

Healthy Weight Action Plan 2009-2012

Glasgow City Council

1. Vision

This Healthy Weight Action Plan will be a key means to improve the health and well being of the population of Glasgow by 2012. We will achieve this through the co-ordinated activities of Glasgow City Council and its partner agencies. They will work toward a sustainable, comprehensive and integrated range of services, plans and evidence-based interventions to help Glasgow citizens maintain a healthy weight.

2. Introduction

The purpose of the Healthy Weight Action Plan (Table 1) is to set out a local framework to tackle the rise in obesity and overweight in adults and children within Glasgow City. It draws on existing strategies and evidence of effectiveness, outlining an action plan for Glasgow City Council and its partners, which aims to slow and ultimately reverse the rise in obesity.

Obesity is a risk factor for many serious chronic conditions and is second only to smoking in terms of financial burden to the NHS. Reversing the obesity trend in Scotland will require an integrated and co-ordinated approach supported by the Scottish Government, the NHS, local authorities, businesses, families and local communities.

In endorsing and implementing this Action Plan, Glasgow City Council will be one of the first local authorities in Scotland to develop a multi-sectoral, far-reaching and common sense approach to tackling overweight and obesity. This approach is principally based on the UK Department of Health's Foresight Report recommendations. It will work to address the adverse affects of our "obesogenic" environment, as well as building on and adding value to existing obesity-related work.

3. Policy Context

There are numerous existing strategies and initiatives to improve physical activity and nutrition in Scotland and in Glasgow through the local authority, the NHS and partners.

The Scottish Government has produced a number of strategic documents which impact on the obesity agenda, such as "Improving Health in Scotland – the challenge", and "Eating for health – meeting the challenge". In the recent "Better Health Better Care Action Plan", the Government advocates a whole community approach to reducing childhood obesity. In June 2008, the Scottish Government published the "Healthy Eating Active Living" Action Plan, which promotes joint actions for diet and activity and identifies funding to implement specific interventions. There is also a commitment from the Scottish Government to develop a longer term national strategy to tackle obesity.

In October 2007, the Director of Public Health for NHS Greater Glasgow and Clyde published an annual report which highlighted that, "The obesity epidemic needs to be taken seriously". This set a local agenda for the NHS, local authority and partners in tackling obesity. Furthermore, in 2009 the city's Health Commission supported the view that promoting healthy weight is a key public health challenge for the city.

There is also a range of other local strategies, initiatives, projects and proposals which inform and support Glasgow's action on obesity including, but not limited to:

- Glasgow City Council's "Food and Health Policy for Schools", 2005
- Glasgow City Council's Environment Strategy and Action Plan, 2006
- NHS Greater Glasgow and Clyde, Director of Public Health Report, 2007
- Glasgow City Council's Physical Activity Strategy, "Lets Make Glasgow More Active", 2007
- Glasgow City Council's Local Transport Strategy, 2007
- Glasgow City Council's Core Paths Plan, 2008
- GCC Food in Schools Action Plan
- Shape Up Glasgow
- Health Promoting Schools and Active Schools
- The Infant Feed Strategy & Action Plans (NHSGGC)
- NHSGGC Childhood Obesity Intervention Programme (in development)
- GCC Staff Health Action Plan 2009 (in development)
- GCC Play Strategy 2009 (in development)
- The City Plan III (in development)
- Integrated Children's Services Plan 2009 (in development)
- Culture and Sport Strategy 2009 (in development)

4. Local Targets and Priorities

The Healthy Weight Action Plan will link to the wider Greater Glasgow and Clyde Obesity Strategy. For the city, which will contribute to the following local outcomes, as stated in Glasgow's City Council's Single Outcome Agreement.

- Local Outcome 3: Reduce the public acceptance and incidence of over-consumption of alcohol and its subsequent negative impacts
- Local Outcome 12: Increase the proportion of the population with a healthy BMI
- Local Outcome 13: Increase the proportion of residents involved in physical activity
- Local Outcome 14: Improve Children's Diets
- Local Outcome 15: Reduce the difference in life expectancy between the most affluent and the most disadvantaged residents
- Local Outcome 23: Improve residents aspirations, confidence, decision-making capacity and involvement in community life
- Local Outcome 24: Improve Glasgow's physical environment and infrastructure.

5. What is Obesity?

Obesity is the term used to describe the condition of being overweight due to excess body fat. There are several methods of measuring body fat, but the most popular method is using the Body Mass Index (BMI) which measures the relationship between a person's weight and height. A person is considered obese if they have a BMI of over 30.

Despite the common use of BMI as a measure of obesity, evidence suggests that measuring waist circumference is a more reliable method of estimating the health risks associated with an increase in weight gain. The literature shows that centrally distributed fat ('apple' body shape) increases the risk for developing heart disease and non-insulin dependant diabetes.

Childhood obesity trends are measured by comparing the BMIs of children today with those of 1991. There is still discussion as to the appropriateness of BMI as a measure of overweight and obesity, especially in children and young people. At the level of an individual child a single BMI

measure is difficult to interpret and needs to be used in conjunction with other findings. Obesity is both an individual clinical condition and a serious public health problem linked, for example, to diabetes, heart disease, cancer and mental health problems.

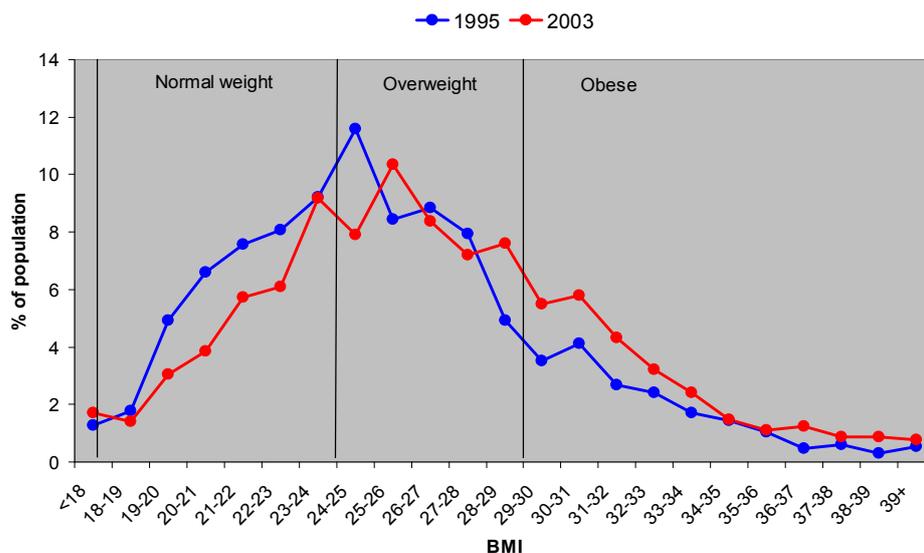
6. Obesity: A Global Epidemic

Obesity has reached epidemic proportions with more than 1 billion adults classed as overweight worldwide and at an annual cost of £1 billion to the British NHS alone. This epidemic has grown over the past few decades and is now recognised as a public health “time bomb”.

6.1 Obesity in Scotland: Prevalence

According to the Scottish Public Health Observatory, Scotland is the second fattest nation in the developed world, behind America. In 2003 more than a quarter of the Scottish population were obese, at 25.5 per cent, compared to 32.2 per cent in America, and just 8.3 per cent in Norway. England came fourth in the table at 22.5 per cent. Scottish children continue to suffer disturbing levels of obesity. Around 35% of boys and 30% of girls aged 2–15 years can be classified as overweight or obese.

Figure 1 – The changing population weight distribution in NHS Greater Glasgow and Clyde adults between 1995 and 2003



The proportion of the NHS Greater Glasgow and Clyde population either overweight or obese has increased rapidly over the last decade. In 2003, the Scottish Health Survey revealed that more than 60% of Glaswegian adults and 20% of Glaswegian pre-school children were classed as either overweight or obese.

Importantly, obesity is a problem affecting the entire population and it can be demonstrated that the entire weight distribution of the population is shifting upwards (Figure 1). However, despite this universal increase in obesity, there does appear to be a slightly higher prevalence in groups from more deprived neighbourhoods. Obesity is also more common among people with learning disabilities and there is evidence to suggest that certain minority ethnic groups may have more pressing needs in relation to excess weight problems. In particular, Black Afro Caribbean, Black

African and South Asians appear to have higher obesity prevalence rates (an Equality Impact Assessment of this Plan is available on request).

6.2 Why do we need a Healthy Weight Action Plan?

Obesity poses a major health concern for Scotland, which threatens to cancel out many of the health gains made over the past 20 years. As such, obesity has become one of the key health issues affecting the nation and the problem shows no signs of abating.

Obesity is associated with numerous health problems such as diabetes, heart disease, arthritis, high blood pressure, some cancers and mental health problems. Vulnerability to these illnesses varies, for example, with age, gender, co-morbidity and ethnic origin. Its rising prevalence therefore represents a threat to the current trends in continuous health improvement for most conditions in Scotland.

In terms of its financial burden, the NHS in Scotland spends at least £170m a year dealing with obesity-related issues. Furthermore, there are additional serious economic implications to society as a whole. These costs are estimated to be more than five times the direct cost to the NHS at over £950m.

6.3 What Causes Obesity?

The causes of obesity are complex, encompassing biology and behaviour but set within a cultural, environmental and social framework. Human biology is being overwhelmed by the effects of our obesogenic environment, which comprises a complex interaction of factors such as motorised transport, an abundance of energy-dense foods, excessive alcohol consumption and sedentary lifestyles. Because of the scale and complexity of the epidemic, action to combat the obesity epidemic needs to occur at all levels of society and in all settings.

7. How will we Tackle Obesity?

7.1 Implementing a Mix of Interventions through Policy Alignment & Co-ordinated Action

The encouragement of physical activity in daily life or modifying the nutritional balance of the diet might appear at first glance to be relatively simple to achieve. However, the scale of change required to make a significant impact at the population level needs to be substantial. This raises difficult and complex economic and social questions about how policy can be reshaped across a number of diverse areas. They include: food cost and availability, health reform, workforce health, older people, child health, health inequalities, sustainability and climate change, social inclusion, employability, town planning, transport, education and culture.

The need to align policy and reallocate funds, both locally and nationally, was specifically highlighted in a recent Audit Scotland report which found that although investment in infrastructure for walking and cycling has risen over the last decade it is still a fraction of that allocated to investment in roads. The food industry is a powerful commercial force, driven by profit and not by health priorities. Agricultural policy can mitigate against a healthy diet in terms of food production, imports, exports etc. Despite the fact Scottish legislation has been enacted to ensure that schools provide healthy food and drinks to pupils on school premises, the majority of primary school pupils bring crisps, chocolate and sweets into school to eat and many secondary school pupils leave school at lunch-time to purchase cheap, unhealthy junk food marketed directly to them by local food outlets.

Glasgow City Council's Healthy Weight Action Plan has been developed in the light of the above considerations. It is a multi-sectoral plan with partnership working and tackling inequalities at its core. National government also has a significant role to play in ensuring that its policies support

people in their efforts to maintain a healthy weight. Examples of appropriate national actions might include:

- Taxes on unhealthy foods and subsidies for the promotion of healthy, nutritious foods.
- Restrictions or bans on the advertising of energy dense foods to children.
- Increased investment in infrastructure and a revision of planning legislation to promote healthy environments which encourage physical activity.
- Development of evaluated social marketing campaigns that are both consumer-led and sustainable with networked leadership and a strategic focus.

It will be a major task to ensure that local and national policy solutions work across service boundaries or policy areas if a corrective population-wide shift in the obesity trend is to be delivered. Links to a number of policy issues will therefore need to be explored in order to provide the foundation for a sustainable, comprehensive and integrated strategy.

7.2 Systems Mapping for Obesity

The 2007 Foresight Report 'Tackling Obesities: Future Choices', which was published by the UK Government, highlighted the importance of tackling the growing obesity trend in a coherent and comprehensive manner. It highlighted the scale of the challenge and it also noted the complexity of the required response.

The Foresight systems map represents the most comprehensive whole systems view of the determinants of energy balance that exists. These multiple factors can be broadly grouped into societal influences, individual psychology, activity environment, individual activity, food production and consumption and human biology (Figure 2).

It should be noted that **no single response is likely to generate a high impact on the prevalence of obesity**, if implemented in isolation. This highlights the crucial interaction between specific interventions and wider societal values. It also shows the importance of implementing a mix of interventions targeted at a combination of different determinants of obesity.

This approach requires co-ordinated action across different areas of policy, balancing trade offs where necessary.

8. A Critical Need for a Change in Emphasis

To date approaches to obesity, which have been mainly educational, behavioural, and pharmacological, have met with limited success. They appear to be necessary but not sufficient to reduce obesity because people struggle against “obesogenic” environments which increasingly promote a high energy intake and sedentary behaviours.

The Foresight Report signalled the need for some critical changes in emphasis:

1. A strategy to tackle obesity must include both **treatment and prevention**.
2. Preventing obesity is a lifelong challenge. **Focusing solely on children will miss the opportunities to improve the health of adults** and reduce the impending epidemic of diabetes in the short to medium-term.
3. The determinants of obesity go beyond the obvious elements of diet and inactivity. The complexity is such that isolated initiatives are unlikely to be effective unless **embedded within an overarching strategy**.
4. An obesity strategy must go beyond exhorting individuals to eat less and do more. It must seek to **change the “environments”** in which we live today (e.g. social, cultural, physical and economic environments) and which foster weight gain.

5. The evidence base of effective interventions to prevent and treat obesity is inadequate, but the need to act promptly means that **greater emphasis must be placed on practice-based evidence**, with an emphasis on the **monitoring and evaluation** of interventions.

8.1 Managing the Risks

Care must be taken in tackling obesity not to allow unintended consequences to occur and in particular not to allow health inequalities to increase. For example, while interventions and campaigns targeted at those most at risk are considered to be useful, they can risk increasing the stigma associated with obesity. Conversely, increasing clinical treatment might normalise, through medicalisation, the cultural acceptability of obesity, with potentially adverse consequences for influencing prevalence and disrupting preventative efforts. Action for a long term approach through focussing on children can risk ignoring the short term health costs of treating existing obesity and related ill health. In the light of these considerations, careful implementation and attention to social context is critical for success.

9. Glasgow Priority Areas for Obesity and Overweight Management

Glasgow City's priority areas (see Table 1, attached) will be based on the Foresight Report's recommendations and include:

- 1. Control the availability and exposure of obesogenic foods and drinks**
- 2. Increase the walkability and cyclability of the built environment**
- 3. Focus on targeted early years interventions**
- 4. Increase the responsibility of organisations for the health of their employees**
- 5. Focus on targeted interventions to those most at risk**
- 6. Awareness raising and fostering culture change: making healthy choices, easy choices**

10. Objectives and Actions

10.1 Objectives of the Plan

Table 1 outlines detailed, outcome-focused actions for the Plan, which have been classified under one of the four key objectives. Namely:

- **KEY OBJECTIVE 1:** To develop policy and service development solutions that address health inequalities and work across policy areas with the aim of achieving a corrective population-wide shift in overweight /obesity trends.
- **KEY OBJECTIVE 2:** To both encourage and empower the population of Glasgow to make healthy lifestyle choices through awareness-raising activities, education, community engagement and knowledge and skills development.
- **KEY OBJECTIVE 3:** To improve the environment in order to make healthy choices easy choices; accepting that environmental interventions must coexist to support and facilitate behaviour change.
- **KEY OBJECTIVE 4:** To record and analyse information on the weight, health and lifestyle choices (including access to healthy food and physical activity opportunities) of adults and children in Glasgow in order to plan/monitor interventions.

10.2 Summary of Actions

Any action (in Table 1) labelled “Healthy Weight Action Plan” is a ‘new action’ to tackle healthy weight and does not appear in any other existing plan or policy. All other actions are found in existing local plans. Importantly the existing actions also link in with the five Foresight priority areas that will contribute to promoting healthy weight (Section 9). There are 26 new actions and 23 existing actions.

KEY OBJECTIVE 1: To develop policy and service development solutions that address health inequalities and work across policy areas with the aim of achieving a corrective population-wide shift in overweight /obesity trends.

- Ensure that physical activity and healthy weight are key priorities for all community planning partners.
- Develop outcome-focussed GCC policies, activities and working practices that align with the Healthy Working Lives award.
- Reduce health inequalities by developing weight management activities and initiatives for vulnerable groups with appropriate support, considering barriers such as stigma, cost and transport.
- Use meaningful community engagement, community development opportunities, and consultation data in shaping and developing new healthy weight/physical activity related policy and interventions.
- Develop a healthy in-house tuck policy to cover all educational settings.

Prevention

KEY OBJECTIVE 2: To both encourage and empower the population of Glasgow to make healthy lifestyle choices through awareness-raising activities, education, community engagement and knowledge and skills development.

- Promote targeted activities and interventions to those individuals with identified risk factors for obesity and overweight.
- Provide increased support for parents and carers beyond the school gate on matters related to healthy food and physical activity; building confidence and self esteem.
- Promote breastfeeding and encourage healthy weaning.

Environment

KEY OBJECTIVE 3: To improve the environment in order to make healthy choices easy choices; accepting that environmental interventions must coexist to support and facilitate behaviour change.

- Develop stronger links between planning policy and health and wellbeing.
- Improve access to outdoor places for walking, play and recreational activities.
- Develop and implement food policies including award schemes which promote healthier food options.
- Limit the availability of obesogenic food to children and young people.
- Reduce fear of crime to increase confidence in local communities.
- Promote active travel.

Assessment

KEY OBJECTIVE 4: To record and analyse information on the weight, health and lifestyle choices (including access to healthy food and physical activity opportunities) of adults and children in Glasgow in order to plan/monitor interventions.

- Develop plans to improve the monitoring of childhood BMI measurements.
- Develop and undertake a Glasgow-wide survey on play areas (and review of the impact of the Annual Play Area Improvement Plan) identifying satisfaction levels and perception of use.
- Monitor adult overweight and obesity through local lifestyle questionnaires and utilise this information to develop local interventions according to need.

11. Monitoring

New actions will be monitored every 6 months by the Council's Joint Officer Group on Health Improvement. A target date for each new action has been set.

In addition, a set of high level performance indicators, linked to tackling overweight and obesity, has been established. The high level indicator set is listed in Table 2. These indicators will be monitored every 2 years.

12. Key Delivery Organisations

The key delivery organisations for this Plan are:

- Glasgow City Council
- Cordia LLP
- Culture and Sport Glasgow
- Glasgow Centre for Population Health
- NHS Greater Glasgow and Clyde
- Community Health and Care Partnerships
- Glasgow Community Planning Partnership

Figure 2 – Tackling Obesity: Interventions across the System Map

Interventions across the system map

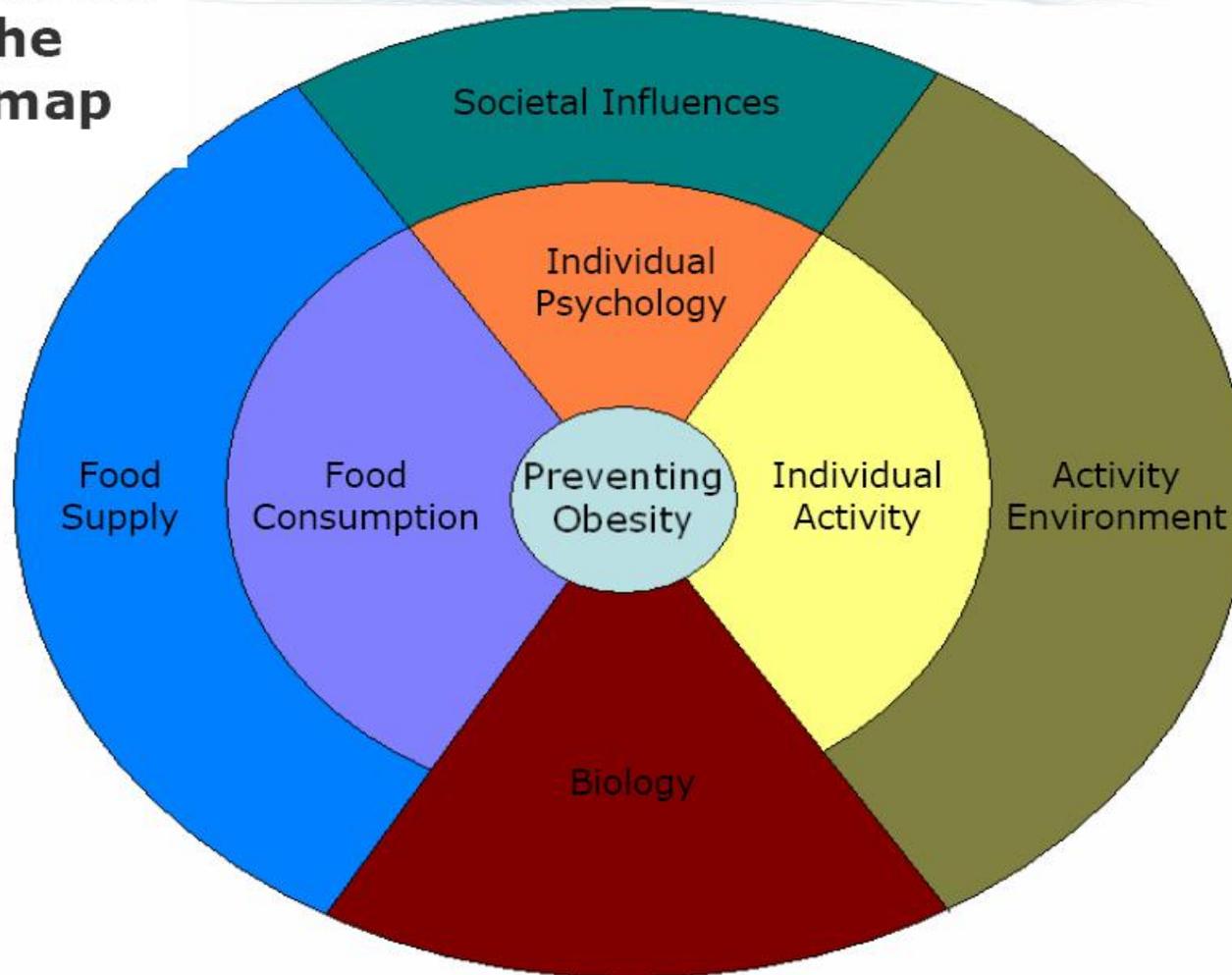


Table 1 – Monitoring and Evaluation Plan (See attached Excel Spreadsheet)

Table 2: List of High Level Performance Indicators

Indicator	Source
Levels of childhood overweight & obesity (not collecting yet) – at p1 and p7 in Glasgow City	(to be collected by NHS Greater Glasgow and Clyde as part of Health for All Children 4 [Hall 4])
Levels of adult overweight & obesity in Glasgow City	Scottish Health Survey
Proportion of children meeting recommended activity levels in Glasgow City	Scottish Health Survey
Mortality rate from circulatory diseases under 75 yrs old in Glasgow City	Community Profiles
Diabetes prevalence in Glasgow City	Scottish Diabetes Survey
Mode share of journeys to school (children) in Glasgow City	Scottish Household Survey
Modal share of adults undertaking active (walking, cycling, public transport) travel to work or education in Glasgow City	Scottish Household Survey