

# Swindon's Healthy Weight Strategy 2017 - 2022



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# CONTENTS

<b>Foreword</b>	<b>3</b>
<b>Swindon Health Weight Strategy 2017-22: Summary</b>	<b>4</b>
<b>1. Introduction</b>	<b>5</b>
<b>2. Where do we want to be?</b>	<b>6</b>
2.1 Our vision	6
2.2 Aim	6
2.3 Strategic objectives	6
2.4 Outcomes for Swindon	7
<b>3. Background</b>	<b>8</b>
3.1 Defining healthy weight and excess weight	8
3.2 Underweight	10
3.3 Causes of excess weight	11
3.4 Consequences of excess weight	12
3.5 Economic cost of excess weight	13
<b>4. Where are we now?</b>	<b>14</b>
4.1 Overview of Swindon	14
4.2 How many adults are overweight or obese?	15
4.3 How many children are overweight or obese?	16
<b>5. What should we be doing?</b>	<b>23</b>
5.1 Policy framework	23
5.2 National initiatives	25
<b>5.3 Evidence</b>	<b>28</b>
<b>6. What are we doing?</b>	<b>31</b>
<b>7. Where do we want to be and how are we going to get there?</b>	<b>34</b>
7.1 What are we going to do?	34
7.2 Swindon Healthy Weight Action Plan	35
<b>Appendix 1: Diversity Impact Assessment</b>	<b>37</b>
<b>References</b>	<b>39</b>

## Foreword

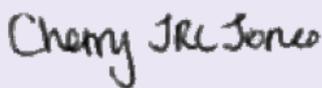
Excess weight (overweight and obesity) is a major public health problem which can cause long term illnesses, reduces quality of life and increases costs to health and social care as well as having a negative impact on the local economy. Excess weight affects children and adults; in Swindon two in ten 4-5 year olds, three in ten 10-11 year olds and seven in ten adults are overweight or obese.

Achieving a healthy weight depends on factors in every part of life: the environment we live in, our workplace, school, social life, the choices we make to be active or eat a healthy diet and the people around us. In Swindon we want to build on the good work to date to support people in all aspects of their life to be a healthy weight.

This strategy includes actions to both help people stay a healthy weight and to support people who need extra help in making healthy food choices and managing their weight. Working with partners who can contribute skills, knowledge and influence is key to achieving our strategy, together with talking to local people about what encourages them or makes it difficult to be a healthy weight.

We also know that these influences are not the same for everyone – the strategy is also about reducing inequalities and ensuring people living in particular parts of Swindon are not more likely to become ill than in other areas. Eating well and moving more go hand in hand so this strategy should be read together with the Get Swindon Active Strategy which is about getting more people in Swindon active.

We are committed to making Swindon a great place to live, work and play. We need to work together to make eating healthily and being active a reality for everyone.



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# Swindon Healthy Weight Strategy 2017-2022: Summary

## Why is healthy weight important?

Being a healthy weight helps us live a healthy life. Being overweight or obese (excess weight) can have an impact on all areas of people's lives. It can increase the risk of heart disease, cancer and diabetes, as well as the need for social care. Excess weight for children can cause negative effects as they grow up but also when they are adults.

Being a healthy weight depends on factors in every part of life: the environment we live in, our workplace, school, social life, the choices we make to be active or eat a healthy diet and the people around us.

## How many people are overweight or obese in Swindon?

7 in 10 adults were overweight or obese in Swindon in 2013-15. This is higher than in England or the South West.

2 in 10 Reception year children and 3 in 10 Year 6 children were overweight or obese in Swindon in 2015/16. These levels are similar to England.

## Where do we want to be?

A Swindon where everyone achieves and maintains a healthy weight.

## How are we going to get there?

- Develop an environment that supports a healthy weight.
- Help people maintain a healthy weight and prevent overweight and obesity.
- Have effective weight management support in place for those at greatest risk.
- Reduce differences in people's health because of things like disability, or where they live.
- Monitor progress through the Healthy Weight action plan.

As well as our current programmes in the first year of this strategy we will:

- Develop a Healthy Early Years Settings accreditation (healthy lifestyles for 0-5 year olds).
- Promote the national campaign SugarSmart.
- Develop a physical activity framework for schools.

## 1. Introduction

Swindon's healthy weight strategy sets out the vision and strategic objectives needed to ensure that everyone in Swindon is able to achieve and maintain a healthy weight across the life-course.

To help people maintain a healthy weight we will concentrate on an approach that looks across all aspects of people's lives; from the environment we live in to the choices we make. To do this organisations in Swindon will work together, co-ordinate services where necessary and signpost to the whole range of support available.

The focus of this strategy is tackling excess weight (i.e. overweight and obesity). Excess weight is a major problem in today's society and predicted to become worse if nothing is done. It is linked to a range of health problems particularly in later life which reduce quality of life, reduce life expectancy and increase need for social care.

Being overweight is caused by an energy imbalance between what we eat and how much we move about. Healthy eating and physical activity go hand in hand to achieve a healthy weight. An integral part of achieving the vision is delivery of the **Get Swindon Active Strategy** which has the following aims:

- Increase the physical activity levels in adults and young people.
- Create an environment that promotes physical activity as part of everyday life.
- Empower people to be more physically active.

[http://www.swindonjsna.co.uk/Files/Files/Get\\_Active\\_Strategy\\_Final\\_2015-\\_2MB.pdf](http://www.swindonjsna.co.uk/Files/Files/Get_Active_Strategy_Final_2015-_2MB.pdf)

## 2. Where do we want to be?

### 2.1 Our vision

A Swindon where everyone achieves and maintains a healthy weight.

### 2.2 Aim

To encourage people in Swindon to maintain a healthy weight by creating:

- An environment that encourages people to live active and healthy lives.
- An ethos of taking responsibility for the health of yourself and your family with support when needed.
- Communities where a healthy lifestyle is seen as desirable and the norm.
- An understanding of what works most effectively at an individual, community and population level by including effective evaluation and learning from others.

### 2.3 Strategic objectives

- To work in partnership to deliver a range of evidence based policies and programmes across different settings that reflect the needs of people at different points in the life course to:
  - Develop an environment that supports a healthy weight,
  - Help people maintain a healthy weight and therefore prevent overweight and obesity,
  - Ensure effective weight management support is in place for those at greatest risk.
- 2. To tackle the inequalities in health outcomes in relation to excess weight by targeting services appropriately.
- 3. To monitor and evaluate progress related to targets as part of an on-going action plan to ensure activity and investment is effective and meeting local need.

## 2.4 Outcomes for Swindon

### 2.4.1 Local targets

These are the Swindon Borough Council and NHS Swindon Clinical Commissioning Group joint performance targets:

- Halt the rise in obesity in children (at reception year and year 6) and maintain in line with the national average by 2018/19, particularly targeting inequalities. (Source: National Child Measurement Programme (NCMP) data)
- Halt the rise in excess weight in adults and maintain by 2018/19, particularly targeting inequalities. (Source: Active People Survey)

### 2.4.2 National Indicators

The Swindon Healthy Weight strategy aims to improve the outcomes in the Public Health Outcome Framework (PHOF) for the following indicators:

- Overweight and obesity:
  - Excess weight in 4-5 year olds and 10-11 year olds,
  - Excess weight in adults,
  - Proportion of the population meeting recommended 5 a day on a usual day (adult), average number of portions of fruit consumed, average number of portions of vegetables consumed, proportion of the population meeting recommended 5 a day on a usual day at age 15.



### 3. Background

#### 3.1 Defining healthy weight and excess weight

The term 'healthy weight' is used to describe when an individual's body weight is appropriate for their height and benefits their health. Above the healthy weight range there are increasingly adverse effects on health and wellbeing, with obesity creating a much greater risk to health than being overweight. There is a focus in this strategy on both overweight and obesity as it is easier to tackle overweight and prevent obesity occurring. Excess weight is defined as a significant excess of body fat which occurs gradually over time when energy intake from food and drink is greater than energy used through the body's metabolism and physical activity.

Body mass index (BMI) is the most commonly used measure for monitoring the prevalence of overweight and obesity at a population level. It is also the most commonly used way of estimating whether an individual is overweight or obese.

BMI is calculated by dividing a person's weight in kilograms by the square of their height in meters. (NICE, 2006) BMI does not take into account factors such as size of body frame, proportion of lean body mass, gender and age and is not a direct measure of underweight, overweight or obesity. However it is a fairly reliable indicator of body fatness for most people and is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. If there is doubt about a person's health risk, additional assessments such as waist circumference, skinfold thickness, diet and physical activity can be carried out.

For adults, underweight is defined as a BMI of less than 18.5 kg/m<sup>2</sup>; overweight is defined as a BMI of over 25 kg/m<sup>2</sup>; and obesity is defined by a BMI over 30 kg/m<sup>2</sup> (see table 1).

Table 1: Classification of underweight, overweight and obesity in adults

BMI (kg/m <sup>2</sup> )	CLASSIFICATION
Less than 18.5	Underweight
18.5 to 24.9	Healthy weight
25 to 29.9	Overweight
30 to 34.9	Obesity I
35 to 39.9	Obesity II
40 or more	Obesity III

Assessing the BMI of children is more complicated than for adults because a child's BMI changes as they mature. There is no fixed BMI to define being obese or overweight since this varies with gender and with growth and development. Since the ratio of weight gain to height gain changes during children's normal growth the BMI figure must be adjusted using an appropriate reference chart for age and sex to give a BMI percentile (or centile). For public health programmes, such as the NCMP and the Health Survey for England, the British 1990 growth reference (UK90) charts are used. (National Obesity Observatory, 2011)

The centile compares the child's BMI to other children of the same age and gender. For example, if a boy is eight years old and his BMI falls at the 60<sup>th</sup> percentile, that means that 40% of eight-year old boys have a higher BMI and 60% have a lower BMI than that child (see table 2).

Table 2: Classification of underweight, overweight and obesity in children<sup>1</sup>

<b>BMI (kg/m<sup>2</sup>)</b>	<b>Classification</b>
<2nd centile	Underweight
2nd centile – 84.9th centile	Healthy weight
85th centile – 94.5th centile	Overweight
≥95th centile	Obese

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<sup>1</sup> These thresholds given are those conventionally used for population monitoring and are not the same as those used in a clinical setting, where overweight is defined as a BMI greater than or equal to the 91st but below the 98th centile and obese is defined as a BMI greater than or equal to the 98th centile.

## 3.2 Underweight

The focus of this strategy is tackling excess weight as this is a major complex health issue. However around 2% of adults are underweight according to the Health Survey for England.

For children, NCMP data shows that the proportion of underweight children in England in reception year was 1.0% for the 2015/16 school year. Underweight has reduced in reception years from 1.3% in 2006/07. In Year 6, the proportion of underweight children (1.3%) in 2015/16 has been similar over the last 10 years. One study by researchers at University College London found that 1.5 in every 200,000 British children under 10 have anorexia nervosa. (Micali N, 2013)

Children who are underweight in Swindon are identified through a number of routes. One is from NCMP measures. School nurses follow up children found to be underweight, unless they are known to be already being seen for medical reasons. Another route for identification of underweight is when visiting a GP with medical problems.

Underweight is considered to be a possible sign of neglect in children. There is on-going discussion about whether severe child obesity is also a sign of neglect. Section 11 of the Children Act 2004 places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children. Child protection training is mandatory for all staff employed by partners in this strategy to ensure that there is awareness of the child protection issues around the issue of weight in children.

Older People are particularly vulnerable to malnutrition and becoming underweight. The National Institute of Health Care and Excellence (NICE) provide guidance and quality standards on identifying and caring for adults who are malnourished or at risk of malnutrition in hospital or in their own home or a care home. These aim to support health and social care professionals identify malnourished people and help them to choose the most appropriate form of support. (NICE, 2006) (NICE, 2012) Locally at the Great Western Hospital malnutrition is a priority. Staff are trained to use MUST, a nutrition screening tool for all patients, and there is a care pathway of action to take if there is a risk of malnutrition. There has also been training on malnutrition with GPs and care home staff by the community dietitians.

### 3.3 Causes of excess weight

The fundamental cause of excess weight is an imbalance between energy intake and expenditure, which is brought about by consuming more calories than are expended in daily life. It has been argued that excess weight is a predictable response to an increasing sedentary environment with, in general, a wide availability of food. (Foresight, 2007)

There are many complex behavioural and societal factors that combine to contribute to the causes of excess weight. The Foresight report (2007) referred to a “complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain”. (Foresight, 2007) The report presented an obesity system map with energy balance at its center. Around this, over 100 variables directly or indirectly influence energy balance (figure1). Therefore it is important to consider the life-course and the whole system approach. This also takes into account important changes within people’s lives such as pregnancy which have been identified as potential points for change.

Figure 1: The Foresight map has been divided into 7 cross-cutting predominant themes.



Source: PHE

There are a number of factors that seem to predispose an individual to obesity and certain groups are known to be more at risk of obesity than others. (National Obesity Observatory) (Department of Health, 2006) They include:

- Individuals from some Black, Minority and Ethnic (BME) groups,
- People living on a low income,
- Women during and after pregnancy,
- Older age groups,
- People with a mental health condition,
- People with disabilities.

### 3.4 Consequences of excess weight

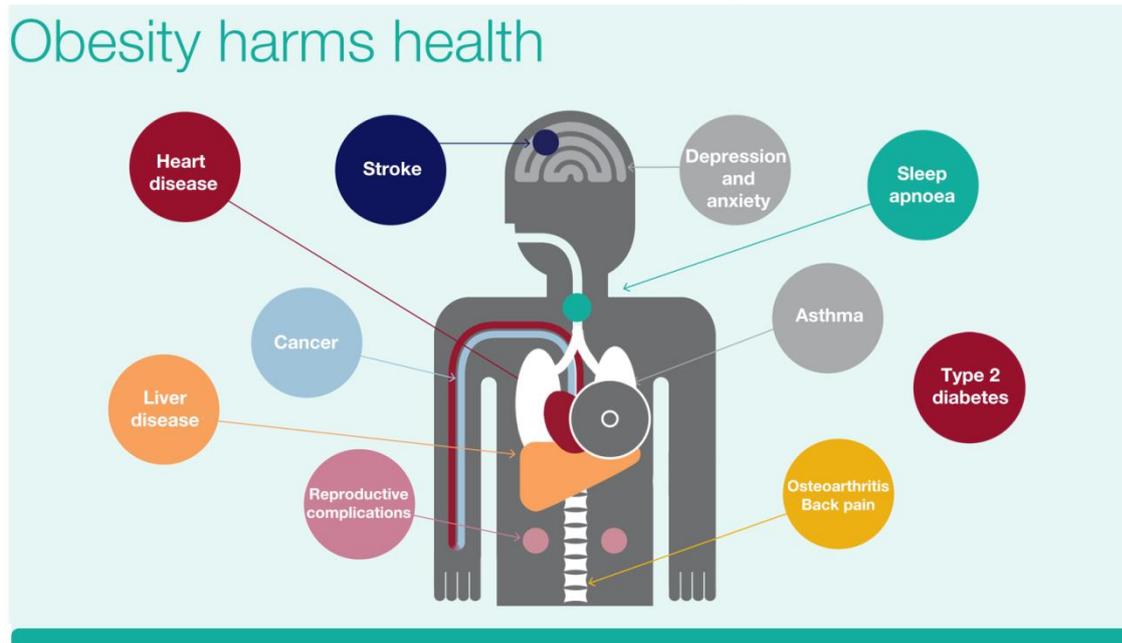
Excess weight can cause harm to children, young people and adults. For children and young people obesity can cause harm by:

- Emotional and behavioural problems from:
  - Stigmatisation,
  - Bullying,
  - Poor self-esteem.
- School absence.
- Health:
  - High cholesterol,
  - High blood pressure,
  - Pre-diabetes,
  - Bone and joint problems,
  - Breathing problems.
- Future risks:
  - Increased risk of becoming an overweight adult.
  - Risk of ill-health and premature mortality in adult life.

For adults, obesity significantly increases the risk of death at any age however the risk of death is influenced by the individual level of physical activity. Physically fit obese individuals have lower mortality risks than otherwise unfit obese individuals. (NICE, 2006) (World Health Organization, 1998)

Based on international literature it is estimated that women who are obese are nearly 13 times more likely to develop type 2 diabetes and 1.3 times more likely to experience a stroke than non-obese women. Obese men, whilst having the same increased risk for stroke as women, are 5.2 times more likely to develop type 2 diabetes. (Department of Health, 2011) Maternal obesity can increase health risks for both the mother and child during and after pregnancy. For adults the health harms are summarised in figure 2. Work in progress in Public Health England (PHE) initially suggests that severely obese people are over 3 times more likely to need formal social care than those who are a healthy weight. (PHE, 2017)

Figure 2: Health harms associated with excess weight



Source: PHE

### 3.5 Economic cost of excess weight

The annual cost of obesity to the wider UK economy and society is estimated at £27 billion. This includes estimated social care costs of £352 million, obesity medication and reduced productivity from 16 million obesity attributed sickness days. All these costs are predicted to rise. Around 34,000 deaths annually are attributable to obesity, one-third of which occur before retirement age. These account for an annual total of 45,000 lost working years. Obese individuals are estimated to have medical costs 30% higher than normal weight peers. (Public Health England, 2015)

## 4. Where are we now?

### 4.1 Overview of Swindon

Swindon is a new and growing town with a higher proportion of the population of working age than in England as a whole. The population of Swindon Borough is 217,160. Swindon's population is forecast to rise by about 14% by 2021 from around 209,700 in 2011 to 240,000 in 2021, and to 265,400 by 2031 (another 10% increase from 2012). Broadly speaking, the main shift will be to a more 'middle-aged' and older population.

The implications of population changes for supporting increasing physical activity and eating a healthy diet are important as people's expectations and requirements change as they get older. The take up of different activities can also reflect cultural strengths and barriers to participation.

There are extremes of poverty and wealth in the borough. In 2015 eight Swindon Local Super Output Areas (LSOAs) were in the most deprived 10% nationally. Swindon's relative deprivation is most severe in the education, skills and training domain where it is 47th most deprived out of 152 Upper Tier Local Authorities. This is important to consider as for both men and women obesity prevalence decreases with increasing levels of educational attainment.

The impact of local demographic characteristics and changes will mean that there will be:

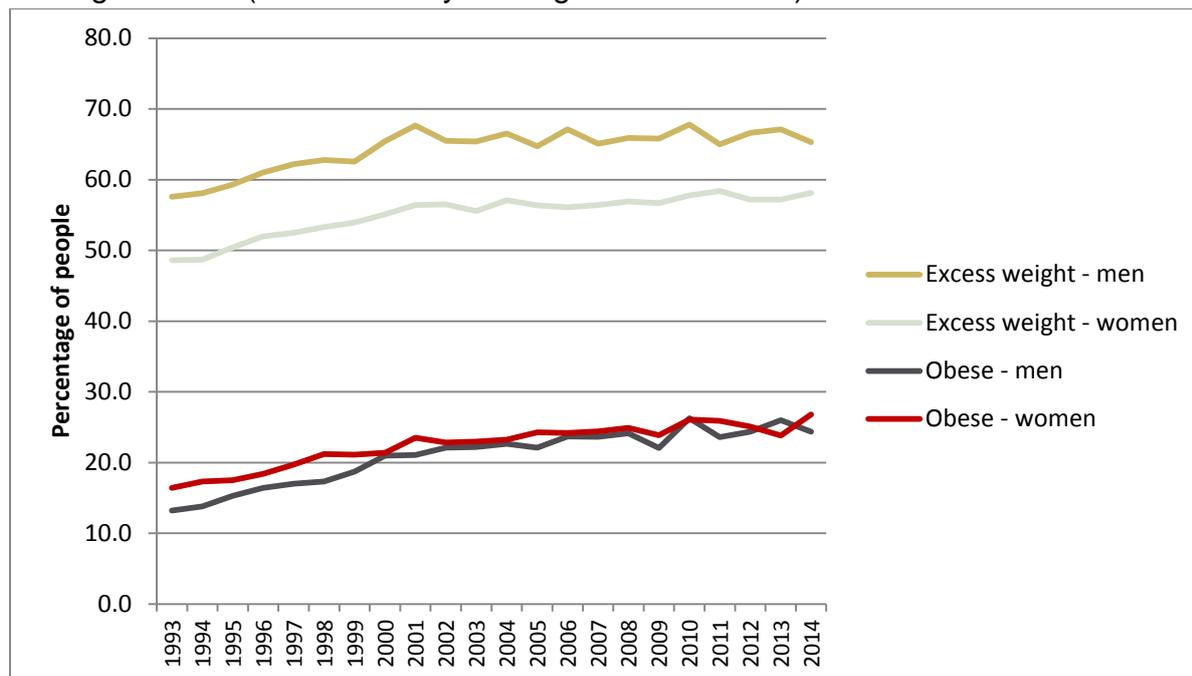
- Increased demand for services to prevent and treat excess weight due to a growing population and an increase in excess weight over time in both adults and children.
- Increased demand for health and social care services due to the effects of excess weight on health and wellbeing.
- A need for targeting services to tackle excess weight in the most deprived communities, where excess weight prevalence is highest in the population and people have fewer choices to improve their health.
- Development of services to meet the needs of communities and groups where excess weight prevalence is particularly high such as learning disability groups, certain BME communities and deprived communities.

## 4.2 How many adults are overweight or obese?

### 4.2.1 Nationally how many adults are overweight or obese?

In the 2014 Health Survey for England, the adult prevalence of obesity in England was 24% of men and 27% of women. Obesity levels for both adults have shown significant increases since the mid-1990s and obesity is predicted to affect more than half of adults by 2050.

Graph1: Prevalence of excess weight (BMI  $\geq 25\text{kg/m}^2$ ) and obesity (BMI  $\geq 30\text{kg/m}^2$ ) amongst adults: (Health Survey for England 1993-2014)

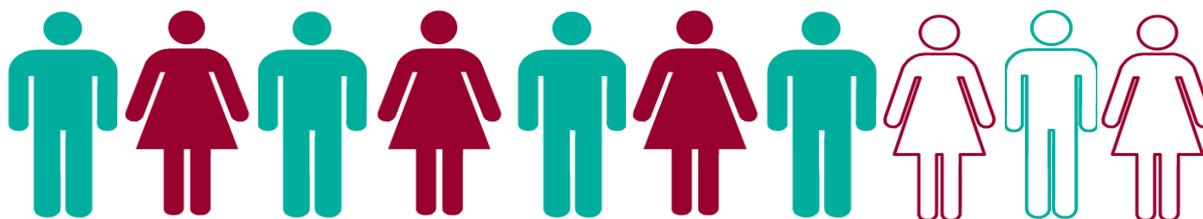


Source: Health Survey for England

### 4.2.2 Locally how many adults are overweight or obese?

Adult excess weight is reported from the Active People Survey, Sport England by Public Health England. Data for 2013-15 (most recent data) shows that 70.8% of adults were overweight or obese in Swindon. This is significantly higher than the England percentage of 64.8%, and the South West percentage of 64.7%. This is the second local adult excess weight data collected and therefore it is not possible to show trends.

Figure 3: 7 in 10 adults in Swindon are overweight or obese.



One of the Quality Outcome Framework (QOF) indicators for GPs is that each practice can produce a register of patients aged 16 years and over with a BMI of greater than or equal to 30 kg/m<sup>2</sup> in the previous 15 months: across Swindon in 2015/16 there were 19,553 people on the register, 10.9% of the 16+ practice population. This underestimates adult obesity as obesity is not systematically measured in GP practices in all patients when they visit as it is not necessarily relevant to their care.

Excess weight is one of the largest risk factors for diabetes and hypertension. In Swindon according to Quality Outcome Framework (QOF) data 2015/16 recorded by GPs, there are 12,924 people with diabetes (7.1% of patients registered) which is higher than the national prevalence. There are 31,729 people with hypertension (13.7% of patients registered).

51.0% of adults in Swindon met the recommended intake for fruit and vegetables of at least 5 a day on a usual day compared to 52.3% in England. On average adults in Swindon consumed 2.4 portions of fruit and 2.3 portions on vegetables. This is no different from the England averages.

## 4.3 How many children and young people are overweight or obese?

### 4.3.1 Nationally how many children and young people are overweight or obese?

In 2015/6 22.1% of 4-5 year olds and 34.2% of 10-11 year olds were classified as overweight or obese ( NCMP). In 2015/6 9.3% of 4-5 year olds and 19.8% of 10-11 year olds were classified as obese. Obesity levels for children have shown significant increases since the mid-1990s and obesity is predicted to affect more than a quarter of children by 2050.

In reception, combined overweight and obesity prevalence ranged from 26.2% in the most deprived areas to 16.8% in the least deprived areas. In year 6, combined overweight and obesity prevalence ranged from 40.6% in the most deprived areas to 24.8% in the least deprived areas. The deprivation gap for reception and year 6 has been increasing over time.

Obesity rates are highest for children from the most deprived areas and this is getting worse. In reception obesity ranged from 12.5% of children living in the most deprived areas to 5.5% in the least deprived areas. In year 6 26% of children living in the most deprived areas were obese compared to 11.7% in the least deprived areas.

The difference in excess weight prevalence between girls and boys was larger in year 6 than reception, with 36.0% of boys obese in year 6 compared to 32.3% of girls.

#### *4.3.2 Locally how many children and young people are overweight or obese?*

Graph 2 shows that the prevalence of excess weight in Swindon in 2015/16 was 21.1% in Reception year and 32.6% in Year 6. The trend in excess weight in Swindon is down in Reception year (an average of 0.18% each year), almost double the rate compared to England, where it is down 0.1% per year. Unvalidated<sup>2</sup> data for 2016/17 shows that the prevalence of excess weight in Swindon was 23.2% in Reception year and 35.0% in Year 6.

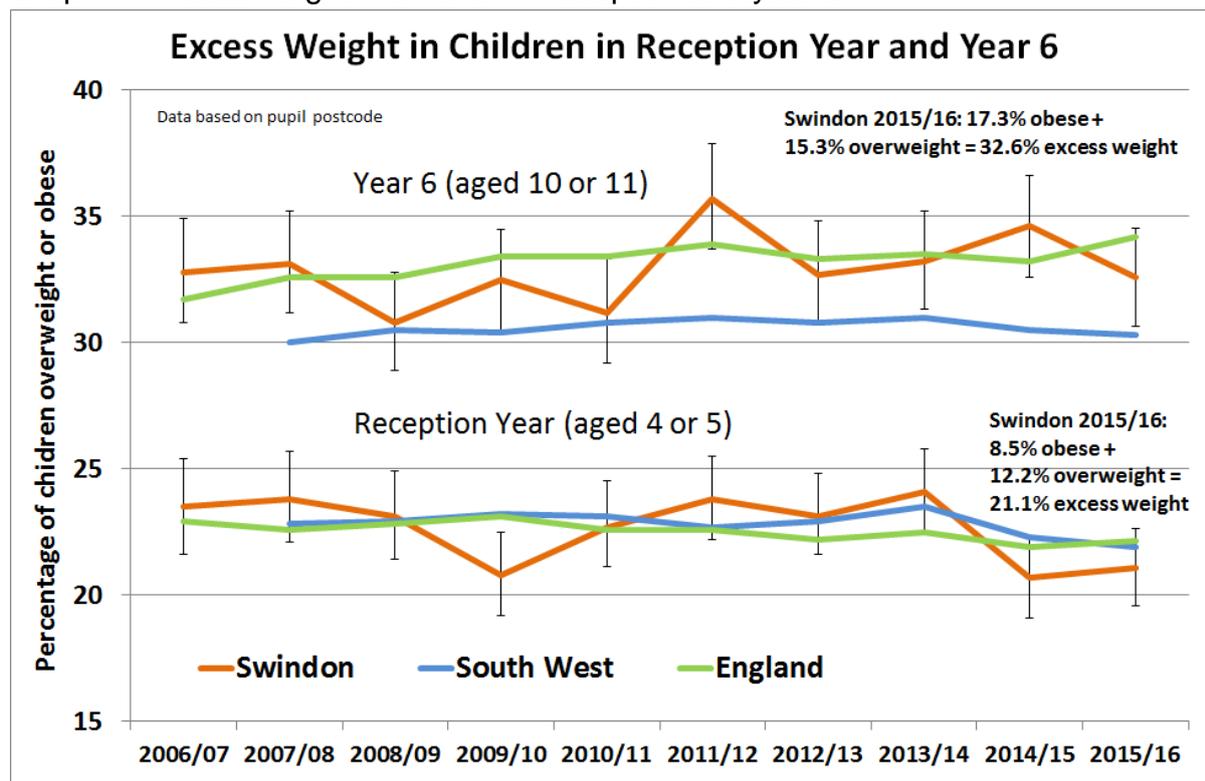
In Year 6, the trend in excess weight in Swindon is a 0.15% increase on average each year compared to 0.19% in England. The prevalence of children with excess weight in Year 6 has been consistently higher in Swindon than the South West region (not always statistically significant) but in 2015/16 was lower than England.

In 2015/16 there were 576 Swindon children measured as having excess weight in Reception year and 723 Swindon children measured as having excess weight in Year 6. This means at extra 147 children became overweight or obese between Reception and year 6.

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<sup>2</sup> Data as of June 2017 and has not been validated and may change after this process. Data for comparison with England and other areas not available until data validated nationally.

Graph 2: Excess weight in children in reception and year 6



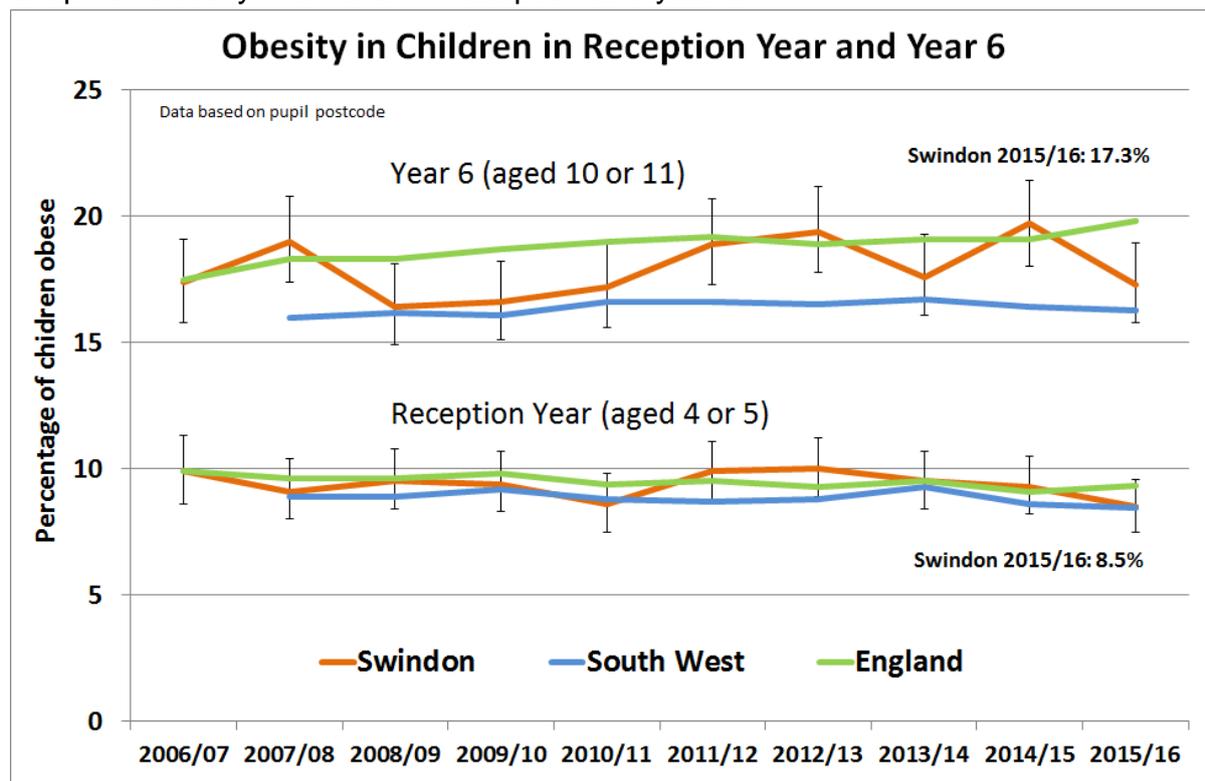
Source: NCMP

Graph 3 shows that the prevalence of obesity in Swindon in 2015/16 was 8.5% in Reception year and 17.3% in Year 6. In 2015/16, the proportion of obese pupils in Reception year and Year 6 has not differed significantly from either the regional or national averages other than compared to England in Year 6 where Swindon now has a significantly lower proportion of obese children. The trend in obesity in Swindon is essentially flat for Reception year, as it is for England. However, in Year 6 there is a 0.1% increase on average each year in Swindon. The prevalence of obese children in Year 6 has been consistently higher in Swindon than the South West region (not always statistically significantly). In 2015/16, there were 232 Swindon children measured as obese in Reception year and 384 Swindon children measured as obese in Year 6.

Unvalidated<sup>3</sup> data for 2016/17 shows that the prevalence of obesity in Swindon was 9.7% in Reception year and 20.6% in Year 6.

<sup>3</sup> Data as of June 2017 and has not been validated and may change after this process. Data for comparison with England and other areas not available until data validated nationally.

Graph 3: Obesity in children in reception and year 6.



Source: NCMP

Table 3: Summary of 2015/16 NCMP data for Swindon, South West and England.

Percentages for 2015/16	Reception year, age 4-5 years			Year 6, age 10-11 years		
	Swindon	South West	England	Swindon	South West	England
Underweight	0.6%	0.6%	1.0%	1.0%	1.1%	1.3%
Healthy weight	78.3%	77.5%	76.9%	66.5%	68.6%	64.5%
Overweight	12.6%	13.4%	12.8%	15.3%	14.0%	14.3%
Obese	8.5%	8.5%	9.3%	17.3%	16.3%	19.8%

Source: NCMP

There is a group of 18 Local Authority areas (Bedford, Bradford, Broxbourne, Crawley, Dartford, Derby, Gravesham, Harlow, Ipswich, Medway, Milton Keynes, Northampton, Peterborough, Sandwell, Stevenage, Swindon, Thurrock, Wolverhampton) which are in the same Office for National Statistics (ONS) cluster, called Expanding Areas and Established Cities. Thus it is useful to compare Swindon with some these areas for the purpose of comparative and benchmarking exercises. Both the proportion of Reception year children with excess weight in Swindon (20.7%) and the proportion of Year 6 children with excess weight in Swindon (32.6%) are the second lowest out of the comparator areas in 2015/16.

A recent report by Public Health England (PHE, 2017) looking at weight status between the first and final year of primary school found (summarised in figure 4):

- For children who were overweight in Reception, 31% remained overweight, around 30% became obese, and 13% severely obese by Year 6.
- For children who were obese (excluding severely obese) in reception, 36% of girls and 37% of boys remained obese in Year 6, and a further 33% of boys and 28% of girls had developed severe obesity.
- Most children who were severely obese in Reception remained severely obese in Year 6 (57% of boys, 62% of girls).
- Most children who were a healthy weight in Reception remained a healthy weight by Year 6 (77% girls, 73% boys). However, 9% of boys and 7% of girls who were a healthy weight in Reception became obese (including severe obesity) by Year 6. Although a small percentage, this represents a large number of children.

Although fewer than 10% of all healthy weight children become obese, those with a healthy weight in Reception from Asian and black groups are significantly more likely to become obese than are their white counterparts. This was also observed for overweight Asian and black Reception children (although this relationship was only statistically significant for black children). The overall trends show that the likelihood of returning to healthy weight status was less for children from black and Asian ethnic groups than children from other ethnicities, and less for those from the most deprived neighbourhoods than those from more affluent areas.

Figure 4: Summary diagram – changes in weight status during primary school.



Source: PHE (PHE, 2017)

49.9% of those aged 15 in Swindon met the recommended 5 a day intake for fruit and vegetables on a usual day compared to 52.4% in England. (PHOF)

The national dental survey measures the proportion of children with teeth which are missing, decayed or filled. More than one in four (27.9%) five year olds in Swindon experience tooth decay in a survey in the 2014/15 school year. On average, these children have 2.8 (CI: 2.26-3.37) teeth that were decayed, missing or filled.

There is evidence that suggests that breastfeeding may play a role in protection against excess weight in childhood. (WHO, 2014) More information of breastfeeding in Swindon is available in the Swindon Breastfeeding Strategy:

[http://www.swindonjsna.co.uk/Files/Files/Swindon\\_breastfeeding\\_strategy\\_2016-2020\\_Final.pdf](http://www.swindonjsna.co.uk/Files/Files/Swindon_breastfeeding_strategy_2016-2020_Final.pdf)



## 5. What should we be doing?

### 5.1 Policy framework

#### *5.5.1 Childhood obesity: a plan for action*

In 2016 the government published 'Childhood obesity: a plan for action' (HM Government, 2016) which is a government plan for reducing childhood obesity. This includes:

- A soft drink levy. In England, the revenue from the levy will be invested in programmes to reduce obesity and encourage physical activity and balanced diets for school age children,
- All sectors of the food and drinks industry will be challenged to reduce overall sugar across a range of products that contribute to children's sugar intakes by at least 20% by 2020, including a 5% reduction in year one,
- Supporting innovation to help businesses to make their products healthier,
- Developing a new framework by updating the nutrient profile model,
- Making healthy options available in the public sector,
- Continuing to provide support with the cost of healthy food for those who need it most,
- Helping all children to enjoy an hour of physical activity every day,
- Improving the co-ordination of quality sport and physical activity programmes for schools,
- Creating a new healthy profile for primary schools,
- Making school food healthier,
- Clearer food labelling,
- Supporting early years setting,
- Harnessing the best new technology,
- Enable health professionals to support families.

#### *5.5.2 Population-based approaches to childhood obesity prevention.*

The World Health Organisation (WHO) suggest population-based approaches to childhood obesity prevention (World Health Organisation, 2012). This suggested that these approaches can be divided into three main components; structures within government, population-wide policies and initiatives, and community-based interventions (table 4). A comprehensive strategy needs to incorporate aspects from each component.

Table 4: Population based approaches to childhood obesity prevention

<b>Structure to support policies and interventions</b>	<b>Population-wide policies and initiatives</b>	<b>Community-based interventions</b>
<ul style="list-style-type: none"> <li>• Leadership.</li> <li>• 'Health-in-all' policies.</li> <li>• Dedicated funding for health promotion.</li> <li>• Non communicable disease* monitoring systems.</li> <li>• Workforce capacity.</li> <li>• Networks and partnerships.</li> <li>• Standards and guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing of unhealthy foods and beverages to children.</li> <li>• Nutrition labelling.</li> <li>• Food taxes and subsidies.</li> <li>• Fruit and vegetable initiatives.</li> <li>• Physical activity policies.</li> <li>• Social marketing campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-component community-based interventions.</li> <li>• Early childcare settings.</li> <li>• Primary and secondary schools.</li> <li>• Other community settings.</li> </ul>

\*Non communicable diseases include a range of chronic conditions such as cardiovascular disease, diabetes, cancer, and dementia.

Source: WHO (World Health Organisation, 2012)

### 5.5.3 *Healthy Lives, Healthy People: A call to action on obesity*

This is the national strategy for improving public health in England, in response to future challenges including obesity. (Department of Health, 2011). It includes:

- Local government taking new responsibilities for public health (including obesity and nutrition initiatives), supported by Public Health England.
- A stronger focus on outcomes.
- A commitment to reduce health inequalities.

### 5.5.4 *Physical activity: Everybody active, every day: An evidence-based approach to physical activity*

This is a national framework to support embedding physical activity into everyday life. (HM Government, 2014). This includes the Chief Medical Officers guidelines developed in 2011 on physical activity:

- Under-fives - 180 minutes (three hours) each day, once a child is able to walk.
- Children and young people (5-18 year olds) - 60 minutes and up to several hours every day of moderate to vigorous intensity physical activity.
- Adults (19-64 years old) and older people (65+) - 150 minutes (two and half hours) each week of moderate to vigorous intensity physical activity (and adults should aim to do some physical activity every day).

### *5.5.5 Delivering Better Oral Health*

In 2014 'Delivering Better Oral Health: a toolkit for prevention' set out the evidence base and clear guidance on healthy eating advice, tooth brushing, fluoride and the importance of regularly attending the dentist. (PHE, 2014). Making healthy choices easier with regard to healthy, sugar free foods and drinks is an important part of improving oral health.

## 5.2 National interventions

There are a number of government strategies and programmes that will impact achievement and maintenance of a healthy weight.

### *5.2.1 The Healthy Start Scheme*

The Healthy Start scheme allows eligible pregnant women, mothers and young children to get free vitamins and free weekly vouchers to exchange for milk, fresh fruit, vegetables and infant formula. <https://www.healthystart.nhs.uk/> (Healthy Start)

### *5.2.2 5ADAY Programme*

Current recommendations are that everyone should eat at least 5 portions of a variety of fruit and vegetables each day, to reduce the risk of death from chronic diseases such as heart disease, stroke, and cancer by up to 20%. The National School Fruit and Vegetable Scheme is part of the 5ADAY programme to increase fruit and vegetable consumption, offering every child age 4 to 6 years old at a fully state funded infant, primary or special school a free piece of fruit or vegetable on every school day. <http://www.nhs.uk/Livewell/5ADAY/Pages/Schoolscheme.aspx>

### *5.2.3 School meals*

Food served in some schools and academies in England must meet the school food standards so that children have healthy, balanced diets. The school food standards apply to all maintained schools, and academies that were founded before 2010 and after June 2014. They must provide:

- High-quality meat, poultry or oily fish,
- Fruit and vegetables,
- Bread, other cereals and potatoes.

There can't be drinks with added sugar, crisps, chocolate or sweets in school meals and vending machines or more than 2 portions of deep-fried, battered or breaded food a week. From September 2014 every infant child in state funded schools receives a free school lunch. (HM Government, 2016)

### *5.2.4 Soft drink levy - spending*

The Government have said that income from the Soft Drink Industry Levy will be spent on school PE and sport provision and breakfast clubs in England. The 2016 Budget document provided more information about this investment (HM Government, 2017):

- Double the primary school PE and sport premium from £160 million per year to £320 million per year from September 2017 to help schools support healthier, more active lifestyles.
- Provide up to £285 million a year to give 25% of secondary schools increased opportunity to extend their school day to offer a wider range of activities for pupils, including more sport
- Provide £10 million funding a year to expand breakfast clubs in up to 1,600 schools starting from September 2017, to ensure more children have a nutritious breakfast as a healthy start to their school day.

### *5.2.5 Change4life*

Launched in 2009 in England and is a government backed, phased social marketing campaign aiming to prevent obesity. (Change 4 Life) Change 4 Life targets young families to 'Eat Well, Move More and Live Longer'. Evaluation of the first year found that families were making changes to their children's diet or activity levels but further work was required to assess whether this led to reductions in obesity. Campaigns for 2016/17 included '10 minutes Shake Up adventure' for kids, a Be Food Smart app and healthy recipes.

### *5.2.6 Healthy Eating Advice*

The Government has a set of Eight Guidelines for a Healthy Diet. It aims to help people to understand and enjoy healthy eating. The guidelines are supported by the Eatwell Guide, a pictorial food guide showing the proportion and types of food that are needed to make up a healthy balanced diet. (NHS, 2015)

### *5.2.7 One You*

This is a lifestyle brand launched in 2016 to target adults, mainly focussing on 40-60 year olds, living in England. It covers a range of lifestyle issues including excess weight, physical activity, smoking, alcohol, mental health and screening. (PHE)

### *5.2.8 Making Every Contact Count*

Making Every Contact Count (MECC) is about making the most of the opportunities to make a difference to people's health and wellbeing. By supporting people to make changes to their lifestyles it is possible to prevent ill-health, improve health and wellbeing and reduce health inequalities. MECC lets organisations and people develop a different way of working with people to address health and wellbeing. Telling people what to do is not the most effective way to help them change. MECC is about altering how we interact with people through having Healthy Conversations and learning how to spot opportunities to talk to people about their wellbeing. (Health Education England, 2017)

### *5.2.8 The Local Transport Plan*

This is a statutory requirement for every local authority with a responsibility for transport. It must set out the transport objectives that the Council wants to achieve over the next five years, and the types of schemes, which the Council would like to implement. These schemes include measures to encourage walking, cycling and public transport use.



## 5.3 Evidence

There is a strong body of evidence provided by the NICE around maintaining a healthy weight and preventing excess weight gain, and well as identification, assessment and management of excess weight. Guidance on maintaining a healthy weight includes recommendations for: the public; the NHS; local authorities and partners in the community; early years' settings; schools; workplaces; self-help, commercial and community programmes; and national policy.

Relevant NICE guidance includes:

- Obesity prevention (CG43, updated 2015),
- Cardiovascular disease prevention (PH25, 2010),
- Maintaining a healthy weight and preventing excess weight gain among adults and children (NG 7, 2015) ,
- Managing overweight and obesity in adults – lifestyle weight management services (PH53, 2014),
- Obesity: Identification, assessment and management of overweight and obesity in children, young people and adults (CG 189, 2014),

NICE quality standards (QS 94 and QS111) for prevention and lifestyle weight management programmes state that for adults and children and young people identified as being overweight or obese (and their parents or carers as appropriate):

- People using vending machines in local authority and NHS venues can buy healthy food and drink options.
- People see details of nutritional information on menus at local authority and NHS venues.
- People see healthy food and drink choices displayed prominently in local authority and NHS venues.
- People have access to a publicly available, up-to-date list of local lifestyle weight management programmes.
- People can access data on attendance, outcomes and views of participants and staff from locally commissioned lifestyle weight management programmes.
- People identified as being overweight or obese are given information about local lifestyle weight management programmes.

Specifically related to adults:

- Adults identified as overweight or obese, with comorbidities are offered a referral to a lifestyle weight management programme.
- Adults about to complete a lifestyle weight management programme agree a plan to prevent weight regain.

Specifically related to children and young people:

- Family members or carers of children and young people are invited to attend lifestyle weight management programmes, regardless of their weight.

In addition table 5 summarises specific action to meet local need (NICE, 2013).

There are other NICE guidance documents about specific groups, nutrition and physical activity. Recommendations from NICE will be included within the action plan.

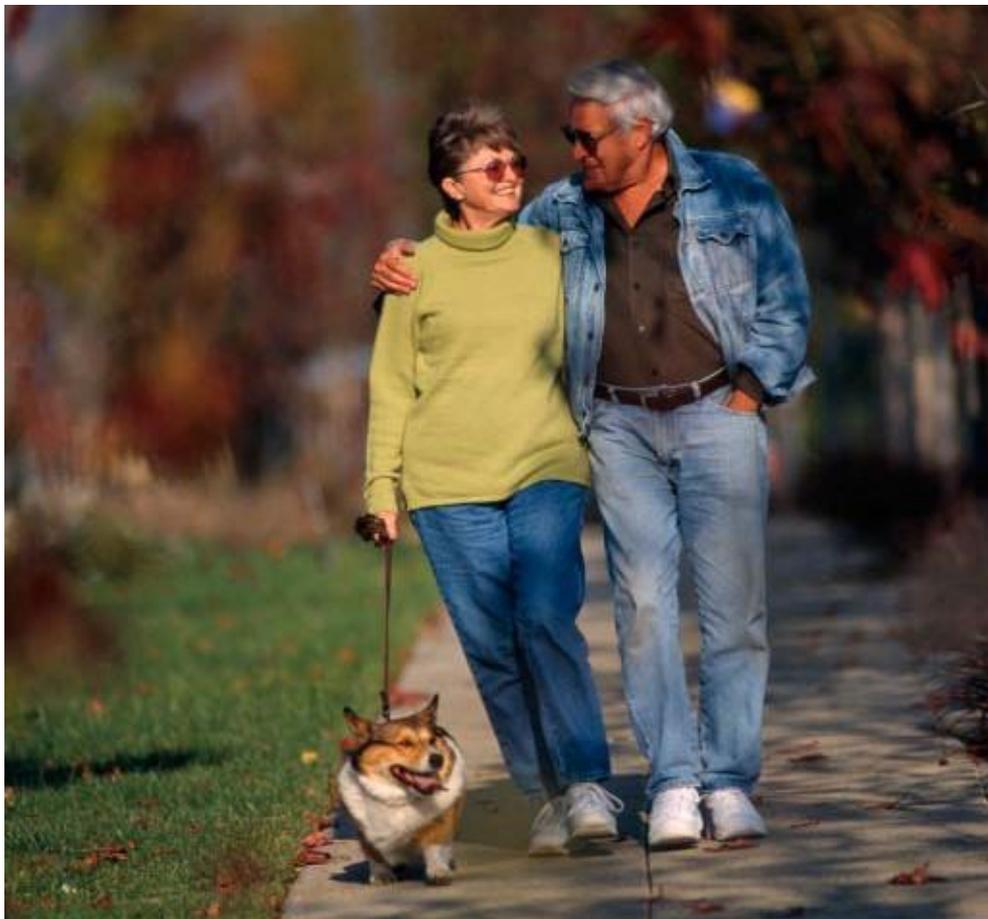


Table 5: Preventing obesity and helping people to manage their weight, specific action to meet local need.

<b>Encouraging healthy eating</b>	Make people aware of their eligibility for welfare benefits and other schemes that supplement the family food budget.	Use existing powers to control the number of take-aways and other food outlets in a given area, particularly near schools.	Local authority and NHS commissioners could make a difference by ensuring healthier choices are included in catering contracts and are promoted through pricing and educational initiatives.
<b>Encouraging physical activity</b>	Work in partnership to create and manage more safe spaces for incidental and planned physical activity, addressing any concerns about safety, crime and inclusion. Audit and amend bye laws that prohibit games.	Plan local facilities and services to ensure they are accessible on foot or by bicycle.	Ensure leisure services are affordable, culturally acceptable and accessible by public transport or by safe 'active travel' routes. Ensure provision is made for women who wish to breastfeed.
<b>Developing community programmes to combat obesity</b>	Ensure obesity prevention programmes are highly visible and easily recognisable. Consider adapting a widely known brand for use locally (such as the Department of Health's Change4Life).	Consider the type of language and media used to communicate about obesity, tailoring language to the situation or intended audience. Ensure messages are consistent and clear.	Address local people's concerns about issues such as the cost of eating more healthily or being more physically active and the perceived dangers of children playing outside.
<b>Commissioning community weight management programmes</b>	Commission lifestyle weight management services from either NHS or non-NHS providers. Ensure they meet the needs of high risk groups.	Ensure lifestyle weight management services meet current best practice guidance.	Work in partnership with NHS colleagues, leisure services and providers of weight management services to support women who wish to lose weight after childbirth.
<b>Ensure LA and NHS are exemplar employers</b>	Set an example by ensuring on-site catering offers healthier choices.	Encourage physical activity by improving the décor and signposting of stairs, and by providing showers and secure cycle parking to encourage active travel.	Offer lifestyle weight management services for overweight or obese staff who would like support to manage their weight.
<b>Involving local businesses and social enterprises</b>	Encourage local organisations and businesses to recognise their corporate social responsibilities in relation to health and wellbeing. For example, they should ensure the range and content of the food and drink sold does not create an incentive to over-eat and gives people the opportunity to eat healthily.	Encourage local organisations to provide information, such as the calorie content of meals, on menus.	Encourage venues frequented by children and young people to resist sponsorship and product placement from companies associated with foods high in fat, sugar and salt.

Source: NICE (NICE, 2013)

## 6. What are we doing?

In Swindon interventions include both local implementation of national interventions and local activity specific to the needs of the borough. Table 6 gives some examples showing the breadth of local interventions by age groups and setting. This is not an exhaustive list. We are aware in Swindon of the importance of reaching a wide audience to help everyone maintain a healthy weight.

This is underpinned by the role of the Health and Wellbeing Boards which have a statutory responsibility to develop and implement a Health and Wellbeing Strategy by bringing together key partners and understanding the needs of the local area. NICE Guidance published in November 2012 included an expectation that Directors of Public Health would secure high level commitment as part of the Health and Wellbeing Strategy to long-term integrated action on obesity.

Table 6: Examples of local interventions and national initiatives by setting

Setting	Children and Teenagers	Adults and Older People
<b>Early Years</b>	Breastfeeding Baby Friendly Initiative; Breastfeeding Welcome; Breastfeeding peer support Toddler and parent healthy lifestyle course Health Visitors work on weaning and healthy lifestyle	To support Mums: Baby Friendly Initiative; Breastfeeding Welcome; Breastfeeding peer support
<b>Schools</b>	School Fruit and Vegetable Scheme Healthy Schools Programme School meals and school food - national food and nutrition standards NCMP Food for Life Partnership in schools Pupil premium supporting physical activity School sports and school after school clubs Active travel to school initiatives	
<b>Workplace</b>		Swindon Mindful Employers scheme Great Western Hospital Travel Policy to encourage active transport to work

Table 6 continued: Examples of local interventions and national initiatives by setting

Setting	Children and Teenagers	Adults and Older People
<b>Community</b>	<p>Child &amp; Family Weight Management Programme</p> <p>Working together with dental health colleagues to ensure consistent messages on public health promotion Dental staff also work with children centres, health visitors and nursery nurses in baby clinics and post-natal groups.</p> <p>Sports clubs</p> <p>Junior Park Run</p>	<p>Change 4 Life</p> <p>Physical Activity Programmes Dietbusters- adult weight management</p> <p>Football fans in training MEND weight management programme</p> <p>Ability sports</p> <p>Community Dietitian Clinics</p> <p>Exercise on referral schemes (Steps to Health)</p> <p>Walking for Health/Walk Swindon</p> <p>Walking, cycling and swimming sessions for inactive people.</p> <p>Walking football and netball</p> <p>Exercise group for people with a medical condition e.g. cardiac rehab; chronic obstructive pulmonary disease</p> <p>Swindon running groups</p> <p>Community navigators</p> <p>Health ambassadors</p> <p>Physical activity sessions run by local leisure organisations, businesses, social enterprises and charities</p> <p>Weight management sessions run by local leisure organisations, businesses, social enterprises and charities</p>
<b>Environment</b>		<p>Active Travel</p> <p>Promotion walking and cycling as part of built environment development in the Swindon Core Strategy Implementation of the Local Sustainable Transport Fund bid to promote cycling and walking</p>
<b>Hospital</b>	<p>Underweight care pathway</p> <p>Obesity care pathway</p>	<p>Obesity care pathway</p> <p>Maternal obesity pathway</p> <p>Underweight care pathway</p> <p>Intense specialist weight management programme</p> <p>Pre and post bariatric surgery support service</p> <p>Access to bariatric surgery at Bristol, Cornwall, Plymouth, Gloucestershire , Bournemouth &amp; Christchurch or Taunton</p>

Swindon has also been pro-actively involved in the whole system obesity programme. This is a three-year programme funded by Public Health England, with the support of the Local Government Association and the Association of the Directors of Public Health. Its key objective is to consider how a local authority can use its levers, leadership, evidence and relationships with stakeholders and communities to create a more effective, sustainable, system-wide approach to tackling obesity.

The programme is exploring how we can collectively use this new way of looking at tackling obesity. In particular, we are aiming to answer:

- How can the Foresight report be translated into a 'Whole Systems Approach' locally?
- What does a "whole systems approach" actually mean in practice?
- How can Local Authorities and their partners create and maintain an effective, sustainable whole systems approach that can help them drive their major priorities, including tackling obesity?

## 7. Where do we want to be and how are we going to get there?

Section 2 outlines the vision, aims, strategic objectives and targets for Swindon over the next five years.

### 7.1 What are we going to do?

#### **VISION**

A Swindon where everyone achieves and maintains a healthy weight.

#### **ACTION**

In the first year of this strategy (2017/18) alongside our current programmes in Swindon we will:

- Focus on Early Years (0-5 years) and develop a Healthy Early Years Settings accreditation.
- Promote SugarSmart e.g. in Early years settings and in schools
- Continue to develop work in schools to promote healthy eating and physical activity e.g. development of a schools physical activity framework, increasing the numbers of schools with Healthy School Awards with related to healthy lifestyles.
- Implementing Making Every Contact Count.
- Work with local organisations to promote displaying calories on menus.
- Encourage local retailers to offer and promote affordable fruit and vegetables.
- Review programmes to ensure effective services are being offered to those at greatest risk.

Tackling inequalities will be considered as part of every element relating to Healthy Weight. As part of these we will aim to reduce differences in health outcomes between different groups by reducing social inequalities and targeting services appropriately.

From reviewing the local needs for Swindon, local provision and national evidence we will concentrate on Healthy Weight in Early Years Settings over the first year of this strategy. We will review and decide an area for year two through the Healthy Weight Implementation Group.

## 7.2 Swindon Health Weight action plan

This strategy will be implemented through the healthy weight action plan which will monitor and evaluate progress related to targets to ensure activity and investment is effective and meeting local need. This outlines a framework for action that demonstrates a range of preventive and management interventions for excess weight across a range of settings (community, workplaces, early years settings, local authority, and health), based upon evidence for effective interventions presented in the above strategy. The Healthy Weight Implementation group oversees the implementation of the healthy weight action plan.

The action plan is separate as it is a working document- available from Fiona Dickens, Public Health Programme Manager at Swindon Borough Council (Contact details: fdickens@swindon.gov.uk 01793 444680).

### 7.2.1 Working in partnership

Tackling obesity and promoting healthy weight depends on action to address many different areas as health depends on physical, social and environmental factors. Therefore the healthy weight strategy will link to the range of local strategic documents which all contribute to preventing and reducing excess weight and promoting healthy lifestyles:

- Get Swindon Active Strategy and Implementation Plan
- Swindon Breastfeeding Strategy and implementation plan
- Children and Young People's Early Support Strategy
- Swindon Core Local Plan
- Local Transport Plan
- Green Infrastructure Strategy
- Local NHS strategies on Cancer, Coronary Heart Disease, Diabetes
- Safer and Smarter Journeys to School Strategy
- Swindon Borough Councils Initiatives on Building Community Capacity and Corporate Responsibility
- Development Management Policies and the Local Plan 2026
- Promoting healthy weight will also be a key part of workplace health initiatives and healthy lifestyle courses.

The strategy is closely aligned to Swindon Borough Council's priority 4 'Help people to help themselves while always protecting the most vulnerable children and adults.'

### *7.2.2 Engaging with communities*

In order to tackle excess weight effectively, talk to local people about all areas related to Healthy Weight, including developing strategies, commissioning and service provision, particularly those at higher risk of excess weight. There are a number of opportunities for engagement. These include at local events and festivals, using local volunteers and champions for health programmes (e.g. walk to health volunteers and health champions) and other local networks.

It is also recognised that schools and Early Years settings have a potential role in both promoting physical activity and influencing healthy food choices. The action plan includes linking to our local Healthy Schools Programme and looking for opportunities to work collaboratively with schools in Swindon: evidence suggests that a whole school approach may be most effective in reducing childhood obesity. This could include healthy school lunches, healthy choices in vending machines, safe walking to school routes, and encouraging sport and activity for all abilities. There is also opportunity to work with the Planning Department to look at the public health impact of licensing applications for food outlets nearby to schools, and engage with workplace health. We will also consider developing programmes for Early Years settings.

### *7.2.3 Monitoring and evaluation*

Evaluation is vital for understanding what works and why, and also for ensuring that funding is spent in the most cost-effective way. Evaluating interventions to tackle obesity can be challenging as short term success is not always sustained long term and following up people over time is difficult. Any commissioned initiatives are required to include evaluation as part of delivery.

### *7.2.4 Communication and awareness training*

Communication is important in a number of ways:

- To explain why being a healthy weight matters,
- To engage with the local community,
- To provide consistent messages to local people about what is important for achieving and maintaining a healthy weight,
- To link lifestyle services so people are aware of what is available in Swindon to keep active, stop smoking, improve their mental health as well as specifically about weight management,
- To celebrate success,
- To raise awareness.

There is a lot of evidence that people with excess weight experience inequalities in employment, education, and health care as a result of weight discrimination. We will strive to promote positive, fair and non-biased representation of people who have excess weight. The action plan will include a communications strategy which incorporates these aspects.

## **Appendix 1: Diversity Impact Assessment**

As part of this strategy review we have completed a diversity impact assessment (DIA). The considerations of these are included in the main report (3.3, 4.1, 4.3.1) but are summarised here for clarity.

A Diversity Impact Assessment was completed as part of the Healthy Weight Strategy 2013-15. This concluded “*We will include equality and diversity requirements within our commissioning specifications and require providers to demonstrate how services reach different groups in the community. The women only walking group is an example of responding to an identified need in the community where some BME communities feel more comfortable in a single sex activity. Over the next year we will also look at service provision for limiting long-term illness (LLTI). Targets have been set as to the success of the strategy as outlined in chapter 4. Where available data will also be gathered on these broken down by protective characteristics.*”

As the current strategy is a refresh of the 2013-15 strategy there have been no new diversity considerations however we have reviewed the DIA and considered whether we have achieved the above conclusions and whether there are any further actions.

There are a number of factors that seem to predispose an individual to obesity and certain groups are known to be more at risk of obesity than others. They include:

6. Individuals from some Black, Minority and Ethnic (BME) groups,
7. People living on a low income,
8. Women during and after pregnancy,
9. Older age groups,
10. People with a mental health condition,
11. People with disabilities.

There is no specific information about outcomes depending on demographics within the strategy. This is mainly due to how the data is collected nationally.

The impact of local demographic characteristics and changes will mean that there will be:

- Increased demand for services to prevent and treat excess weight due to a growing population and an increase in excess weight over time in both adults and children.
- Increased demand for health and social care services due to the effects of excess weight on health and wellbeing.
- A need for targeting services to tackle excess weight in the most deprived communities, where excess weight prevalence is highest in the population and people have fewer choices to improve their health.
- Development of services to meet the needs of communities and groups where excess weight prevalence is particularly high such as learning disability groups, certain BME communities and deprived communities.

The service level agreement for the Swindon Borough Council health and wellbeing team, which includes weight management programmes for adults and children, requires service providers to consider protected characteristics and report these against specific targets. Reports from providers include information about how services reach different groups in the community. There are specific programmes for people with physical disabilities. There was a specific programmes for people with learning difficulties but this has been incorporated into the wider service.

Review of these shows that providers are reaching a range of different groups in the community and meeting the targets specified to them. Some of the programmes are specifically targeted at certain groups and generally these groups are engaging in the programmes. Outcomes for the programmes are good but due to the data and numbers it is not possible to assess outcomes by different groups.

These elements will be incorporated into the Healthy Weight action plan. This will include:

- Information about recruitment and target groups for programmes.
- Outcomes by different groups where possible.
- Prioritise certain areas where evidence shows greatest potential benefits.
- Review healthy weight provision which have been embedded within other areas (learning difficulty).

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