Staffordshire Health and Wellbeing Board – 04 March 2021

Implementing a Whole System Approach to Obesity

Recommendations

The Board is asked to:

a. Endorse and actively support a whole system approach to obesity across Staffordshire; and

b. Agree to become the system-wide governance for the whole system approach to obesity.

Background

The Issue

1. Obesity amongst children and adults continues to increase and is a national public health concern. In England nearly 25% of adults and approximately 10% of children are obese[i].

2. It is estimated that 40% of Britons could be obese by 2025 and that Britain could be a mainly obese society by 2050.

3. To summarise the extent of the issue within Staffordshire the key headlines are outlined below:

Date:	Indicator:	National Average:	Staffordshire:
2019	% of RECEPTION AGE CHILDREN that were overweight or obese	22.6%	ALL **8 districts** were **ABOVE** the national average. **NEWCASTLE-UNDER-LYME District = 27.9%**
2019	% of YEAR 6 CHILDREN who were overweight or obese	34.3%	**5 districts** were **ABOVE** the national average. **CANNOCK district = 37%**
2019	% of ADULTS who were overweight or obese	62.3%	**6 districts** were **ABOVE** the national average. **CANNOCK district = 70%**
2019	% of physically inactive ADULTS aged 19 and over	21.4%	**5 districts** were **ABOVE** the national average. **EAST STAFFORDSHIRE district = 25.1%**

Table 1

4. Additional relevant data at district, county and national level are outlined within **Appendix 1.**

5. Obesity is a complex problem with many drivers which include our behaviour, environment, genetics and culture. **Appendix 2** contains an example system map of obesity.

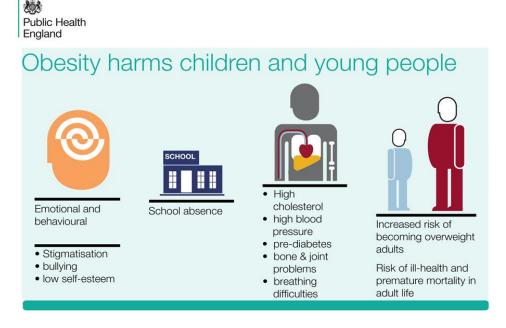6. Some of the consequences of obesity amongst children & young people are demonstrated in Figure 1 below.

Figure 1: Guidance Childhood Obesity: applying All Our Health 24 October 2019

7. Obese adults are seven times more likely to become a type 2 diabetic than adults of a healthy weight.

8. Not only are obese adults more likely to get physical health conditions like heart disease, certain types of cancer, and respiratory problems they are also more likely to be living with conditions like depression.

9. Babies born to obese women face several health risks, for example a higher risk of foetal death, stillbirth, and congenital abnormality[ii].

10. At least 2.6 million people each year die as a result of being overweight or obese[iii].

11. The financial burden of obesity is also significant. **In 2014/15**, the **cost of obesity and related ill health to the NHS in England was estimated at £6.1 billion per annum.** Obesity also impacts **local authorities' social care budgets: direct costs attributed to obesity are estimated at around £352 million per annum**. Conditions linked to obesity, such as type 2 diabetes, although not yet

systematically quantified, are likely to impose a significant additional social care burden.[iv]

12. Regarding the COVID-19 pandemic, several studies report an increased risk of adverse outcomes in obese or morbidly obese people[v].

Policy context

13. On the 27th July 2020 the Government unveiled a new **Obesity Strategy (Tacking obesity: empowering adults & children to live healthier lives)** to get the nation fit and healthy, protect themselves against COVID-19 and protect the NHS. At the same time PHE have launched a **'Better Health' campaign** which will call on people to embrace a healthier lifestyle and to lose weight if they need to, supported by a range of evidence-based tools and apps providing advice on how to reduce the waistline.

14. A range of additional national strategies / plans to tackle obesity include:

    a. the Department for Education's aim to improve PE and sport in primary schools through the PE and sport premium,

    b. the Department of Digital, Culture Media, & Sport's aim to improve participation in Sport across all ages, and

    c. the Department of Transport's commitment to increasing the number of walking and cycling trips undertaken to school (increasing the % of children aged 5 – 10 that usually walk to school from 49% in 2014 to 55% in 2025).

    d. The NHS Long Term Plan (2019). Chapter 2 focuses on more NHS action required regarding prevention & health inequalities with obesity identified as a priority.

    e. New statutory Health Education curriculum for schools from September 2020.

15. There is no one single solution. We can only tackle obesity if it becomes everybody's business and is prioritised and embedded in everything we do[vi].

16. Within Staffordshire obesity is a priority and is linked to the following local strategies and plans:

Strategy / Plan:	Outcomes / Priorities:
Staffordshire Health & Wellbeing Board	**Outcome/s:** To help people stay as well as they can to reduce the growing pressure on services. • More people living beyond age 64 in good health. **Priorities:** • Living well

Strategy / Plan:	Outcomes / Priorities:
	o Making good lifestyle choices: ▪ Lifestyle and mental wellbeing

Staffordshire Families Strategic Partnership	**Outcome/s:**
	 • Happy and healthy
	     o All children and young people are resilient, happy and healthy, making choices that support wellbeing.
	 • Live Well
	     o Children, young people and adults are supported to make good lifestyle choices.
	
	 Priorities:
	 • Happy and Healthy
	     o Improve children and families' mental health and emotional wellbeing.
	     o Encourage communities to be more active and live healthier lifestyles.
	     o Reduce avoidable hospital admissions.
	     o Improve community networks that promote independence and local resilience.

Staffordshire & Stoke-on-Trent Health & Care Transformation Board (STP) STP Prevention Workstream	**Outcome/s:** • Support people to maintain good health or improve wellbeing, and reduce number of people who need health or social care support • Reduce the level of diabetes, obesity and heart disease in Staffordshire and Stoke-on-Trent by working to support people to avoid or reduce the risks of developing these conditions. **Priorities:** • Simplify and connect services to ensure a local health and care system that promotes independence and wellbeing. • Create a 'think family and community first' culture so that families are able to live independently and manage their own care needs. • Ensure access to information that supports wellbeing and healthier lifestyles. • Seeking to reduce the risks to wellbeing by improving where and how people live.
Staffordshire & Stoke-on-Trent Maternity Transformation Programme Board (MTPB)	**Outcome/s:** • Increase breastfeeding rates (initiation and 6-8 weeks) • Ensure a healthy weight for mothers and babies **Priorities:**

Strategy / Plan:	Outcomes / Priorities:
(responsible for the maternity element of the STP).	• Working in partnership with Public Health to undertake a range of developments to improve the health and wellbeing of women and babies
Staffordshire Early Years Advisory Board (EYAB) (sub-group of the MTPB)	**Outcome/s:** • To reduce the % of overweight / obese children (reception and Year 6) • To increase the breastfeeding rate **Priorities:** • To improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: o Child and family health and life chances.
District Family Improvement Boards (report to the EYAB)	As outlined above.
Building Resilient Families and Communities (BRFC)	**BRFC Criteria:** Living well, improving physical and mental health and wellbeing: Parents and children with a range of health problems **Indicators:** Families experiencing challenges with physical / mental health and wellbeing Child / adult experiencing health problems **Outcome:** Families are positively managing health issues

Table 2

17. Although there has been, and continues to be, a wide range of activities taking place which link to preventing or reducing obesity amongst children and adults, the % of overweight / obese children and adults continues to rise. Therefore, **we need to work differently in order to 'turn the curve'.**

Whole system approach (WSA)

18. Public Health England (PHE) definition - "A local whole systems approach responds to complexity through an ongoing, dynamic and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders

agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change".

19. The benefits to implementing a WSA include:

   a. Identifying, implementing and aligning actions that have wider impact across the local system

   b. Enabling reach into local communities, working with and through an extensive range of stakeholders including communities

   c. Recognising the range and complexity of the causes of obesity, supporting a system-wide approach to understand and address health inequalities

   d. Recognising and identifying local assets which can help build on the particular strengths of the community

   e. Involving local communities, in particular disadvantaged groups, can better reflect the local realities, help improve health and wellbeing and reduce inequalities

   f. Developing transferable workforce skills and capacity – applicable to other complex issues.

20. A WSA does **not** rely on additional financial resources; it is about making the best possible use of the resources already available to improve a shared outcome.

21. PHE have developed a [comprehensive guide to implementing a WSA to obesity.](#) The production of this guide involved 4 pilot local authorities (LAs). An additional 9 LAs were involved in 'testing' the guide; including Dudley Metropolitan Borough Council and Solihull Metropolitan Borough Council. Table 3 below outlines the main phases involved in implementing a WSA.

Phase:	Aim:	Key steps:
1: Set-up	Secures senior-level support and establishes the necessary governance and resource structure to implement the approach.	1. Engage with senior leaders to obtain their support. 2. Set-up a core working team to undertake the day-to-day operations and coordinate the approach. 3. Establish resources to support the process. 4. Secure the accountability, advice and support of a group pf senior stakeholders offering a broad range of expertise to ensure the approach has

Phase:	Aim:	Key steps:
		sufficient challenge, governance and resource.
2: Building the local picture	Builds a compelling narrative explaining why obesity matters locally and creates a shared understanding of how obesity is addressed at a local level.	1. Collate key information about obesity locally 2. Start to understand the local assets including community capacity and interest 3. Establish a comprehensive overview of current actions 4. Identify the departments, local organisations and individuals currently engaged in supporting work around obesity.
3. Mapping the local system	Brings stakeholders together to create a comprehensive map of the local system that is understood to cause obesity. Agreeing a shared vision.	1. Prepare for workshop 1: • Identify and engage wider stakeholders • Prepare presentation slides and add local information • Prepare facilitators to undertake system mapping 2. Deliver workshop 1: system mapping 3. Begin to develop a shared vision
4: Action	Stakeholders come together to prioritise areas to intervene in the local system and propose collaborative and aligned actions.	1. Prepare for workshop 2: • Create a comprehensive local system map • Prepare presentation slides and add local information • Prepare facilitators to support action mapping • Refine a draft shared vision 2. Deliver workshop 2: action planning 3. Develop a draft whole systems action plan 4. Refine the shared vision
5: Managing the system network	Maintains momentum by developing the stakeholder	1. Develop the structure of the system network

Phase:	Aim:	Key steps:
	network and an agreed action plan.	2. Undertake the first system network meeting 3. Present the finalised shared vision 4. Agree the action plan
6: Reflect & refresh	Stakeholders critically reflect on the process of undertaking a whole systems approach and consider opportunities for strengthening the process	1. Monitor and evaluate actions 2. Maintain momentum through regular meetings 3. Reflect and identify areas for strengthening 4. Monitor progress of the whole systems approach and adapt to reflect how the system changes over time

Table 3

Progress to date

22. Staffordshire County Council's (SCC) Cabinet Members and Senior Leadership Team endorsed the implementation of a WSA to obesity on the 23rd September 2020.

23. SLT & Cabinet Member champions / sponsors agreed as follows:

    a. Cabinet Member for Health, Care & Wellbeing: Cllr Johnny McMahon
    b. Chief Executive: John Henderson

24. A Core Working Team has been established and is meeting regularly.

25. An action plan has started to be developed for the first 3 (of 6) phases of the WSA.

26. Additional Commissioning Officers have been recruited to support the WSA.

27. Resource / support has obtained from SCC's Insight Team regarding collating key information / data about obesity (initially in the 3 pathfinder districts).

28. Expressions of interest have been obtained from district councils regarding the pathfinder / pilot areas. All 8 districts expressed an interest in the WSA; 6 of which expressed an interest to become a pathfinder / pilot area. The 3 districts identified as pathfinder areas are as follows:

    a. Staffordshire Moorlands
    b. East Staffordshire
    c. Cannock

29. A Stakeholder Engagement Plan is in development.

30. Stakeholder workshops to map the local system will be arranged; 1 in each of the 3 pathfinder districts from April 2021.

List of Background Documents/Appendices:

Appendix 1	District, County and National Obesity / Obesity Related Data
Appendix 2	Example System Map

Contact Details

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[i] Tackling Obesities: Future Choices – Project Report 2nd Edition (Government Office for Science)

[ii] Obesity in pregnancy: a study of the impact of maternal obesity on NHS maternity services (Heslehurst N et al, January 2007)

[iii] Global Strategy on Diet, Physical Activity and Health (World Health Organisation)

[iv] Making obesity everybody's business: A whole systems approach to obesity (Local Government Association November 2017).

[v] Disparities in the risk and outcomes of COVID-19 (Public Health England June 2020)

[vi] Whole Systems Approach to Obesity: a guide to support local approaches to promoting a healthy weight (Public Health England July 2019)