

OVERWEIGHT AND OBESITY STRATEGY 2008- 2011



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ACKNOWLEDGEMENTS

In developing the Wiltshire Obesity and Overweight Strategy it is important to acknowledge the work undertaken in the former South Wiltshire PCT and Kennet and North / West Wiltshire PCTs, in particular by Kathryn Thomas (Community Dietitian) and Mike Jones (Health Promotion Specialist), as well as the many partners who have contributed to obesity agenda in recent years.

EXECUTIVE SUMMARY

Aim of the Strategy

The aim of the Wiltshire Overweight and Obesity Strategy is to improve the health of the people of Wiltshire by identifying and implementing effective strategies to prevent obesity and enable people to achieve healthy weight at all life stages. The strategy encompasses all areas of society with a particular emphasis on health inequalities and those perceived to be at greatest risk of becoming overweight and obese.

Key facts about overweight and obesity

Obesity and overweight are conditions in which weight gain (predominantly fat) has reached the point of endangering health. Obesity is frequently measured in terms of Body Mass Index (BMI), a ratio of height to weight¹.

The prevalence of obesity has trebled since the 1980s². In 2006, 24% of adults were classified as obese, which represents an overall increase from 15% in 1993. Being overweight or obese is also increasing in children. In 2006, 16% of children aged 2-15 years were classified as obese, representing an increase from 11% in 1995. If the proportion of obese children continues to rise, a whole generation may have a shorter average life expectancy than their parents¹.

The Foresight Report suggests that by 2015, 36% of men and 28% of women aged 21-60 living in England will be obese. By 2025, this is forecast to rise to 47% for men and 36% for women. Overweight and obesity prevalence is predicted to double by 2025 among young people. By 2050 Britain could be a mainly obese society³.

Causes of overweight and obesity

Most evidence suggests that the main reason for the rising prevalence of overweight and obesity is a combination of less active lifestyles and changes in eating patterns⁴. The causes of obesity are complex but there are a number of factors that seem to predispose an individual to obesity including:

- Age (BMI in both men and women generally increases with age apart from the oldest group of people over the age of 74)
- Gender (Men more prone to being overweight but women more prone to being morbidly obese)
- Some ethnic groups, particularly South Asian and African-Caribbean people⁵
- Those on lower incomes⁶
- Particular life events such as quitting smoking, during and after pregnancy, the menopause
- A side effect of a medical problem or treatment; e.g. insulin, antipsychotics and steroids

1 Lightening the Load: Tackling overweight and obesity, a toolkit for developing local strategies to tackle overweight and obesity in children and adults (2007) National Heart Forum, Department of Health and Faculty of Public Health

2 The management of obesity and overweight: an analysis of reviews of diet, physical activity and behavioural approaches (2003) Health Development Agency

3 Tackling Obesities: Future Choices (2007) Foresight

4 Diet, nutrition and the prevention of chronic disease (2003) Joint report between WHO and FAO

5 Health Survey for England 2004: The Health of Ethnic Minority Groups – headline tables (2005) NHS Health and Social Care Information Centre

6 Independent inquiry into inequalities of health (1998) D Acheson

- In children a number of relatively rare syndromes are associated with obesity
- People with physical or learning disabilities
- Children with at least one obese parent

Consequences of being overweight and obese

There are serious consequences for a population of people that are overweight and obese. There is a substantial human cost as these conditions contribute to the onset of disease, including cardiovascular disease, diabetes and cancer, and premature death. It also has serious financial consequences for the NHS and for the economy.

The scale of the problem in Wiltshire

The National Child Measurement Programme (NCMP) was introduced in 2005 and aims to monitor the prevalence of overweight and obesity in children in Reception Year and Year 6. The table below presents the results for Wiltshire compared to the South West and national averages

Table 1: NCMP Results 2005/06, 2006/07

		Reception			Year 6		
		Coverage	Over weight	Obese	Coverage	Over weight	Obese
2005/06	Wiltshire	85%*	12%	7.0%	40%	12.0%	12.0%
	South West	70.3%	13.2%	9.3%	34.9%	13.2%	15.8%
	England	57.0%	12.8%	10.0%	42.0%	15.8%	17.3%
2006/07	Wiltshire	85%	13.2%	8.5%	68%	13.8%	13.5%
	South West	83%	13.5%	9.0%	71%	14.2%	14.9%
	England	83%	13.0%	9.9%	78%	13.9%	17.5%
2007/08		Results anticipated December 2008					

*Kennet, North and West Wiltshire only

The table above shows an increase for both year groups in the numbers of overweight and obese children. This is clearly a concern but may reflect the increasing coverage rates that were achieved in 2006/07.

The *Health Profile for Wiltshire*⁷ demonstrates that Wiltshire has lower than average levels of obese adults when compared with the rest of England. The Wiltshire figure is 20.7%, compared with a national average of 23.6%⁸.

Priorities for action

A range of national documents have been published in recent years that have influenced the writing of this strategy^{1 3 9 10 11}.

Nationally, the target is to reduce the proportion of overweight and obese children to 2000 levels by 2020 in the context of tackling obesity across the population¹⁰. This replaces the previous target to 'halt the year on year rise in obesity in children under

7 Health Profile for Wiltshire (2008) APHO and Department

8 Health Survey for England 2003-05

9 CG43 Obesity (2006) NICE

10 Healthy Weight, Healthy Lives: A Cross Government Strategy for England (2008) Department of Health

11 Tackling Child Obesity – First Steps (2006) National Audit Office, Health Care Commission and Audit Commission

the age of 11 by 2010'. Targets agreed in Wiltshire in relation to childhood obesity are as follows:

Table 2: Wiltshire PCT Vital Signs, Childhood Obesity

	2008_09	2009_10	2010_11
Percentage of children in Reception with height and weight recorded who are obese.	8.49%	8.50%	8.50%
Percentage of children in Reception with height and weight recorded.	90.41%	90.99%	91.98%
Percentage of children in Year 6 with height and weight recorded who are obese.	13.40%	13.31%	13.20%
Percentage of children in Year 6 with height and weight recorded.	85.99%	86.99%	87.99%

The *Wiltshire Children and Young People's Plan*¹² has highlighted obesity as one of its top ten priority areas for action for children and young people living in the county.

Nationally, *Healthy Weight, Healthy Lives*¹⁰ focuses on five areas of priority if the rising trend of overweight and obesity is to be halted. These are:

- The healthy growth and development of children
- Promoting healthier food choices
- Building physical activity into our lives
- Creating incentives for better health
- Personalised advice and support

Actions will be built around these five areas for implementation in Wiltshire. In addition, an important guiding principle of this Strategy is social marketing, a process that identifies what motivates citizens to change behaviour, and makes them 'offers' or propositions that will encourage that change.

The way forward

An implementation plan will be developed during consultation on the draft Wiltshire Obesity Strategy. This plan will highlight the priorities for activity in Wiltshire in relation to the prevention and management of overweight and obesity at all life stages, and will include existing work alongside work initiatives for new investment and development.

Where possible, all interventions included in the implementation plan will be evidence based, will be targeted where needed and will address the availability of and access to services required to address obesity in Wiltshire.

The Obesity Strategy will be led by the Wiltshire Obesity Strategy Group, which will report to the Wiltshire Health and Wellbeing Partnership. Links will also be required with the Local Area Agreement for Wiltshire and the Wiltshire Children and Young People's Plan, both of which include targets on obesity.

¹² Wiltshire Children and Young People's Plan (2008) Wiltshire County Council

INTRODUCTION

In 2008, the Department of Health published *Healthy Weight, Healthy Lives*¹⁰, a £372 million cross-government strategy to help everyone lead healthier lives by supporting the creation of a healthy society - from early years, to schools and food, from sport and physical activity to planning, transport and the health service. The strategy will bring together a range of partners from employers, individuals and communities in order to promote children's health and healthy food; build physical activity into our lives; support health at work; and provide the incentives more widely to promote health. It will also provide effective treatment and support when people become overweight or obese. The strategy focuses on five areas:

- The healthy growth and development of children
- Promoting healthier food choices
- Building physical activity into our lives
- Creating incentives for better health
- Personalised advice and support

The national strategy recognises that having been at least 30 years in the making, the obesity trend will not be halted overnight. The strategy is a first step and provides a national steer that can be locally interpreted, and is the ideal platform from which to take forward the implementation of an obesity strategy in Wiltshire.

The aim of the Wiltshire Overweight and Obesity Strategy is to improve the health of the people of Wiltshire by identifying and implementing effective strategies to prevent obesity and enable people to achieve and maintain a healthy weight at all life stages. The strategy encompasses all areas of society with a particular emphasis on health inequalities and those perceived to be at greatest risk of becoming overweight and obese.

An important guiding principle of the Strategy will be social marketing, following the strategic framework set out by the Department of Health in *Ambitions for Health*¹³.

The strategy makes recommendations for the future planning, and development of services and policies to tackle the growing problem of obesity in Wiltshire. It recommends a coordinated interagency partnership approach that impacts on all aspects of lifestyle that may influence overweight and obesity. It also highlights particular areas of obesity management where further dialogue and planning is required. It has been developed as a result of considering the national drivers relating to obesity and feedback at a local workshop held in February 2008.

13 Ambitions for Health (2008), Department of Health

KEY FACTS ABOUT OVERWEIGHT AND OBESITY

Obesity and overweight are conditions in which weight gain (predominantly fat) has reached the point of endangering health. Obesity is frequently measured in terms of Body Mass Index (BMI), a ratio of height to weight.¹ Over the last 20 years there has been a significant rise in the number of people for whom excess weight has become a health issue. The UK has the highest level of overweight and obesity amongst adults within the EU¹⁴ and the prevalence of obesity has trebled since the 1980s^{15 16}.

In 2006, 24% of adults (aged 16 or over) in England were classified as obese. This represents an overall increase from 15% in 1993. Between 1993 and 2006 the proportion of adults with a raised waist circumference increased from 23% to 37%. Among men the increase was from 20% to 32% and among women 26% to 41%. Using both BMI and waist circumference to assess risk of health problems, 20% of men were estimated to be at increased risk, 13% at high risk and 21% at very high risk. Equivalent figures for women were 14% at increased risk, 16% at high risk and 23% at very high risk¹⁷.

Being overweight or obese is also increasing in children. In 2006, 16% of children aged 2-15 years were classified as obese, representing an increase from 11% in 1995. If the proportion of obese children continues to rise, a whole generation may have a shorter average life expectancy than their parents¹⁷.

Overweight and obesity are now so common among the world's population that they are beginning to replace undernutrition and infectious diseases as the most significant contributors to ill health¹⁵. Being overweight or obese:

- Increases the risk of a wide range of diseases and illnesses, including coronary heart disease, type 2 diabetes, high blood pressure and some cancers¹⁷
- Reduces life expectancy on average by nine years and is responsible for 9,000 premature deaths a year¹⁵

It has been estimated that, if current trends continue, about one-third of adults and one-fifth of children aged 2-10 years will be obese by 2010¹⁸. *The Foresight Report* suggests that by 2015, 36% of men and 28% of women aged 21-60 living in England will be obese. By 2025, this is forecast to rise to 47% for men and 36% for women. Overweight and obesity prevalence is predicted to double by 2025 among young people. By 2050 Britain could be a mainly obese society³.

14 Health status: indicators from the National Health Interview Surveys (2008) The information Centre, Lifestyles Statistics

15 Diet, nutrition and the prevention of chronic disease. Report of a joint WHO / FAO consultation (2003) WHO

16 The management of obesity and overweight: an analysis of reviews of diet, physical activity and behavioural approaches (2003) Health Development Agency

17 The Information Centre for Health and Social Care (2008)

18 On the state of the public health: annual report of the Chief Medical Officer 2002 (2003) Department of Health

CAUSES OF OVERWEIGHT AND OBESITY

Causes of overweight and obesity

Most evidence suggests that the main reason for the rising prevalence of overweight and obesity is a combination of less active lifestyles and changes in eating patterns¹⁵.

Diet is a significant factor in the problem of obesity and overweight. The diet in the UK has changed significantly since the 1950s, both in the types and amount of food consumed. There is an increased availability of energy dense, high fat convenience foods and an increase in eating food outside the home, which has led to frequent over-consumption. Confectionary consumption has increased 25 times and soft drinks by 30 times since the 1950s. All these issues may be partly responsible for the rising prevalence of obesity.

Eating habits of many people have changed. Fewer families eat together and the 'grazing' style of eating, certainly amongst children and young people, is more common. Breakfast is now a much smaller meal, if it is eaten at all. All this has a significant effect on the metabolic rate, which may impact on the body's appetite control system¹⁹.

Who is at risk of overweight and obesity?

The causes of obesity are complex but there are a number of factors that seem to predispose an individual to obesity including:

- Age (BMI in both men and women generally increases with age apart from the oldest group of people over the age of 74)
- Gender (Men more prone to being overweight but women more prone to being morbidly obese)
- Some ethnic groups, particularly South Asian and African-Caribbean people²⁰
- Those on lower incomes²¹
- Particular life events such as quitting smoking, during and after pregnancy, the menopause⁹
- A side effect of a medical problem or treatment; e.g. insulin, antipsychotics and steroids
- In children a number of relatively rare syndromes are associated with obesity
- People with physical or learning disabilities
- Children with at least one obese parent

Deprivation

In the UK obesity is also linked with poverty, particularly among women. Having a lower income can make it harder to make healthy choices²². 18.7% of women in professional households are obese compared with 29.1% in routine and semi-routine households²³. The proportion of women with a raised waist circumference is lowest

19 National Service Framework for Diabetes (2002) Department of Health

20 Health Survey for England 2004: The Health of Ethnic Minority Groups – headline tables (2005) NHS Health and Social Care Information Centre

21 Independent inquiry into inequalities of health (1998) D Acheson

22 Saving Lives: Our Healthier Nation (1999) Department of Health

23 Storing Up Problems: the medical case for a slimmer nation (2004) Working Party of Royal College of Physicians, Royal College of Paediatrics and Child Health and The Faculty of Public Health

in the highest income quintile (36%) and highest in the lowest income quintile (47%). A similar pattern is seen among children, with 12.4% in professional households classified as obese compared with 17.1% in semi-routine households¹⁷.

Those on lower incomes are known to buy more of foods that are higher in energy, fat, and sugar and cheaper per unit of energy than foods such as fruit and vegetables⁶, but not as nutritious. So people in lower socio-economic groups may have a less 'healthy' diet, eat fewer fruit and vegetables and fewer foods rich in dietary fibre. This dietary pattern is known to increase the risk of obesity²⁴.

There is also increasing evidence that obesity is a socially determined condition, with obesity figures highest in the least equitable societies. One reason for this may be the psychosocial stress of being at the bottom of the hierarchy, in which the varied attributes needed to make major behavioural changes are lacking, that is a sense of control, a sense of the future, self-esteem, self efficacy²⁵.

Ethnicity

Some ethnic groups, particularly South Asian and African-Caribbean people, are at an increased risk of obesity. Overweight and obese figures were highest at 67.5% in Black Caribbean men, and 69.8 % in Black African women⁵. These differences may be the consequence of genetic, cultural or socio-economic factors or a combination of all three.

Age

In both men and women, the mean BMI generally increases with age apart from the oldest age group (that is those over 75 years). However, whilst obesity and overweight may be more common in older age groups, the increase in the proportion of overweight and obese children is of major medical concern. According to the Health Development Agency, the most important long term consequence of childhood obesity is its persistence into adulthood¹⁶. Obese adults who were overweight as adolescents have higher levels of weight-related ill health and a greater risk of early death than adults who only became obese in adulthood²³. More immediate consequences for children are social and psychological, including stigmatisation, bullying, low self-esteem and depression.

In 2006, 29.7% of children aged 2 to 15 were classed as overweight or obese. Equivalent figures for boys and girls among this age group were 30.6% (boys) and 28.7% (girls). A higher proportion of boys than girls were obese (17.3% of boys and 14.7% of girls)²⁶.

Among children aged 2 to 10, 29.3% of boys were either overweight or obese, compared with 25.9% of girls and 17.1% of boys aged 2 to 10 were obese, compared with 13.2% of girls see table eight. Overall between 1995 and 2006, prevalence of obesity among both boys and girls increased. Among boys aged 2 to 15, the proportion that were obese increased overall from 10.9% in 1995 to 17.3% in 2006, and among girls from 12.0% in 1995 to 14.7% over the same period²⁶.

24 Health of the Nation: Reducing Inequalities, an action report (1999) Department of Health

25 Wider income gaps, wider waistbands? An ecological study of obesity and income inequality (2005) Journal of Epidemiological Community Health, 59 (18) 670-674

26 Statistics on Obesity, Physical Activity and Diet: England (2008) The Information Centre

Geography

Obesity prevalence varies between the different Government Office Regions and Strategic Health Authorities. The prevalence of obesity for boys ranged from 24% in London to 13% in South Central SHA. The girls ranged from 18% in the East Midlands to 10% in East England. In the South West the prevalence in boys was 16% and in girls 14%²⁶.

CONSEQUENCES OF BEING OVERWEIGHT AND OBESE

There are serious consequences for a population of people that are overweight and obese. These consequences can be physical, psychological and social and can lead to the onset of disease and premature death.

NICE guidelines⁹ highlight overweight and obesity as risk factors for developing long-term health problems such as Type 2 diabetes, osteoarthritis, coronary heart disease and some cancers.

It is estimated that obesity reduces life expectancy by between 3 and 13 years. The risk of mortality increases sharply as bodyweight rises. The risk also increases the earlier a person becomes obese. These health risks are directly attributable to being obese, although deprivation could be a confounding variable. Overweight is a risk factor for obesity and morbidity though not a direct risk for mortality²⁷.

In public health terms, the greatest burden of obesity arises from related morbidity. Its physical effects include metabolic syndrome (i.e. insulin resistance, hyperlipidaemia and hypertension), mechanical disorders (including osteoarthritis, respiratory problems, joint and back pain and sleep apnoea) and various cancers (including bowel, breast and endometrium). Research has demonstrated that the offspring of obese parents have a greater risk of becoming overweight or obese adults²⁸, increasing the likelihood of developing health problems as described above. In addition to its physical effects, obesity has serious psychosocial consequences and can be the cause of much mental distress.

National Audit Office figures show that 1 million fewer obese people in this country could lead to approximately 15,000 fewer people with Coronary Heart Disease, 34,000 fewer people developing Type 2 diabetes and 99,000 fewer people with high blood pressure²⁹.

Overweight and obesity have serious financial consequences for the NHS and the economy. The economic costs of obesity are estimated at between £3.3 billion and £3.7 billion per year and the costs of obesity plus overweight at between £6.6 billion and £7.4 billion per year. The direct cost of treating obesity (illness associated) and its consequences were between £990 million and £1.35 billion (that is 2.0 – 2.3% of NHS expenditure). The indirect costs, defined in terms of lost output in the economy due to sickness absence or death of workers, amounted to between £2.3 billion and £2.6 billion³⁰.

There is good evidence to suggest that a moderate weight loss of between 5 - 10% of body weight in obese individuals can improve physical, social and psychological health. The most significant benefits are reduction in blood pressure and reduced risk of developing type 2 diabetes and coronary heart disease³¹. It is important to recognise that for very obese people such weight loss will not necessarily bring them out of the at risk category, but there are nevertheless worthwhile health gains.

27 Excess deaths associated with underweight, overweight and obesity (2005) *Journal of American Medical Association* (2005) 293 (15) 861 - 867

28 Childhood predictors of adult obesity: a systematic review (1999) *International Journal of Obesity* 23, supplement 8 S1 – S107

29 Health risks and associated costs of obesity (2006) Department of Health

30 Obesity – 3rd report of session 2003-04 Vol 1 (2004) House of Commons Health Committee

31 Prodigy Guidance on Obesity (2002) Department of Health

THE SCALE OF THE PROBLEM IN WILTSHIRE

Childhood Obesity

The National Child Measurement Programme (NCMP) was introduced in 2005 and aims to monitor the prevalence of overweight and obesity in children in Reception Year and Year 6. The table below presents the results for Wiltshire compared to the South West and national averages

Table 1: NCMP Results 2005/06, 2006/07

		Reception			Year 6		
		Coverage	Over weight	Obese	Coverage	Over weight	Obese
2005/06	Wiltshire	85%*	12%	7.0%	40%	12.0%	12.0%
	South West	70.3%	13.2%	9.3%	34.9%	13.2%	15.8%
	England	57.0%	12.8%	10.0%	42.0%	15.8%	17.3%
2006/07	Wiltshire	85%	13.2%	8.5%	68%	13.8%	13.5%
	South West	83%	13.5%	9.0%	71%	14.2%	14.9%
	England	83%	13.0%	9.9%	78%	13.9%	17.5%
2007/08		Results anticipated December 2008					

*Kennet, North and West Wiltshire only

The table above shows an increase for both year groups in the numbers of overweight and obese children. This is clearly a concern but may reflect the increasing coverage rates that were achieved in 2006/07.

Adult Obesity

The *Health Profile for Wiltshire*⁷ demonstrates that Wiltshire has lower than average levels of obese adults when compared with the rest of England. The Wiltshire figure is 20.7%, compared with a national average of 23.6%⁸.

PRIORITIES FOR ACTION

National and Local Targets

Nationally, the target is to reduce the proportion of overweight and obese children to 2000 levels by 2020 in the context of tackling obesity across the population.¹⁰ Targets agreed in Wiltshire in relation to childhood obesity are as follows:

Table 2: Wiltshire PCT Vital Signs, Childhood Obesity

	2008_09	2009_10	2010_11
Percentage of children in Reception with height and weight recorded who are obese.	8.49%	8.50%	8.50%
Percentage of children in Reception with height and weight recorded.	90.41%	90.99%	91.98%
Percentage of children in Year 6 with height and weight recorded who are obese.	13.40%	13.31%	13.20%
Percentage of children in Year 6 with height and weight recorded.	85.99%	86.99%	87.99%

The *Wiltshire Children and Young People's Plan*¹² has highlighted obesity as one of its top ten priority areas for action for children and young people living in the county.

A recent South West Public Health Performance Management report for Wiltshire³² highlighted other key areas of relevance to the Wiltshire Overweight and Obesity Strategy, including:

- Diabetics with HbA1C of 7.5 or less
- Adult obesity (age 15 - 75)
- Recording of BMI (age 15 - 75)
- Adult participation in sport
- Initiation of breastfeeding
- Recording of breastfeeding
- Healthy schools status
- % of children travelling to school by car

National Strategy

Nationally, *Healthy Weight, Healthy Lives*¹⁰ focuses on five areas of priority that need to be addressed if the rising trend of overweight and obesity is to be halted. These are listed in Table 3:

³² South West Public Health Performance Management Report (2008) NHS South West / South West Public Health Observatory

Table 3: National priority areas

Healthy growth and development of children	early prevention of weight problems to avoid conveyor belt effect into adulthood
Promoting healthier food choices	reducing consumption of foods high in fat, sugar and salt, increasing consumption of fruit and vegetables
Building physical activity into our lives	getting people moving as a normal part of their day
Creating incentives for better health	increasing the understanding and value people place on the long-term impact of decisions
Personalised advice and support	complementing preventative care with treatment for those who already have weight problems

Local Implementation of the National Strategy

In order to address the five national priority areas locally it will be necessary to focus on particular communities, including schools, workplaces, minority groups and areas of deprivation and / or high levels of overweight and obesity, as well as individuals.

To prevent obesity people need to consume less energy and be more physically active. The challenge is helping people overcome the many barriers to a healthier lifestyle. Progress is most likely if behaviour change is approached from three angles: environment, empowerment and encouragement. The breadth of this strategy reflects the need for progress on all three of these fronts if any degree of sustained behaviour change is likely.

An important guiding principle of this Strategy is social marketing, a process that identifies what motivates citizens to change behaviour, and makes them 'offers' or propositions that will encourage that change. A draft social marketing strategy for addressing the rising rates of obesity within the South West region has recently been produced³³. The strategy emphasises how social marketing techniques can be used for preventative approaches aimed at obesity in specific populations.

Segmentation of local communities is integral to social marketing and will be vital to any successful intervention with obesity. Segmentation involves identifying different community groups and developing insight into their particular beliefs, attitudes, knowledge and barriers to change. The Department of Health is prioritising social marketing to families with young children. The table below shows important segments or 'clusters' identified by the Department of Health and how different approaches are needed for these different family types. The challenge in using social marketing successfully is to develop the insight needed and then to choose the 'potential task' for each community cluster identified.

33 Social marketing-based strategy for obesity interventions (June 2008). Bristol Social Marketing Centre, Bristol Business School, University of the West of England, Bristol

Table 4: Social marketing clusters

PEN PORTRAIT OVERVIEW	Struggling Cluster 1	Unaware Cluster 2	Complacent Cluster 3	Engaged Cluster 4	Traditional Cluster 5	Active Cluster 6
CLUSTER DESCRIPTION	Struggling parents who lack confidence, knowledge, time and money	Young parents who lack knowledge and parenting skills to implement a healthy lifestyle	Affluent, overweight families, who over indulge	Living Healthily	Strong family values and parenting skills but need to make changes to their diet and activity levels	Plenty of exercise but potentially too many bad foods
FAMILY DIET	Convenience, comfort eating, struggling to cook healthily from scratch	Children fussy eaters, rely on convenience foods	Enjoy food, snacking habit, parents watching weight	Strong interest in healthy diet	Strong parental control but diet rich in energy dense foods and portion size an issue	Eating motivated by taste, healthy foods included but so are unhealthy
PHYSICAL ACTIVITY	Costly, time consuming and not enjoyable. High levels of sedentary behaviour	No interest in increasing activity levels because perceive children to be active	Believe family is active, no barriers to child's activity except confidence	Family active although believe child not confident doing exercise	Know they need to do more: time, money, self-confidence seen as barriers	Activity levels are high, particularly in mothers
WEIGHT STATUS	Obese and overweight mothers	Obese and overweight families Child's weight status not recognised	Obese and overweight families Low recognition of child's weight	Below average levels of obesity and overweight	Parental obesity levels above average, children below	Low family obesity levels but child overweight levels are a concern
DEMOGRAPHIC	Low income, likely to be single parents	Young, single parents, low income	Affluent parents of all ages, varied household size	Affluent older parents, larger families	Range of parental ages, single parent families	Average incomes, younger mothers, mixed household size
INTENT TO CHANGE	Higher levels in quant, but fear of judgement and lack of confidence make them harder to change	Low currently due to lack of knowledge, but willingness to accept help once alerted to risks	Low intent to change and likely to deny that problems exist	Low intent to change but already healthy lifestyle	Low intent on diet but significant intent to change on physical activity	Highest levels of all clusters on both food and physical activity in quantitative research but not a priority to influence
POTENTIAL TASK	Build confidence, Increase knowledge and provide cheap convenient diet solutions	Provide understanding of risks of current lifestyle and develop parenting skills	Create recognition of problem and awareness of true exercise and snacking levels	Learn from successful techniques used by cluster	Focus on increasing activity levels and educate on portion size	Focus on providing cheap, convenient, healthy high energy foods to fuel active lifestyle

HEALTHY GROWTH AND DEVELOPMENT OF CHILDREN

Background

This strategy aims to ensure all children in Wiltshire to grow up with a healthy weight, through eating well and enjoying being active. This will be achieved by:

- Ensuring as many mothers breastfeed as possible
- Ensuring families are knowledgeable and confident about healthy weaning and feeding of their young children
- Continuing this knowledge and confidence as children grow, ensuring children eat healthily and are active and fit
- Achieving healthy schools status for schools in Wiltshire
- Providing extra support to parents who need it through children's centres, health services and their local communities

Examples of what is happening in Wiltshire already

- Breastfeeding advice and promotion to all pregnant women and new mothers
- Healthy infant weaning and feeding advice provided, including cooking skills workshops for young mothers in South Wiltshire
- Availability of Healthy Start voucher scheme in Wiltshire
- Launch of Early Years Healthy Settings Scheme in Summer 2008, including links to healthy eating and physical activity
- Healthy Schools scheme embedded in Wiltshire, ensuring whole school health promoting environment evolving across the county
- Planning for Healthy Schools Plus, which will enable schools in areas of high levels of obesity to focus additional attention on healthy eating and physical activity
- Development of whole school food policy through engagement with entire school communities
- Implementation of School Fruit and Vegetable Scheme
- School Food Strategy and Nutrient Guidelines
- Provision of healthy food and drink throughout the school day including healthier breakfast club provision, implementing guidelines on minimum nutritional standards for school food, replacing drinks and snacks which are high in fat, salt and sugar with healthier alternatives (e.g. fruit tuck-shops, healthier vending machines, freely available drinking water)
- Provision of cooking skills and healthy eating lessons in schools
- Implementation of National Child Measurement Programme

What else could we do?

- Improved initiation rates for breastfeeding and further support to ensure six to eight weeks rates remain high
- Strengthen the management of the Healthy Start Scheme in Wiltshire and ensure that health visitors, midwives, nursery nurses, and other Allied Health Professionals are adequately briefed about this initiative
- Support Early Years settings with early interventions related to healthy eating and physical activity
- Further work on prevention of overweight and obesity at home

- Ensure healthy catering guidelines are written into the new school catering contracts.
- Increased uptake of physical activity and sports by children and young people
- Develop and implement a care pathway for children in Wiltshire who are overweight or obese, to include personalised support as appropriate and ability to refer to relevant community and specialist services when needed
- Development of guidelines for Early Years settings on the nutritional content of lunches for pre-school age children
- Initiatives to promote increased take-up of school meals (especially free school meals) in all Wiltshire schools
- Identification of funding streams for the re-introduction of kitchen facilities in schools with no meal provision
- Prevention of overweight and obesity at school, for example by ensuring compliance with current school food regulations is written into any future county school meals contract.

PROMOTING HEALTHIER FOOD CHOICES

Background

In order to halt the rise in obesity levels, it will be necessary to ensure the food that people eat is healthier by:

- Reducing the consumption and sale of unhealthy foods, such as those high in fat, salt or sugar
- Increasing consumption of fruit and vegetables in line with recommended amounts consistent with good health
- Ensuring individuals and families have a good understanding of the impact of diet on their health
- Ensuring individuals and families can make informed choices about the food they consume, with extra support and guidance for those who need help

Examples of what is happening in Wiltshire already

- Implementation of the national 5 A DAY campaign
- Implementation of Nutrient Standards in schools in Wiltshire
- Healthy Schools Standard has healthy eating as a core module for schools to focus on to achieve the Healthy Schools Standard
- Promotion of healthy packed lunch options within schools
- NHS Wiltshire and the Sunshine Healthy Living Project developed a cook book for older people, which looks at both the provision of recipes and also information on meal budgeting, planning and food safety

What else could we do?

- Work with leisure services, schools, hospitals and workplaces to encourage removal of promotion of high fat and high sugar foods and drinks from vending machines and increased availability of healthier options
- Strategies to minimise barriers to healthy eating by improving availability and access of healthier options, for example mapping of 'food deserts' and development of local fruit and vegetable box schemes
- Further group work on healthy eating for higher risk or disadvantaged groups
- Implement social marketing campaign on obesity
- Ensure availability of healthy food at HMP Erlestoke Visitor Centre

BUILDING PHYSICAL ACTIVITY INTO OUR LIVES

Background

Along with addressing the issue of healthy eating, it is necessary to ensure that people in Wiltshire are able to undertake regular physical activity in order to maximize their opportunities for staying healthy and well throughout their lives. In order to achieve this it is necessary for:

- Individuals and families to understand the links between physical activity, exercise and health
- Individuals and families to be able take responsibility for their travel and leisure choices
- Individuals and families to increase the amount of physical activity they undertake in their everyday lives, especially for children
- Local government, business, local communities and other organisations to support the above by creating environments where walking, cycling and other forms of physical activity, exercise and sport are accessible, safe and the norm.

Examples of what is happening in Wiltshire already

- Healthy Schools Standard has physical activity as a core modules for schools to focus on to achieve the Healthy Schools Standard
- Work to achieve national targets relating to school sport
- Healthy walk programmes available at numerous locations across the county, including some designed wheelchair or pushchair access
- Availability of fitness buddy scheme for staff at Wiltshire County Council
- Implementation of 'Walk to School' week
- Exercise referral schemes
- Implementation of MEND (www.mendprogramme.co.uk) programme in some areas of Wiltshire
- Community based EXTEND classes for older people

What else could we do?

- Review local exercise referral schemes to ensure they are cost-effective and encourage long-term increases in physical activity
- Enhance local capacity and delivery of Exercise Referral Scheme
- Develop further opportunities for subsidised exercise schemes, for example via workplaces or within deprived communities
- Develop further opportunities for making the countryside more accessible and attractive for all, to encourage outdoor recreation in the countryside
- Develop physical activity and fitness campaigns, for example physical activity for older people; home-based exercise; and campaigns targeted at at-risk groups
- Encourage the use of leisure facilities
- Explore use of community centres and schools for leisure and physical activity, for example explore opportunities to link with extended schools initiative
- Increase walking or cycling to school and to the workplace
- Develop local transport policies that encourage walking and cycling

CREATING INCENTIVES FOR BETTER HEALTH

Background

It is vital to employees and of huge benefit to all employers if they value their employees' health. The longer-term risks and costs of ill-health arising from excess weight will be clear to everyone, and there will be stronger incentives for people, companies and the NHS to invest in health.

What is happening in Wiltshire already?

- Local Public Service Agreement targets relating to physical activity and healthy eating levels within the workplace
- Guidelines for workplaces on the opportunities they can provide for physical activity and healthy eating
- Development of Healthier Wiltshire Award Scheme to be launched Autumn 2008
- Availability of resources on healthy eating, weight management and physical activity via Wiltshire PCT Public Health Resource Centre

What else do we need to do?

- Further interventions to encourage healthy lifestyles within the workplace, including the development of Healthy Workplace Award scheme
- Targeted prevention work in Community Areas of Wiltshire with high rates of adult and / or childhood overweight and obesity
- Work with local media to promote issues relating to healthy eating and physical activity
- Need for better communication of consistent key healthy lifestyle messages to the general public
- Ensuring that identified staff members, within public health and communications departments, are trained in social marketing techniques
- Ensure that trained staff members engage with social marketing networks, new training opportunities and centres of social marketing excellence in order to develop expertise in using social marketing effectively
- Developing expertise in using the Mosaic Public Sector software system available to NHS Wiltshire and Wiltshire Council and partners for segmentation of the community by inputted variables (e.g. life stage and social class / income).

PERSONALISED ADVICE AND SUPPORT

Background

In order to enable individuals to take responsibility for their own health, it will be necessary to ensure a number of measures are in place, including:

- Access to personalised feedback and advice on their diet, their weight, their physical activity and their health, providing them with personalised information to encourage healthy behaviours, for those who need it
- Access to authoritative but clear advice on how to look after themselves, making sense of the competing claims made about eating, diet, activity and health
- When people are overweight or obese, access to personalised services that are tailored to their needs and support them in achieving real and sustained weight loss, leading to the maintenance of a healthy weight

What is happening in Wiltshire already?

- Availability of commercial slimming groups (self funded by individuals)
- Implementation of Counterweight Project in number of practices in South Wiltshire, with plans to roll this out to other practices across the county
- Audit of overweight / obesity management within GP surgeries, looking at weight management clinics, prescribing, brief interventions and offer of information on physical activity and weight loss initiatives
- Availability of exercise referral scheme
- GP recording of the BMI of newly registered patients
- Referral to Dietetic Service for patients from primary care, according to their BMI measurement
- Meaningful Day Weight Management Group 12 week programme for mental health service users living in the South Wiltshire who have gained weight, possibly as a side effect of their psychotropic medication
- Implementation of NICE guidance⁹ relating to surgery for obese patients

What else do we need to do?

- Ensure there an evidence based clinical pathway that results in high quality care for the prevention and management of overweight and obesity for all patients, including children, is implemented in Wiltshire
- Brief intervention training available to primary care and other staff, in order that early and appropriate interventions can be offered to patients
- Advice and guidance to primary care and other staff on healthy eating and physical activity, including key recommendations and local availability
- Improved and targeted provision of evidence based holistic programmes for children and families such as MEND or GOALS
- Development of slimming referral scheme, for example to commercial slimming clubs
- Need to strengthen and develop Counterweight, or other evidence based scheme(s), in Primary Care across Wiltshire, particularly in areas with high rates of overweight / obesity
- Development of commissioning specification for the provision of Dietetic Services in Wiltshire, to include services for children and young people
- Exploration of provision of specialist secondary care clinics for children / adults
- Implementation of NICE guidance for surgery and level 3 special obesity clinics

THE WAY FORWARD

An implementation plan will be developed during consultation on the draft Wiltshire Obesity Strategy. This plan will highlight the priorities for activity in Wiltshire in relation to the prevention and management of overweight and obesity at all life stages, and will include existing work alongside work initiatives for new investment and development. The plan will also recognise that different approaches may be preferred in different areas of Wiltshire.

Where possible, all interventions included in the implementation plan will be evidence based, will be targeted where needed and will address the availability of and access to services required to address obesity in Wiltshire.

The Obesity Strategy will be led by the Wiltshire Obesity Strategy Group, which will report to the Wiltshire Health and Wellbeing Partnership. Links will also be required with the Local Area Agreement for Wiltshire and the Wiltshire Children and Young People's Plan, both of which include targets on obesity.