

# Hampshire Healthy Weight Strategy 2015-2019

## 1. Introduction

This strategy outlines the aims, vision and objectives of the Hampshire Healthy Weights strategy and sets out the rationale for co-ordinated multi- agency action to achieve a population shift to increase the proportion of people with a healthy weight in Hampshire. The approach used in this strategy is based on encouraging a healthy weight over the life course. The life course age groups identified either relate to critical periods of metabolic change, are linked to spontaneous changes in behaviour, or periods of significant shifts in attitudes.

Ensuring that people are encouraged to develop and maintain a healthy weight is a key role of public health. Obesity is a significant problem in today's society and is predicted to worsen if nothing is done. It is linked to a range of health problems which both reduce individuals' life expectancy and quality of life. The Foresight report, 2007<sup>1</sup> identified that the prevalence of obesity in the UK had more than doubled in 25 years. The report predicted that by 2050 60% of men, 50% of women and 25% of children in the UK would be obese, causing Britain to be a mainly obese society with factors such as income, gender and ethnicity increasing the impact of obesity in certain population groups.

## 2. The Vision, Strategic Aims and Objectives of the Strategy

This strategy acknowledges that a healthy weight is only part of the picture – the ingredients to achieve a healthy weight – good nutrition and physical activity have health and wellbeing benefits. It is clear that to reverse the current trends will take some time, hence our aims are high level, but ambitious.

The first three strategic objectives are underpinned by detailed action plans with the fourth strategic objective being a key theme running through all the proposed actions.

### The Vision

To enable the residents of Hampshire to enjoy a healthy weight and to maximise their years of healthy life whoever they are.

### The Aims

- 1 To increase the proportion of adults in Hampshire who are of a healthy weight
2. To increase the proportion of children in Hampshire who are of a healthy weight
3. to reduce the proportion of adults and children in Hampshire who are obese

### The Strategic Objectives

1. Support an environment that enables people to make physical activity and healthy eating the easy choice
2. Encourage positive lifestyle changes that enable people to improve their health and have a healthy weight
3. Enable access to evidence based interventions for people who are already overweight and obese
4. Reduce inequalities in health by focussing on people and populations most at risk

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<sup>1</sup> Foresight (2007) Tackling obesity: Future Choices- project report. Government Office for Science

### 3. The Context

#### 3.1 Why do we need to act now?<sup>2</sup>

Fewer than half of adults in England are now of a healthy weight. This is important because the current situation has profound consequences for individuals and society now and in the future. The causes and solutions to this situation are complex and require far reaching action by many people and agencies. Tackling unhealthy weight not only relies on how we make choices as individuals but also on interventions that change environmental factors and societal norms.<sup>3</sup>

Nationally, the proportion of adults with a normal Body Mass Index (BMI) decreased between 1993 and 2012, from 41 per cent to 32 per cent among men and from 49 per cent to 41 per cent among women. This has been coupled with a marked increase in the proportion of adults who are clinically obese (See Appendix 1 for an explanation of obesity). Some population groups are more affected than others. These include children and women living in more deprived areas and women from Black African groups. People with learning disabilities, physical disabilities and mental health problems are also at greater risk.

Obesity is an important risk factor for chronic medical conditions which are the principal causes of premature death in adults. In addition the psychological and social consequences of obesity can be negative.<sup>4</sup> There is good evidence of an association between childhood obesity, chronic medical conditions and psychological consequences<sup>5</sup>. Obesity significantly increases the risk of death at any age.<sup>6</sup>

Obesity is a significant economic and business challenge nationally and locally. A report by the National Obesity Observatory<sup>7</sup> in 2010 highlighted that obese individuals are estimated to have medical costs 30% higher than normal weight peers. The cost to the NHS in Hampshire of managing diseases related to overweight and obesity has been estimated to be £333.8 million<sup>21</sup>. The recently published report by Mckinsey Global Institute estimates that obesity costs the UK health system \$9.6 billion (USD) and employers \$7billion (USD) annually.

#### 3.2 The causes of obesity

The fundamental cause of excess weight is an imbalance between what is consumed through eating and drinking and what is expended by the body through metabolism (i.e. energy intake and expenditure). Metabolism, or how our bodies work at a cellular level, depends on how much the body is working – or being physically active. Behind this seemingly simple explanation is the fact that the pace of technological change has outstripped any possibly associated human evolution and weight gain for most people is the consequence of our modern lifestyles.<sup>8</sup>

The expert report on obesity<sup>1</sup> presented an obesity system map showing over 100 variables working as a “complex web” to influence either directly or indirectly the energy balance of an individual. These have been grouped into the seven cross-cutting predominant themes:

- Biology: an individuals starting point; the influence of genetics and ill health.

<sup>2</sup> <http://documents.hants.gov.uk/public-health/jsna-2013/ObesityJSNA2013.pdf>

<sup>3</sup> See [http://www.mckinsey.com/insights/economic\\_studies/how\\_the\\_world\\_could\\_better\\_fight\\_obesity](http://www.mckinsey.com/insights/economic_studies/how_the_world_could_better_fight_obesity)

<sup>4</sup> National Audit Office (2001). Tackling obesity in England. London: National Audit Office.

<sup>5</sup> Scottish Intercollegiate Guidelines Network (2010). 115- Management of obesity . A national clinical guideline. <http://www.sign.ac.uk/pdf/sign115.pdf>

<sup>6</sup> World Health Organization 2000: Obesity: Preventing and Managing the Global Epidemic. Report of a WHO Consultation. Geneva: World Health Organization,.

<sup>7</sup> The Economic Burden of Obesity. [http://www.noo.org.uk/uploads/doc/vid\\_8575\\_Burdenofobesity151110MG.pdf](http://www.noo.org.uk/uploads/doc/vid_8575_Burdenofobesity151110MG.pdf)

<sup>8</sup> Foresight (2007) Tackling obesities: Future Choices- project report. Government Office for Science

- Activity environment: the influence of the physical environment on an individual's activity behaviour.
- Physical Activity: the type, frequency and intensity of activities an individual carries out.
- Societal influences: the influence of culture and media, education and peers on food and activity behaviours.
- Individual psychology: a person's individual psychological drive for particular foods and physical activities.
- Food and drink environment: the influence of the food environment on an individual's food choices.
- Food consumption: the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet.

### **3.3 The causes of underweight**

Underweight is defined as having a Body Mass Index of less than 18.5. Underweight can be caused by an underlying illness or insufficient calorie intake. Nationally, the proportion of the adult population that is classed as underweight has remained relatively stable over the last 15 years. In 2008-10 1.2% of women and 0.7% of men were estimated to be underweight.

### **3.4 Malnutrition**

Malnutrition is a deficiency in nutrient rich food needed for health. Again, lack of food or underlying illness can lead to malnutrition. Older people are at higher risk of malnutrition due to both physiological and social factors. Malnutrition can lead to a person being underweight or overweight.

### **3.5 The local picture - Children<sup>9,10</sup>**

The National Child Measurement Programme (NCMP) is an annual programme that measures the height and weight of children aged 4-5 years (reception, Year R) and 10-11 years (Year 6) in England. This gives us valuable information on childrens' weight locally.

In the most recent 3 year period, the percentage of overweight children in Year R is 20.1% in Hampshire compared to England 22.5%. There is variation by District, with Gosport, Havant and Rushmoor having the highest proportions of overweight children. The percentage of children that are overweight rises during the primary years, with the percentage of overweight Year 6 children in Hampshire being 28.7% (2010/11-2012/13) compared to England 33.5%. There appears to be a reduction in the proportion of children that are overweight and obese in these groups in Hampshire.

The percentage of children in Hampshire that were underweight was 0.5% in Year R in and 1.1% in Year 6 in 2013/14.

<sup>9</sup> Hampshire JSNA accessed at <http://documents.hants.gov.uk/public-health/jsna-2013/ObesityJSNA2013.pdf>

<sup>10</sup> Hampshire healthy weights strategy for children <http://www3.hants.gov.uk/healthyweights>

Figure 1: Prevalence of overweight in Reception by Hampshire Districts. National Child Measurement Programme

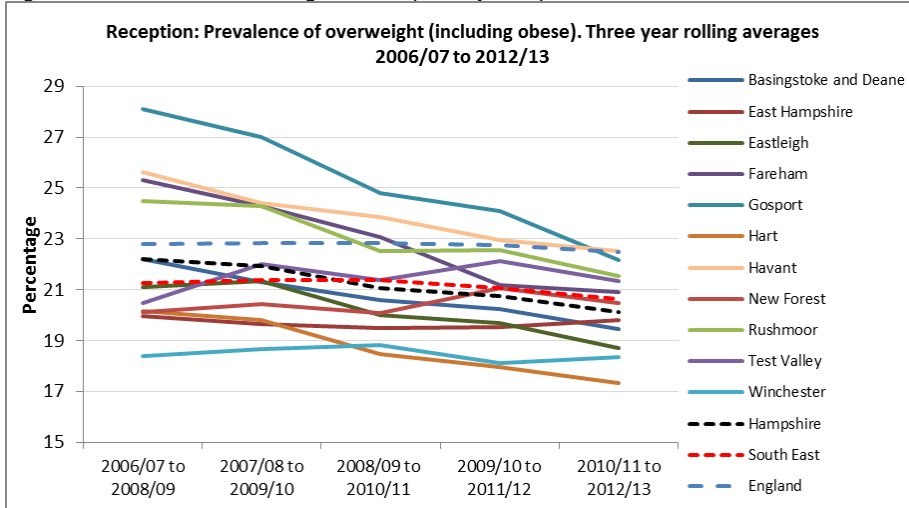
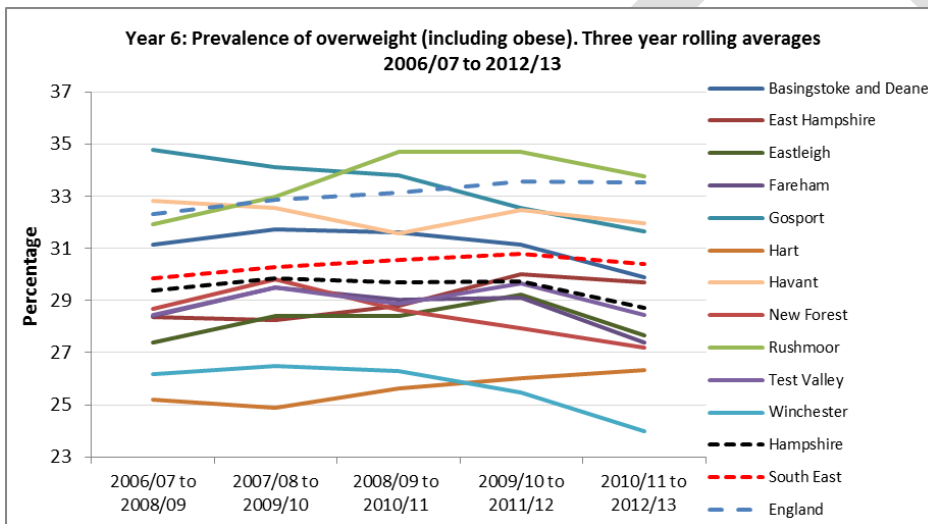


Figure 2: Prevalence of overweight in Reception by Hampshire Districts. National Child Measurement Programme



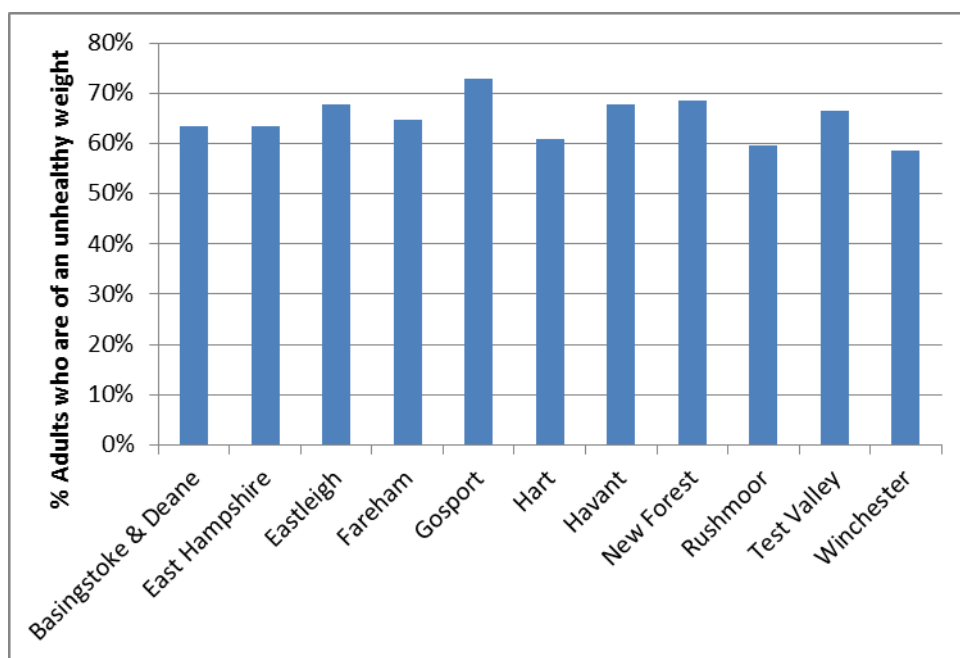
### 3.5 Adults

There is a dearth of specific or detailed data for the adult Hampshire population. Public Health England has used data from the Active People survey to give local estimates. They estimated that 65% of adults in Hampshire have excess weight, slightly higher than the figure for England (63.8%). Again there is variation by District with Gosport having the highest proportion of adults of an unhealthy weight (72.9%) followed by the New Forest (68.6%) and Eastleigh (67.9%) (Figure 3).

Similar estimates have been made for the proportion of adults aged 16+ years who are underweight. For Hampshire, it is estimated that 0.7% of the population are underweight. This percentage varies by District from 2% in East Hampshire to 0.1% in Rushmoor.<sup>11</sup>

<sup>11</sup> Data from the National Obesity Observatory. Please note that due to large confidence intervals the District percentages should be read with caution.

Figure 3: Adjusted estimate of prevalence of excess weight in adults aged 16+ that have excess weight by local authority, 2012<sup>12</sup>



### 3.6 What are we doing now?

There are a number of key national strategies and interventions that have been developed to tackle the issue of overweight and obesity. These are detailed in Appendix 2. Hampshire has also had a successful multi agency Healthy Weight Strategy for children and young people for a number of years. Further information on the local epidemiology and health needs can be found in the Hampshire Joint Strategic Needs Assessment chapters on Obesity, Nutrition and Physical Activity.

It is clear that a lot of work is already being done by many individuals and agencies to tackle overweight and obesity. These span from physical activity interventions within Districts to weight management services for children and adults commissioned by Hampshire County Council. However, to have an impact on the population's current and future health we need to act at a greater scale, using evidence based and properly targeted interventions.

<sup>12</sup> Data from Active People Survey see <http://www.noo.org.uk/visualisation>

## **4. Our approach to delivering the healthy weight strategy**

The evidence is clear that for the strategy to have a positive impact, many agencies will need to take action. A key approach to this strategy is for agencies to work together to ensure that the delivery of local strategies through their plans and actions contribute to improving the health and wellbeing, and add value to those actions that people are already taking.

Once a person has gained weight, it is hard to lose it. We must start early to help people avoid becoming overweight and obese in the first place, as well as providing support to enable people to help themselves. We also recognise that all our behaviours are interconnected and overweight and obesity as the outcomes of our nutritional input and activity and lifestyle can not be considered in isolation.

We need to scale up effective interventions to have an impact on our population and alongside this we need to evaluate what we are doing now to stop doing any interventions that do not work or are not cost effective.

### **4.1 Recognising that people are different**

Healthy Lives, Healthy People: A Call to Action on Obesity in England (2011)<sup>13</sup> recommends a life course approach to tackling obesity. It is known that there are critical times in our lives when we experience physiological changes or changes in our attitudes or behaviours. These times are opportunities to influence behaviour. There are also different challenges to achieving a healthy weight depending on the age and the stage of life people are at.

### **4.2 Partnership working and roles and responsibilities**

Tackling obesity and promoting healthy weight depends on action to address many different areas to address physical, social and environmental factors. Therefore this strategy links to a range of local strategic documents which all contribute to preventing and reducing obesity and promoting healthy lifestyles. Some relevant local strategies are detailed in Appendix 3.

This strategy will be led by Public Health, Hampshire County Council. It will be overseen by the Public Health Sub-group of the Health and Wellbeing Board, with practical implementation driven by a steering group, and where required topic specific time limited task and finish groups. Progress will be reported on a six monthly basis.

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<sup>13</sup> Department for Health. A Call to Action on Obesity in England. 2011.

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england>

**OBJECTIVE 1: Support an environment that enables people to make physical activity and healthy eating the easy choice**

**What is the need?** Local authorities and the voluntary sector are already doing much to achieve this objective. There is the need to join up local initiatives, add value to existing work to find further ways of improving the environment. This will include consideration of planning, housing and the urban and rural environment as well as how residents travel around.

**Key population groups**

- Whole population – whether in urban or rural areas of Hampshire
- Residents living in areas of greater deprivation

Priority actions (* 2015/16)	Key outputs
1. Encourage local, in-house and commissioned caterers to publish the calories content on food menus and provide healthier choices*	Consumers make informed food choices Healthy options available Hampshire County Council and other caterers are exemplars
2. Encourage local caterers to offer healthy food options as part of a healthy eating award*	Consumers make informed food choices Consumers switch to healthier options
3. Explore opportunities to work with supermarkets and other food outlets on supporting healthier food options	Food outlets are encouraged to recognise their responsibility in encouraging healthy eating locally
4. Develop public health aspects of the planning process of major development and local development plans*	Planning authorities supported to develop healthier environments
5. Provide and promote accessible outdoor spaces, including footpaths, open spaces and green spaces*	Capital infrastructure projects connect outside spaces to populations Physical infrastructure programmes linked to behaviour change initiatives particularly in areas of greatest need
6. Develop new and improve existing cycling routes for walking and cycling focusing on areas of greatest need where resources are available	Increased levels of physical activity levels especially in those living in areas of deprivation
7. Provide public health rationale for investment opportunities in sustainable transport initiatives	Strengthen support and opportunities to access external funding
8. Encourage breastfeeding and ensure women are enabled to breastfeed in public places	Breast feeding is further normalised in Hampshire

**OBJECTIVE 2: Encourage positive lifestyle changes that enable people to improve their health and have a healthy weight**

**What is the need?**

While there has been a focus on healthy lifestyles for children in Hampshire, Much of the rest of the population has received less attention. People are subject to many confusing messages about healthy lifestyles and access to services is variable. We need consistent messages for the whole population, as well as more intensive targeted interventions with groups at greater risk of an unhealthy weight.

**Key population groups**

- Pregnant women, young children and their families
- Residents living in areas of greater deprivation
- People with learning disabilities and mental health issues
- Older people
- Employees of organisations
- Whole population

**Priority actions (\* 2015/16)**

**Key outcomes**

1. Continue work with midwives, health visitors and early years settings to maximise work with families to give consistent positive health messages and evidence-based interventions*	Increased uptake of breastfeeding Families leading healthier lifestyles Early years settings normalising health lifestyles
2. Continue work with schools and the school nursing service to develop individual and whole school approaches to encouraging healthy lifestyles	Schools normalising healthy lifestyles with access to the daily recommended physical activity for children and young people
3. Identify evidence-based approaches to assisting those on low incomes to eat healthily	Potential for innovative model to improve nutrition in families living on low incomes
4. Explore feasibility and funding for using peer support and buddying in areas of higher deprivation to support people to make positive lifestyle choices*	Potential for innovative model to reduce health inequalities
5. Work with Adult Social Services and the voluntary sector to raise awareness of malnourishment and its prevention	Reduction in number of older people suffering from preventable malnourishment
6. Identify and maximise opportunities for employees to attain a healthy weight with existing and new workplace programmes	Increase in number of people using opportunities in the workplace to maintain a healthy weight
7. Work in partnership with service providers working with key at risk groups to adapt existing services or provide additional support	People with learning disabilities and mental health problems able to access information and support to maintain healthy lifestyles
8. Implement Making Every Contact Count with frontline staff in key public sector organisations (all key lifestyle factors)*	Non-health public sector staff trained to signpost people to services Increased number of people using self-help and supported services
9. Develop and communicate information on internet and app-based programmes for weight management, physical activity and healthy eating for defined population segments*	Offer to the public aligned with peoples' preference and lifestyles Increase in number of people considering behaviour change, including those that do not use traditional services
10. Develop a Hampshire wide communication strategy incorporating messaging challenging normalisation of obesity and overweight and the health benefits of 5% weight loss	Normalisation of what a healthy weight is Awareness of achievable goal for weight loss for health gain

<b>OBJECTIVE 3: enable access to evidence based interventions for people who are already overweight and obese</b>	
<b>What is the need?</b> There is a well established weight management pathway in Hampshire, with clearly defined interventions from tier 1 to tier 4. The demand for services is lower than expected given the burden of obesity with significant underutilisation by men. It is preferable for the person and is more cost effective to address overweight and obesity in the lower tiers . Chronic conditions such as coronary heart disease and diabetes are associated with obesity and linking lifestyle changes to their disease management benefits people and may be more acceptable.	
<b>Key population groups</b>	
<ul style="list-style-type: none"> <li>- Whole population</li> <li>- People diagnosed with long-term conditions</li> <li>- Men</li> <li>- Residents living in areas of greater deprivation</li> </ul>	
<b>Priority actions (* 2015/16)</b>	<b>Key outputs</b>
1. Work with Clinical Commissioning Groups to strengthen the tier 1 offer in primary care, including signposting to relevant training and offering a menu of supported and self-help interventions*	Increased quality and quantity of interactions in primary care on healthy lifestyles and healthy weight
2. Integrate lifestyle advice and referral to weight management and physical activity interventions into chronic disease management pathways, starting with diabetes*	Systematic consideration of weight, diet and exercise including onward referral for people with chronic conditions Improved control of blood sugar in people with diabetes
3. Diversify current tier 2 offer to ensure it meets NICE guidance and attracts population groups that are underutilising the current service*	Higher uptake of tier 2 service including amongst population segments that do not use the current services with clear use of increased activity as well as management of nutritional input Higher proportion of people that are obese using evidence based weight loss programmes
4. Ensure that a wide range of access points are developed to facilitate to signposting and referral to Tier 2 weight reduction services and physical activity opportunities	Fewer barriers to people being supported to address multiple lifestyle factors Outcome: more people accessing these services and succeeding in reducing their weight by at least 5%
5. Work with NHS commissioners to ensure the Tier 3 service remains core within the weight reduction pathway including the tier 4 service*	To ensure that people accessing obesity surgery have appropriated psychological support and dietary advice
6. Ensure that people of all ages have access to appropriate weight loss service in accordance with NICE guidance	Services available to children, adolescents and adults as well as to the more vulnerable in our population
7. Review current weight management services for children to ensure they meet the needs of children and families	Provision of evidence based services

<b>Enablers - actions</b>
1. Support the development of district/borough Healthy Weight Action Plans focusing action on specific populations and age groups more likely to put on weight
2. Identify evidence of effectiveness and good practice across all areas including local interventions and disseminate to interested parties
3. Pilot the development of an asset mapping tools (such as Ordnance Survey Point of Interest Map data) and share across all community development teams and others involved in community engagement
4. Investigate opportunity to use existing and new data sources to plot and identify areas of high obesity prevalence
5. Develop a healthy weight dashboard to measure progress against the objectives and action set out in the healthy weight strategy

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## Appendix 1: The Definitions

Weight is most commonly measured using the Body Mass Index (BMI), which calculates the amount of excess body fat in relation to a person's height<sup>14</sup>. The calculation produces a figure that can be compared to various thresholds that define the weight status of an individual (see Table 1). For adults, underweight is defined as a BMI of less than 18.5; overweight is defined as a BMI of over 25; and obesity is defined by a BMI over 30.

**Table 1: WHO Classification of healthy and unhealthy weights in adults**

<b>BMI (kg/m<sup>2</sup>)</b>	<b>CLASSIFICATION</b>
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 (morbidly obese)

Source: 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 body fat and it fails to distinguish between mass due to body fat and mass due to muscle. Therefore people who are muscular may not appear to be overweight or obese but may have an artificially high BMI because muscle is three times denser than fat. BMI results should therefore be interpreted with caution and used alongside other measures such as waist circumference.<sup>15</sup> NICE guidance has been published for assessing the BMI and waist circumference of adults from Black, Asian and other minority groups<sup>16</sup>. Although it does not measure body fat directly BMI has been shown to correlate well to direct measures of body fat. However research has **shown** BMI may overestimate obesity in Africans and underestimate obesity in South Asians.

Assessing the BMI of children is more complicated because a child's BMI changes as they mature. Growth patterns differ between boys and girls, so both the age and sex of a child needs to be taken into account when estimating BMI. Because the relationship between children's BMI and the level of fatness changes over time, fixed thresholds are not applied to children. A growth reference is used instead. NICE<sup>17</sup> recommends that BMI adjusted for age and sex (related to the UK 1990 BMI Growth Reference Charts), should be used as a practical estimate of weight in children and young people.

The UK-WHO Growth Charts developed by the Royal College of Paediatrics and Child Health<sup>18</sup> were launched in May 2009 for children aged from birth to 4 years. Based on the WHO children's growth standards which describe the optimal growth of healthy breast fed children they provide more accurate measurements of growth in breast fed babies and also help healthcare professionals and parents to identify early signs of overweight or obesity.

<sup>14</sup>[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/DH\\_4133948](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/DH_4133948)

<sup>15</sup> NICE (2006) Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (clinical guidance) Accessed at <http://guidance.nice.org.uk/CG43>

<sup>16</sup> National Institute for Health and Clinical Excellence (2013). Assessing Body Mass Index and waist circumference for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups. (Public Health Guidance 46).

<sup>17</sup> National Institute for Health and Clinical Excellence (2006). Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (NICE Clinical Guideline 43)

<sup>18</sup> WHO (2009). UK-WHO growth charts. Accessed at [www.rcpch.ac.uk/Research/UK-WHO-Growth-Charts](http://www.rcpch.ac.uk/Research/UK-WHO-Growth-Charts)

## Appendix 2: The National Context

The increase in overweight and obesity in adults and children has been documented in a number of significant reports and government white papers. In January 2008, the government published *Healthy Weight, Healthy Lives: A Cross Government Strategy for England*<sup>19</sup>. This was a response to the Foresight - *Tackling Obesities: Future Choices* (2007) report and builds on previous public health policy to tackle obesity, as outlined in *The Health of the Nation* (1992), *Saving Lives: Our Healthier Nation* (1999) and *Choosing Health: Making Healthy Choices Easier* (2004).

The government has set itself a new ambition of being the first major nation to reverse the rising trend of overweight and obesity in the population by ensuring that everyone is able to achieve and maintain a healthy weight.

In 2011 the Department of Health published 'Healthy Lives, Healthy People: a call to action on obesity in England' which:

- Focused on a whole population approach to reducing obesity which covers all life stages
- Included plans to measure adults as well as child obesity to encourage a more outcomes based approach
- Included two national ambitions: A sustained downward trend in the level of excess weight in children by 2020 and a downward trend in the level of excess weight averaged across all adults by 2020

It also outlined a role for local government including:

- Promoting active travel
- Ensuring widest possible access to opportunities to be physically active
- Making the most of the potential for the planning system to create a healthier built environment
- Working with local businesses and partners to increase access to healthy and affordable food choices
- Linking activities on healthy weight to initiatives relating to the environment and sustainability
- Making the most of key opportunities to engage with communities and promote behaviour change.

### National Interventions

A number of Government strategies and programmes exist to impact achievement and maintenance of a healthy weight.

Change4life<sup>20</sup> launched in 2009 in England is a Government backed, phased campaign aiming to prevent obesity. Initially a social marketing campaign developed as part of the childhood obesity prevention strategy targeting young families, it has been extended to include adults and children providing a range of resources to encourage healthy living.

The Healthy Start Scheme<sup>21</sup>, which replaced the Welfare Food 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.

The Healthy Schools Programme is delivered at local level and supported by a Healthy Schools Toolkit developed by the Department of Health. It was originally a national programme focusing on food and physical activity. Implementation and monitoring is on a 'schools led' basis.

In *Start Active, Stay Active* a joint Chief Medical Officers (CMOs) report<sup>22</sup> July 2011, the four UK CMOs published new physical activity guidelines covering early years, children and young people, adults and older adults. These guidelines renewed the focus on being active every day and spell out the recommended

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<sup>19</sup> *Healthy Weight, Healthy Lives: A Cross Government Strategy for England*, 2008

[http://webarchive.nationalarchives.gov.uk/20100407220245/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_082378](http://webarchive.nationalarchives.gov.uk/20100407220245/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378)

<sup>20</sup> <http://www.nhs.uk/change4life/Pages/change-for-life.aspx>

<sup>21</sup> <http://www.healthystart.nhs.uk/>

<sup>22</sup> <http://www.bhfactive.org.uk/guidelines/index.html>

minimum levels of activity for each age group. The flexibility of the guidelines shows new ways to achieve the health benefits of an active lifestyle, and highlight the risks of excessive sedentary behaviour.

5-A-DAY Programme<sup>23</sup> 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 deaths 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 at a fully state funded infant, primary or special school a free piece of fruit or vegetable every school day.

The Government has developed a set of Eight Guidelines for a Healthy Diet<sup>24</sup> which aims to help people understand and enjoy healthy eating. The guidelines are supported by the 'Eatwell plate', a pictorial food guide showing the proportion and types of food that are needed to make up a healthy balanced diet.

The Local Transport Plan is a statutory transport plan deriving from the Transport Act 2000. It requires every local authority in England with a responsibility for transport to set out the transport objectives that it wants to achieve over a number of years, and the types of schemes, which they would like to implement. These schemes will include measures to assist walking, cycling and public transport use.

The Public Health Outcomes Framework for England 2013-2016<sup>25</sup> includes health improvement indicators that will demonstrate the progress being made towards a reduction in excess weight at a local level. These include breast feeding initiation rates; breast feeding prevalence at 6-8 weeks; excess weights in 4-5 year olds and 10-11 year olds; diet and physical activity measures in adults and excess weights in adult.

The National Institute of Clinical Excellence (NICE)<sup>26</sup> has a range of clinical and public health guidelines, local government briefings published and in development on diet, nutrition and obesity.

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<sup>23</sup><http://www.nhs.uk/livewell/5aday/Pages/5ADAYhome.aspx>

<sup>24</sup><http://www.nhs.uk/Livewell/Goodfood/Pages/eight-tips-healthy-eating.aspx>

<sup>25</sup>

<sup>26</sup><http://www.nice.org.uk/guidance/lifestyle-and-wellbeing/diet--nutrition-and-obesity>

### **Appendix 3: relevant local strategies and policies**

Please note this list is not exhaustive

- Children and Young People's Plan
- Clinical Commissioning Group strategies on Cancer, Coronary Heart Disease, Diabetes
- Five Year Strategy; Long-term Conditions Strategy. West Hampshire Clinical Commissioning Group
- Five Year Strategy. Fareham and Gosport Clinical Commissioning Group and South-east Hampshire Clinical Commissioning Group
- Five Year Strategy North Hampshire CCG
- Five Year Strategy North-east Hampshire and Farnham CCG
- Gosport Health and Wellbeing Plan
- Green Infrastructure Strategy
- Hampshire Local Transport Plan 2011-2031
- Hampshire and Isle of Wight Sports Strategy 2013-2017
- Hampshire Health and Wellbeing Strategy 2013
- Havant Active Travel Plan
- Local Transport Plan
- Physical Activity strategy and Plan
- Rushmoor Health Improvement Plan
- Safer and Smarter Journeys to School Strategy