



Foreword

This is the first Whole Systems Obesity Strategy for Thurrock. Obesity is a complex problem that is linked to poorer health outcomes and can lead to a number of health conditions such as Type 2 Diabetes and high blood pressure. The influencing factors of obesity are vast, and include things like our social, economic and living environments, this is why we need a new approach. A whole systems approach refers to the network of broad and interlinking factors that contribute to a solution or problem. Traditional approaches that focus on single interventions will not make an impact at a population level, collaboration with partners and the community is vital to the success of the Strategy. Multiple sectors including health, social care, the community and voluntary sector, planning, housing, transport, regeneration and environment all have a role to play. As do our local businesses, workplaces and the wider community themselves all by jointly making better use of resources, seeking opportunities for change and working towards a vision of better health and wellbeing.

Ian Wake

Director of Public Health

Vision statement

Everyone in Thurrock can achieve and maintain a healthy weight, lead an active life, eat a healthy diet and reach a healthy long life expectancy.

Background

Obesity is considered to be one of the most serious and complex public health challenges of the 21st century because of the numerous, interrelating factors associated with obesity. The current obesity system, which operates at a local, regional, national and international level, and as described by the Foresight 2007 report on tackling obesities¹ currently works in favour of individuals gaining weight. Without action the health of individuals will continue to suffer, health inequalities associated with obesity will remain and the economic and social costs will increase to unsustainable levels. The Government is implementing a number of measures to address the national problem of obesity such as the Soft Drinks Levy and reducing sugar in commonly purchased products as set out in the Child Obesity – A plan for action in 2016² and further update in 2018.³ It is clear that to have a significant impact, we as a Local Authority and the wider local system, must also take action alongside these policy measures.

Drawing on the emerging material from the Whole Systems Obesity Pilots, the system needs “disrupting” in a way that halts this preference for gaining weight and instead works and interacts to assist people in the achievement of healthy lifestyles. This means that, not only do we need to tackle the issue with a comprehensive portfolio of interventions and actions, but more important to this, the interactions between them need to be defined and linked. Essentially the whole is greater than the sum of its parts.

Reducing obesity and reducing the inactive population is a top health and wellbeing priority in Thurrock and is identifiable as a key objective to achieving the Thurrock Health and Wellbeing Strategy.⁴ In 2017, Public Health published the Whole System Obesity (WSO) Joint Strategic Needs Assessment (JSNA) which sets out in detail the scale of the issue of obesity for Thurrock and made recommendations about how it can be addressed.⁵



¹ Government Office for Science. Foresight Tackling Obesities: Future Choices – Project Report. 2007.

² Childhood Obesity: A Plan for Action. 2016. Available from: www.gov.uk/government/publications/childhood-obesity-a-plan-for-action

³ Childhood Obesity: A Plan for Action. 2018. Available from: www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2

⁴ Health and Wellbeing Strategy Thurrock. 2016. Available from: www.thurrock.gov.uk/strategies/health-and-well-being-strategy

⁵ Whole Systems Obesity Joint Strategic Needs Assessment Thurrock. 2017. Available from: www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-obesity-201709-v01.pdf

Strategy Purpose

The Strategy places focus on the wider determinants of health and the impact that multiple sectors can have on health and lifestyle related to obesity through a whole systems approach. By tackling obesity we can also reduce health inequalities.⁶ The strategy is central to achieving the vision, for gaining sector buy in and is the tool for having positive conversations with stakeholders around what can be done to tackle obesity in our local population.

The Strategy has five goals, as informed by the WSO JSNA, and which set out how the vision can be achieved using the whole system approach. Recommendations for each goal come from the evidence base of the JSNA work. Stakeholders will be identified and invited to form a new Healthy Weight Working Group. This group will consider the recommendations and co-produce a delivery framework to set out the achievable and relevant actions that will bring about the necessary changes to realise each goal. By nature of a complex system, it will be likely that some of the actions within the goals will cross over with each other.

The Strategy identifies intentions up to 2021, although the WSO work will continue past this timeframe; the strategy will be reviewed and updated on this date. Outcomes and progress of the Strategy will be measured through the measurable actions within the delivery framework and will contribute towards achieving the targets within the overarching Health and Wellbeing Strategy for Thurrock. The Health and Wellbeing targets this strategy will contribute to are outlined in Table 1 below.

Table 1: Thurrock Health and Wellbeing Strategy Targets related to obesity

Goal E: Healthier for Longer	Baseline 2016/17	Target
Proportion of children overweight or obese in year 6	36.9%	Year on reduction of 0.5%
Proportion of adults who are overweight or obese in Thurrock	65.3%	Year on reduction of 0.5%
Proportion of adults who are physically inactive in Thurrock	28%	Year on reduction of 0.5%

⁶ National Institute for Health and Care Excellence. Preventing obesity and helping people to manage their weight. NICE local government briefings. 22 May 2013.

Whole Systems Obesity Goals

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight

Goal B: Increasing positive community influences

Goal C: Improving the food environment and making healthy food choices

Goal D: Improving the physical activity environment and getting the inactive active

Goal E: Improving identification and management of obesity

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight

We aim to **halt** the upward trend of childhood obesity levels in Thurrock. There are numerous factors that affect a child's health and can lead to them becoming overweight or obese. Healthy behaviours can be promoted in many ways through increasing the opportunities for children and young people around healthy eating and physical activity and making it easier for families to adopt a healthy lifestyle. Collaboration with partners is key to the success of this goal; including influencing early years, schools, colleges, the Brighter Futures Services the voluntary sector and other universal, prevention and support services. Importantly, we must not forget the role of families, parents and carers too.

Why?

Focus on prevention early in the life course, including early childhood and pre-birth, is a priority due to the impact on health and wellbeing during this critical time in combination with the impact that is carried through to adulthood. Overweight and obese youth have an increased risk of becoming overweight adults.¹² Obesity prevalence rises with increasing socioeconomic deprivation.¹³

In Thurrock:

- More than **2 in 10** (22.6%) Reception aged children are overweight or obese, statistically similar to the England figure of 22.4%.
- **4 in 10** (39.5%) Year 6 age children are overweight or obese, statistically worse than the England figure of 34.3%.¹³



Objectives:

- reducing overweight and obesity in children in Year 6 (age 11) by at least 0.5% a year to be statistically similar or below than the national average
- preventing obesity in pre-school age children as well as adolescents aged 11 plus
- increased physical activity in Primary school aged children
- more children accessing a healthy diet

Wider system impacts:

- healthier children and healthier families through behaviour change within the family
- Improved oral health and hygiene through sugar reduction and healthier diet promotion⁷
- improved pupil concentration and engagement within school time⁸
- fewer school absences and improved educational attainment⁹
- improved emotional wellbeing¹⁰, body image and reductions in bullying¹¹

⁷ Public Health England. Local authorities improving oral health: commissioning better oral health for children and young people. June 2014.

⁸ National Institute for Health and Care Excellence. Preventing obesity and helping people to manage their weight. NICE local government briefings. May 2013.

⁹ Pan L, Sherry B, Park S, Blanck HM. The association of obesity and school absenteeism attributed to illness or injury among adolescents in the United States, 2009. *Adolesc Health*. 2013 Jan;52(1):64-9.

¹⁰ Griffiths LJ, Dezateux C, Hill A. Is obesity associated with emotional and behavioural problems in children? Findings from the Millennium Cohort Study. *International Journal of Pediatric Obesity* 2011;6(2-2):e423-32.

¹¹ Rees R., Oliver K., Woodman J. & Thomas J. Children's views about obesity, body size, shape and weight: a systematic review. EPPI-Centre, Social Science Research Unit, Institute of Education, University of London, London. 2009.

¹² Singh AS, Mulder C, Twisk JW, van Mechelen W, Chinapaw MJ. Tracking of childhood overweight into adulthood: a systematic review of the literature. *Obes Rev*. 2008 Sep;9(5):474-88.

¹³ National Child Measurement Programme. 2017/18. Available from: www.fingertips.phe.org.uk

WSO JSNA Recommendations for Goal A

Considerable focus on preventative measures in children is crucial due to the impact on health and wellbeing during childhood and the impact this has on later on in adulthood. These measures may include the following as recommended by the JSNA:

1. A detailed review of the local Healthy Start scheme is undertaken by public health and children's services and a recommendation to understand the effectiveness of the scheme and to focus on increasing the uptake of the scheme locally.
2. Children's services and health commissioners should ensure Maternity services, Health Visitors and Children's Centres work to increase healthy weight in pregnancy, increase breast feeding rates and support healthy weaning.
3. To support the development of family healthy weight opportunities including nutritional advice, cookery sessions and physical activity, making this a normalised behaviour within communities.
4. Review and consider the provision for Tier 2 childhood weight management and its impact on population childhood obesity outcomes.
5. Schools, particularly in neighbourhoods of high childhood obesity, should consider taking up the Modeshift STARs¹⁴ scheme to promote active travel methods into school. How this links into the built environment in Thurrock and perceived safety should be considered.
6. Review and consider what options in schools would encourage children to be more active. Schools, particularly in neighbourhoods of high childhood obesity, should use this understanding to work to encourage children to take part in daily physical activity.
7. A review of how the PE and School Sport premium is being spent by schools across Thurrock, with a view to understanding impact, sharing best practice and to understand opportunities to increase physical activity in children across the borough through this route.



¹⁴ Available from: <https://modeshiftstars.org/>

Goal B: Increasing positive community influences

There are wider system factors including economic, cultural and social factors that impact on the health of individuals. Furthermore, obesity does not affect all groups equally. We aim to understand the barriers to health in our local communities, including the impact of worklessness and housing, to identify opportunities that will support health and encourage physical activity and healthy eating. A collaborative approach with the wider community in Thurrock and key local connectors is needed to identify solutions and opportunities to influence positive behavioural change at an individual and population level.

Why?

Obesity widens **health inequalities**; there is an established link between deprivation and obesity.¹⁷ Thurrock is ranked 84th most relatively deprived out of 152 Local Authorities in England (1 most deprived). The level of child poverty is worse than the England average with 17.8% of children aged under 16 years living in poverty (2015). The rate of family homelessness is also worse than the England average (2016/17).¹⁸ The estimated cost to society related to obesity is £27 billion a year. People who are obese are more likely to face discrimination and stigmatisation, furthermore they are less likely than people of a healthy weight to be in employment.¹⁷

The **ethnic diversity** of Thurrock's population has increased at a faster rate than the national average and this trend is set to continue. School children in Thurrock are a more ethnically diverse population than their parent's population. Prevalence of obesity is higher among women of Black Caribbean, Black African, and Pakistani ethnicities, compared to the other ethnic groups. For men, obesity prevalence is highest in Black Caribbean, White and Irish ethnic groups.¹⁹ There is variation in obesity prevalence by ethnic group for children too. Programmes and initiatives should be designed with this in mind and target accordingly.

Socioeconomic factors such as poor housing and lack of cooking facilities and skills, as well as inherited cultural cooking methods, can contribute to social and family norms that may encourage unhealthy behaviours around eating and physical activity.



Objectives:

- the development of community driven health initiatives particularly focusing in areas of deprivation
- a wider range of departments and sectors such as Housing, the Voluntary Sector and local businesses contributing to reducing obesity and improving health

Wider system impacts:

- empowered communities particularly around tackling weight related issue
- greater public resilience
- greater social cohesion, reduced social isolation and loneliness¹⁵
- increased participation, volunteering and reductions in worklessness¹⁶

¹⁵ Available from: www.noo.org.uk/LA/tackling/leisure

¹⁶ National Institute for Health and Care Excellence. Preventing obesity and helping people to manage their weight. NICE advice [LGB9] May 2013.

¹⁷ Public Health England. Adult obesity and socioeconomic status data factsheet. August 2014

¹⁸ Public Health England. Available from: <https://fingertips.phe.org.uk/profile-group/child-health/>

¹⁹ Public Health England. Adult slide set. Adult obesity prevalence by ethnic group. Health Survey for England 2006-2010. 2013.

WSO JSNA Recommendations for Goal B

Focus should be on developing a joined up approach between multiple sectors including businesses, health care, social care and communities to better understand the opportunities and potential solutions to tackling obesity in Thurrock. Measures to achieve this may include the following as recommended by the JSNA:

1. To instigate work with communities, including schools and colleges, to identify behavioural change methods that would be successful in creating a cultural shift away from health harming social norms to healthy ones.
2. To work in partnership with local employers to develop a holistic health and wellbeing workplace model.
3. Work with businesses should be undertaken to understand the links with obesity, mental health and employment.
4. To keep a watching brief on further national research to develop a better understanding of any association between ethnicity and obesity and how this can influence our action.
5. For housing, planning and environment departments to ensure that there are opportunities for physical activity, for accessible healthy food outlets and suitable food preparation/ storage areas within housing, to include private tenants.
6. To support and assist in the promotion of national campaigns locally, such as Dry January and One You to spread their messages and encourage a greater take up amongst communities through the identification of relevant departments, services and agencies.
7. Regeneration and public health should work with employers, unemployment agencies and relevant voluntary and public organisations to identify and develop healthy lifestyle opportunities to increase life chances.
8. Focus on, existing and new, prevention opportunities and small behaviours changes that could have a population impact should be implemented at the key ages of increase from the age of 16 through to age 45. For example One You and Active 10 initiatives.
9. Strategies to tackle overweight and obesity should give a greater focus on community based methods of engagement with those from deprived geographical areas.
10. Strategies to tackle overweight and obesity should consider more relevant methods of engagement and focus with those from Black and Minority Ethnic groups and communities where obesity and excess weight has been observed to be higher.
11. Adult social care should consider targeted opportunities towards those with limiting long term health problems and older people.

Goal C: Improving the food environment and making healthy food choices easier

We aim for healthy food choices to be a simpler and easier task especially for families. The food environment is the collection of the physical, biological and social factors that affect eating habits and patterns. The makeup of the food environment influences our decision making around food choices and this can lead to habitual and social food preferences. Where we can start to have an impact is the high-street, our local hospitals, workplaces and within educational settings such as nurseries, schools and colleges. This will involve working with local food outlets and businesses to ensure that the nutritional quality of food and drinks available is considered in-line with the recommended food standards and factored into the local food supply.

Why?

Eating a healthy diet is important for preventing weight gain and reducing the risk of developing certain diseases.²³ Figures from the latest National Diet and Nutrition Survey (NDNS) collected from 2014-2016 show the UK population is consuming too much saturated fat and not enough fruit, vegetables, and fibre.²⁴

Measures for **5-a-day fruit and vegetable** consumption in Thurrock is significantly lower than the regional and national averages. The data for Thurrock shows that less than half of 15 year olds (49.2%)^{25a} and just over half of adults (51.3%)^{25b} are meeting the national '5-a-day' standard on a usual day. The uptake of free school meals, which tend to be healthier than lunch boxes, in Thurrock is low, with only 12.7% of pupils who are eligible taking up the offer in 2017.²⁶

There is a strong relationship with deprivation and the rate of fast food outlets in England and this also applies to Thurrock.²⁷ There are **27 allotment sites** in Thurrock providing opportunities for people to grow their own food. However, Thurrock does not meet the National Society of Allotment & Leisure Gardens' suggested standard of 20 allotments per 1000 households, therefore access to growing food should be increased and promoted.



Objectives:

- a healthier food environment in Thurrock
- improved opportunities for access to healthy food
- increase the number of schools serving healthier food
- increase the number of children taking up free school meals

Wider system impacts:

- healthier workplaces and less staff time off sick²⁰
- improved productivity within the workplace and other settings such as education²¹
- engaged local businesses that are supporting local health
- positive community outlook on healthy food supply²²

²⁰ Butland B, Jebb S, Kopelman P, et al. Tackling obesities: future choices – project report (2nd Ed). London: Foresight Programme of the Government Office for Science, 2007.

²¹ National Institute for Care and Health Excellence, Workplace health. NICE advice[LGB2] July 2012

²² Public Health England. Obesity and the environment briefing: regulating the growth of fast food outlets. March 2014.

²³ Global Burden of Disease 2016 Risk Factors Collaborators. A systematic analysis for the Global Burden of Disease Study 2016. Lancet; 390: 1345–422, 2017.

²⁴ Available from: www.gov.uk/government/statistics/ndns-results-from-years-7-and-8-combined

^{25a} What About YOUth (WAY) survey, 2014/15 and ^{25b} Public Health England (based on Active Lives, Sport England), 2016/17. Available from: www.fingertips.phe.org.uk

²⁶ School Census. Available from: <https://fingertips.phe.org.uk>

²⁷ Whole Systems Obesity Joint Strategic Needs Assessment Thurrock. 2017. Available from: www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-obesity-201709-v01.pdf

WSO JSNA Recommendations for Goal C

There should be a shift of strategic focus to improving the food environments across the Borough to promote small lifestyle changes and to prevent gradual increases in body weight, impacting at a population level. This may include the following measures as recommended by the JSNA:

1. Children's Services to conduct a review of early years, childcare and school settings to understand the provision of healthy food environments locally and to ensure the nutritional quality of food supplied in early year and school settings is of a good standard.
2. Develop an understanding of why eligible children and families in Thurrock do not take up free school meals. There should be a concentrated effort to increase the uptake of Free School Meals in primary and secondary schools in Thurrock.
3. The school catering team should work with schools to change and shift the culture of packed lunches to school meals or to encourage more nutritionally balanced packed lunch contents.
4. Schools have huge potential to make a positive impact for reducing obesity and chronic related disease risk, as does the local school environment, the school curriculum should deliver consistent messages on food and diet to its pupils.
5. Planning policy should consider the options around the restriction of the growing number of fast food outlets in Thurrock, in particular in the areas where there is the highest childhood obesity at Year 6.
6. Explore opportunities to influence the built environment through planning and regeneration, to enable better access to affordable healthy food.
7. To work with environmental health around existing fast food outlets to review the provision and offer alternative options and healthier food or healthier ways of cooking food e.g. via the TUCK IN initiative.
8. Work with planning to increase allotment availability and accessibility, link them to community growing schemes and release excess food grown to communities.
9. Work with local supermarkets on healthy food promotion and marketing schemes and areas of food waste.
10. Ensure issues relating to food storage and cooking skills are identified and addressed in populations and groups where this is a highlighted barrier to eating a healthy and balanced diet, for example through the Well Homes Good Food Pilot.
11. Consider the potential to pilot of a healthy eating zone to test whether this is something which might have an impact on the food system.
12. To work with the Food Banks and other community initiatives to identify healthy eating/ preparation ideas for their users.



Around half of the Thurrock population are not meeting the '5 a day target' (2016/17).

Goal D: Improving the physical activity environment and getting the inactive active

We aim to improve the areas in our local environment that will encourage physical activity and the use of outdoor space, to improve health and increase the number of active people in our population. Through the planning and housing growth agenda that is being developed within Thurrock we have a unique opportunity to shape our environment to encourage behaviour change around physical activity. Through the use of tools to assess the health impact during planning, the creation of quality outdoor spaces and the development of active travel initiatives will all contribute towards achieving this goal.

Why?

Low physical activity is one of the top ten causes of disease and disability in England.³¹ National guidelines state that for healthy lives, adults and children should be physically active every day.³² The health benefits of physical activity are not just about maintaining a healthy weight, but also relate to healthier ageing, reduced risk of falls, positive effect on mental health and a reduced risk of diseases including cancer. Around one in two women and a third of men in England are damaging their health through a lack of physical activity.³³ This is unsustainable and costing the UK an estimated **£7.4bn** a year.³⁴

The Active Lives survey showed that almost half of adults in Thurrock (**47.2%**) are not meeting the recommended physical activity guidelines and that there are statistically fewer adults who do any cycling; only **1.2% of** adults cycling are 3 times a week.³⁵ We know there are particular groups in our communities who have lower levels of physical activity; these include females, older adults, people with limiting illness or disability, people on a lower income, part time employees and those with a higher body mass index (BMI).³⁶ We also know that in areas in Thurrock where parks and gardens have a lower quality rating have higher rates of childhood obesity.³⁷



Objectives:

- improvements to the physical environment in the Borough that promote physical activity and wellbeing
- active travel prioritised in transport and planning policies
- reduction in the inactive population

Wider system impacts:

- greater social cohesion, reduced social isolation and loneliness²⁸
- local communities positive about the environment and where they live
- healthier workplaces and increased productivity²⁹
- reduction in car travel, air pollution, carbon dioxide emissions and congestion³⁰

²⁸ Available from: www.noo.org.uk/LA/tackling/leisure

²⁹ Butland B, Jebb S, Kopelman P, et al. Tackling obesities: future choices – project report (2nd Ed). London: Foresight Programme of the Government Office for Science, 2007.

³⁰ Public Health England. Obesity and the environment briefing: increasing physical activity and active travel. November 2013.

³¹ Murray et al. UK health performance: findings of the Global Burden of Disease Study 2010. The Lancet; 381: 997-1020, 2013.

³² UK Physical Activity Guidelines. Available from: www.gov.uk/government/publications/uk-physical-activity-guidelines

³³ Health and Social Care Information Centre (2013) Health Survey for England 2012. Volume 1: Chapter 2 – Physical activity in adults. Leeds: Health and Social Care Information Centre.

³⁴ Scarborough et al. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. Journal of Public Health; 33 (4): 527-535, 2011.

³⁵ Active Lives Survey. 2015. Available from: Available from: www.fingertips.phe.org.uk

³⁶ Essex County Council. Sport and Exercise Physical Activity Needs Assessment. June 2014. Available from: www.essexinsight.org.uk/get/ShowResourceFile.aspx?ResourceID=973

³⁷ Whole Systems Obesity Joint Strategic Needs Assessment Thurrock. 2017. Available from: www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-obesity-201709-v01.pdf

WSO JSNA Recommendations for Goal D

Greater strategic focus on promoting physical activity in order to increase the amount of adults meeting government activity recommendations and reduce the number of people who are inactive in the borough. Measures to achieve this may include the following as recommended by the JSNA:

1. Continue to influence future planning to prioritise the need for communities to be physically active as a routine part of their life, with strong consideration for Active Design Principles (Sport England) and healthy weight environments.
2. Environment department to seek to improve the quality and quantity of local sports facilities, green spaces and pitch and play provision in response to local need and population growth as evidenced by the Active Place Strategy.
3. Using the Active Place Strategy findings as a benchmark, undertake further evaluation around sport and physical activity levels to identify any specific demand for additional services/club and obtain a clearer understanding of local demand for sport and physical activity to help shape future vision.
4. Focus provision and commissioning on localities with lower levels of physical activity and the least active groups to address Thurrock's health inequalities.
5. Develop consultation activities to try and identify perceived barriers to physical activity within different communities.
6. Collective action should be undertaken to promote, encourage and support the community to get active and travel actively via walking and cycling including inspiring the community to use their parks, gardens and open spaces more.
7. Thurrock Council should consider the development and enhancement of new and existing relationships and partnership working with Active Essex, Sports England and other external organisations.
8. Regeneration to seek to integrate future development of further sports facility infrastructure with prospective integrated medical centres/ educational facilities where possible.
9. Active travel should be enshrined in transport policies. Planning and transport policy should encourage new developments to maximise opportunities for active travel with appropriate infrastructure (e.g. cycle lanes, cycle parking) and ensure these are prioritised over car transport as part of designing safe and attractive neighbourhoods.
10. Improve the provision of high quality, local, accessible and safe green space in line with recommendations by organisations including the Design Council Commission for Architecture and the Built Environment. Including improving the aesthetics of green space, alongside appropriate safety and crime prevention initiatives to encourage people to use their local green space.



Goal E: Improving identification and management of obesity

We aim to improve the identification of obesity in our population through primary care settings, including brief advice and promotion of current services that can support a person around their weight. Research shows that brief, opportunistic interventions delivered in primary care can result in a 5-fold increase in the proportion of patients engaging in weight management services.⁴¹ Simple advice from a health or care professional to lose weight increases patients' intentions to lose weight, whilst referring people to weight management services can more than double the amount of weight they lose.⁴¹ There are a range of local services in Thurrock that can support people in making healthy lifestyle changes including physical activity and weight management programmes, however, more understanding is needed whether these services are accessed equitably.

Why?

Obesity is associated with an increased risk of developing a range of health problems, including heart disease, type 2 diabetes, osteoarthritis, sleep apnoea and some cancers, as well as emotional and mental health problems.³⁸ Most of the complications of obesity can be reduced by weight loss.⁴² Body Mass Index (BMI) provides a practical estimate of weight status in adults. Research has shown that GPs perceived overweight and obese weights as being of lower BMI and weight status than they actually are, and this was associated with a lower intention of discussing weight management with a potential patient.⁴³ In Thurrock, figures show:

- **69.4%** of adults are overweight or obese in Thurrock, statistically worse than the England average of 61.3%.⁴⁴
- There is variation at GP practice level in the identification of obesity in adults.⁴⁵
- **66%** of Thurrock patients referred to tier 3 weight management had one or more long term health conditions, with **22%** having three or more.³⁹



Objectives:

- improve education in the prevention of obesity within Primary Care and other local services
- improve identification and management of obesity within Primary Care including awareness and signposting resulting in increased referrals into services that can support a healthy weight
- improved join up and signposting between services for LTCs and weight management
- local weight management services that are equitable

Wider system impacts:

- improved management of long term conditions including depression through better linked referral pathways
- halting increase in incidence of obesity associated conditions such as diabetes³⁸
- reductions in use of primary care and secondary care services resulting in NHS cost savings³⁹
- reductions in social care packages resulting in savings to local authority adult social care⁴⁰

³⁸ National Institute for Health and Care Excellence. Obesity: identifying, assessing and managing obesity in adults, young people and children. November 2014. Available from: www.nice.org.uk

³⁹ The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs

⁴⁰ Estimated annual Social Care costs* of obesity to Local Authorities is £352m. Preliminary analysis of Health Survey for England combined data 2011 and 2012. Obesity Knowledge and Intelligence. PHE 2014.

⁴¹ Public Health England. Let's Talk About Weight. 2017. Available from: <https://assets.publishing.service.gov.uk>

⁴² National Institute for Health and Care Excellence. Obesity. Clinical Knowledge Summary. October 2012. Available from: www.nice.org.uk

⁴³ Robinson E, Parretti H, Aveyard P. Visual identification of obesity by healthcare professionals: an experimental study of trainee and qualified GPs. Br J Gen Pract; 64(628):e703-8, 2014.

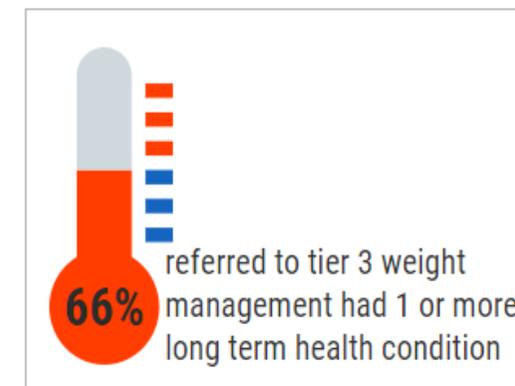
⁴⁴ Public Health England (based on Active Lives survey, Sport England). 2016/17. Available from: www.fingertips.phe.org.uk

⁴⁵ Whole Systems Obesity Joint Strategic Needs Assessment Thurrock. 2017. Available from: www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-obesity-201709-v01.pdf

WSO JSNA Recommendations for Goal E

Greater focus on identifying and supporting those who already measure as overweight or obese to adopt a healthy lifestyle and achieve a healthier weight. Measures to achieve this may include the following as recommended by the JSNA:

1. Thurrock Clinical Commissioning Group to encourage GPs to identify and refer more obese patients for weight management support.
2. Practice-level variation in the identification of obesity to be supported through the work of the Healthcare Public Health Improvement Managers
3. A health equity audit undertaken of weight management provision to understand if local groups and communities within the Thurrock population are accessing weight management services equitably.
4. Future weight management provision to continue to target patients in more deprived areas as well as males.
5. Tier 2 Weight Management Programmes to provide a varied range of options, including physical activity options, to ensure it reaches all sectors of the community.
6. Public Health and NHS Commissioners should ensure that there is clear connectivity between weight management and mental health support services.
7. Analysis of the Tier 3 data indicates that a large proportion of patients have more than one long term condition. In order to prevent development of further ill-health, Tier 3 Weight Management Programmes obesity support and long term condition support should be delivered in an integrated way.



Next steps

Public Health are leading the roll out of this Strategy. The initial steps are to invite cross-sector members to form a new Healthy Weight Network. Using a whole system approach this group will give direction and steer to take forward the JSNA recommendations. A co-produced delivery framework will set out the specific and measurable actions to achieve the five goals of this strategy. The progress of this group will report into the Health and Wellbeing Board.

Please submit any queries or comments to publichealth@thurrock.gov.uk.

