Wellbeing Partnership Annual Plan.
  21. Dorset County Council. (2005). County Hall Travel Plan.
  22. Dorset Children and Young People's Plan. (2007/2009). Dorset's Children and Young People Plan.
  23. Dorset County Council. (2008). School Travel Plan.
  24. Dorset Community Action. (2007). Dorset Play Strategy. [www.dorcom.org.uk](http://www.dorcom.org.uk).
  25. Dorset County Council. (2008). Sport and Physical Activity Strategy.
  26. Sport England. (2007/2008). Active People Survey: Dorset.  
[http://www.sportengland.org/index/get\\_resources/research/active\\_people/active\\_people\\_2.htm](http://www.sportengland.org/index/get_resources/research/active_people/active_people_2.htm).
  27. The Information Centre for Health and Social Care. (2006). Health Survey for England 2005. London.
  28. Department of Health. (2009). Be active, be healthy: A plan for getting the nation moving. London.
  29. Dorset Strategic Partnership. (2007). Sustainable Community Strategy – Shaping Our Future. <http://www.dorsetforyou.com/index.jsp?articleid=17275>.
  30. Health Survey for England. (2004). <http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/HealthSurveyForEngland/index.htm>.



## 13 Action Plan

<b>All three themes: Healthy Weight Strategy for Dorset</b>					
<b>Action</b>	<b>Lead</b>	<b>Resources</b>	<b>By When</b>	<b>R/A/G</b>	<b>Progress</b>
Promote the strategy to relevant partnerships and committees e.g. Health and Well-being Partnership	Rachel Partridge Sam Fox Adams Dave Franks		Ongoing		
Form a healthy weight alliance/steering group	Rachel Partridge Amy Paterson		Oct 2009		
Ensure access to data to inform decisions	Amy Paterson	PCT/DCC	Ongoing		
<b>Theme 1: Changing the 'Obesogenic' Environment</b>					
<b>Action</b>	<b>Lead</b>	<b>Resources</b>	<b>By When</b>	<b>R/A/G</b>	<b>Progress</b>
To develop and implement the Healthy Options Award for caterers	Jonathan Harris Andy Fairhurst	PCT	April 2010		
To improve children play spaces	Chris Skinner	DCSF – 1.1 million DCC	April 2011		
Develop a programme of work to promote active travel e.g. BIKE IT scheme, bringing forward priorities on the LTP	Sue McGowan Chris Hook Richard Rider	DCC Sustrans PCT	Ongoing		
Promote Healthy Lifestyle Planning (within planning policy)	Steve Dring		Ongoing		

## Theme 2: Making Individual Healthier Lifestyle Choices Easier

Action	Lead	Resource	By When	R/A/G	Progress
To establish centralised information systems to raise awareness and access physical activity opportunities	Deborah Pattinson Martin Kimberley	Confirmed funding from Sport England and DH  Potential from PCT, DCC, DSP and LA's	Pilot run by April 2010		
To develop a web based school meal menu choice for children who are overweight or at risk of having weight issues	Patrick Myers	Potential external sources and DCC	April 2010		
To promote visual learning/skills in schools	Vicky Abbott	PCT	Ongoing		
Education of health care professionals and children centre staff in 'Child and Maternal Nutrition Guidelines'	Sam Leonard	PCT	Autumn 2009		
To promote healthy eating and physical activity for early years <ul style="list-style-type: none"> <li>• initiation and continuation of breast feeding</li> <li>• Weaning – Incredible Edibles</li> <li>• Pre – school intervention</li> </ul>	Fiona Johnson	PCT	Ongoing		
To assess the number of physical activity opportunities for older adults aged 50-74	Rebecca Pearce Fenella Barnes	PCT	Ongoing		

across Dorset.					
Implement Dorset 2012 Challenge	Alison Harpin	PCT/DCC	Dec 2012		
<b>Theme 3: Supporting those who are already overweight or obese</b>					
<b>Children and Young People</b>					
<b>Action</b>	<b>Lead</b>	<b>Resource</b>	<b>By When</b>	<b>R/A/G</b>	<b>Progress</b>
Link with Bournemouth and Poole to develop a children and young people care pathway	Rachel Partridge	PCT	April 2010		
Commission a child/family tier 2 weight management service	Amy Paterson Patrick Myers	PCT/DCC	Sept 2009		
Promote/Publicise change4life and case studies of successful weight loss	Keith Williams	PCT	April 2010		
<b>Adults</b>					
Link with Bournemouth and Poole to develop an adult care pathway	Rachel Partridge	PCT	April 2011		
Commission a programme of motivational training (changing behaviour) for professionals	NHS Dorset Learning Centre	PCT	April 2011		
Monitor and develop the pharmacy weight management pilot	Amy Paterson Julia Booth	PCT	Dec 2009		
Monitor and develop 'Healthy Choices'	Amy Paterson	PCT	March 2010		

## Appendices

### Appendix 1

**Table 2:** National Indicator Set Indicators Linked to Tackling Obesity<sup>6</sup>

National Indicator	Link to Tackling Obesity
<b>NI 53</b> Prevalence of breastfeeding at 6-8 weeks from birth	Evidence suggests that there is a reduced incidence in obesity at 5 years old in breast-fed compared to bottle-fed babies. <sup>i</sup>
<b>NI 52</b> Take up of school lunches	An increase in total uptake of school lunches can promote nutritional intake and may reduce obesity. <sup>ii</sup>
<b>NI 50</b> Emotional health of children <b>NI 69</b> Children who have experienced bullying	Overweight children are more likely to be bullied and suffer from low self-esteem. <sup>iii</sup>
<b>NI 57</b> Children and young people's participation in high quality PE and sport <b>NI 8</b> Adult participation in sport	To promote a healthy weight, adults should be doing 30 minutes of planned and incidental physical activity every day and children 60 minutes. <sup>iv</sup>
<b>NI 119</b> Self-reported measure of people's overall health and well-being <b>NI 120</b> All age all cause mortality rate <b>NI 121</b> Mortality rate from all circulatory diseases at ages under 75 <b>NI 122</b> Mortality from all cancers at ages under 75 <b>NI 137</b> Healthy life expectancy at age 65 <b>NI 152 and 153</b> Working age people claiming out of work benefits <b>NI 173</b> People falling out of work and on to incapacity benefits	Obesity increases the risk of a number of diseases including cardiovascular disease and cancer. <sup>v</sup> Obesity also has a significant impact on morbidity which impacts on healthy life expectancy, for example obesity greatly increases the risk of developing Type 2 diabetes. <sup>vi</sup>
<b>NI 198</b> Children travelling to school – mode of	LA's should work with local partners to create and manage more safe spaces for planned and incidental

<p>travel usually used  <b>NI 17</b>  Perceptions of anti-social behaviour  <b>NI 47 and 48</b>  Reduction in road traffic accidents  <b>NI 175</b>  Access to services and facilities by public transport, walking and cycling</p>	<p>physical activity e.g. cycling and walking routes, safe play areas.  To promote a healthy weight, adults should be doing 30 minutes of planned and incidental physical activity every day and children 60 minutes.<sup>vii</sup></p>
<p><b>NI 186</b>  Per capita CO<sub>2</sub> emissions in LA area  <b>NI 188</b>  Adapting to climate change</p>	<p>Reduction in the use of cars and labour saving devices, whilst reducing CO<sub>2</sub> emissions, has the additional result of increasing physical activity levels.  To promote a healthy weight, adults should be doing 30 minutes of planned and incidental physical activity every day and children 60 minutes.<sup>vii</sup></p>

- i Horta, B., Bahl, R., Martines, J. & Victora, C. (2007). Evidence on the Longterm Effects of Breastfeeding: Systematic Reviews and Meta-Analysis. World Health Organisation.
- ii School Meal Review Panel 2005.
- iii Wardle, J. (2005). Symposium on 'Treatment of obesity'. Understanding the aetiology of childhood obesity: implications for treatment. *Proceedings of the Nutrition Society*; **64**: 73-79.  
Strauss, RS. & Pollack, HA. (2003). Social marginalisation of overweight children. *Archives of Pediatrics and Adolescent Medicine*; **157**: 746-752.  
NHS Centre for Reviews and Dissemination. (2002). Effective Health Care: The prevention and treatment of childhood obesity; **7** (6).  
Puhl, R. & Brownell, KD. (2001). Bias, discrimination, and obesity. *Obesity Research*; **9**: 788-805.  
Strauss, RS. (2000). Childhood obesity and self-esteem. *Pediatrics*; **105**; 1: e15.  
Wadden, TA. & Stunkard, AJ. (1985). Social and psychological consequences of obesity. *Annals of Internal Medicine*; **103**: 1062-1067.
- iv Chief Medical Officer (2004). Chief Medical Officer's Report: At least five a week. Department of Health.
- v Kopelman, P. (2007). Health risks associated with overweight and obesity short science review. *Obesity Review*.
- vi Field, AE., Coakley, EH., Must, A., Spandano, JL., Laird, N., Dietz, WH., et al. (2001). Impact of overweight on the risk of developing common chronic diseases during a 10-year period. *Arch Intern Med*; **161**: 1581-1586.
- vii Chief Medical Officer (2004). Chief Medical Officer's Report: At least five a week. Department of Health.

## Appendix 2

### National

**Table 3:** NCMP National results

School Year	Measured (%)		Overweight (%)		Obese (%)		Overweight and Obese (%)	
	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)
2005/2006	57	42	12.8	13.8	10	17.3	22.8	31.1
2006/2007	83	78	13	14.2	9.9	17.5	22.9	31.7
2007/2008	89	87	13	14.3	9.6	18.3	22.6	32.6

**Table 4:** Comparison of Dorset and National NCMP results (BA = Below national average, AA = Above national average)

School Year	Measured (%)		Overweight (%)		Obese (%)		Overweight and Obese (%)	
	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)
2005/2006	+26 (AA)	+36 (AA)	+0.1 (AA)	-2 (BA)	-1.9 (BA)	-2.3 (BA)	-1.8 (BA)	-4.3 (BA)
2006/2007	+2.1 (AA)	-1.9 (BA)	+0.5 (AA)	-0.4 (BA)	-1.2 (BA)	-4.4 (BA)	-0.7 (BA)	-4.8 (BA)
2007/2008	+4.0 (AA)	+5.0 (AA)	+0.5 (AA)	+0.2 (AA)	-0.3 (BA)	-3.9 (BA)	+0.1 (AA)	-3.7 (BA)

### Dorset

**Table 5:** National Childhood Measurement Programme results for Dorset

School Year	Measured (%)		Overweight (%)		Obese (%)		Overweight and Obese (%)	
	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)
2005/2006	87	76.6	12.9	11.8	8.1	15	21	26.8
2006/2007	85.1	76.1	13.5	13.8	8.7	13.1	22.2	26.9
2007/2008	93	82	13.5	14.5	9.3	14.4	22.7	28.9

**Table 6:** Differences in year on year results of the National Childhood Measurement Programme for Dorset

School Year	Measured (%)		Overweight (%)		Obese (%)		Overweight and Obese (%)	
	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)
2005/2006 v. 2006/2007	-1.9	-0.5	+0.6	+2.0	+0.6	-1.9	+1.2	+0.1
2006/2007 v. 2007/2008	+7.9	+5.9	0.0	+0.7	+0.6	+1.3	+0.6	+2.0

**District****Table 7:** Comparison of District and Borough NCMP results for 2005/2006

District/Borough	Overweight (%)		Obese (%)		Overweight and Obese (%)	
	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)
Christchurch	13.4	14.2	8.0	14.8	21.4	29
East Dorset	8.6	11.0	7.3	15.2	15.9	26.2
North Dorset	13.7	12.9	8.1	16.6	21.8	29.5
Purbeck	11.8	11.6	7.4	13.1	19.2	24.7
West Dorset	13.6	11.6	9.7	15.6	23.3	27.1
Weymouth and Portland	16.7	10.6	8.4	14.2	25.1	24.8

**Table 8:** Comparison of District and Borough NCMP results for 2006/2007

District/Borough	Overweight (%)		Obese (%)		Overweight and Obese (%)	
	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)
Christchurch	11.2	13.2	10.6	11.4	21.8	24.6
East Dorset	14.1	11.4	6.4	9.8	20.5	21.2
North Dorset	12.6	15.9	8.4	15.1	21.0	31.0
Purbeck	15.0	13.6	7.3	9.5	22.3	23.0
West Dorset	13.7	13.9	9.5	14.3	23.1	28.2
Weymouth and Portland	14.0	14.6	9.6	16.2	23.6	30.8

**Table 9:** Comparison of District and Borough NCMP results for 2007/2008

District/Borough	Overweight (%)		Obese (%)		Overweight and Obese (%)	
	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Reception (4-5 year olds)	Year 6 (10-11 year olds)
Christchurch	14.2	14.7	11.9	12.5	26.1	27.2
East Dorset	12.3	12.8	7.5	13.6	19.8	26.4
North Dorset	12.2	13.7	7.3	12.1	19.5	25.9
Purbeck	13.3	13.2	10.6	15.4	23.9	28.6
West Dorset	14.2	15.8	9.5	14.9	23.7	30.7
Weymouth and Portland	14.8	16.0	10.6	17.0	25.4	33.0