



Healthy Weight Strategy

2022-2026

Public Health
Hampshire County Council
www.hants.gov.uk

Version 4 for Hampshire Health and Wellbeing Board, 18 November 2021

1. Summary

Supporting Hampshire citizens to achieve a healthy weight throughout the life course requires a team effort. Through effective partnership working to deliver cross-cutting actions and using a whole systems approach, the Hampshire Healthy Weight Strategy 2022-2026 aims to reduce or level off the prevalence of overweight and obesity.

Tackling overweight and obesity is a public health priority for Hampshire County Council. Nearly two thirds of adults, a third of Year 6 children, and a quarter of children in reception are overweight or obese in Hampshire. Prevalence is even higher in areas of deprivation, amongst ethnic minorities, and in other marginalised groups, highlighting concerning health inequalities. The COVID-19 pandemic has impacted people's ability to live well, and emerging evidence shows it may have adversely impacted healthy weight.

We know that we need to address the wider factors that cause obesity to tackle its root cause. Where we live, work and play has an impact on our choices and abilities. We are living in a society that does not make it easy to be healthy, and favours convenience and sedentary behaviours. Some people, through no fault of their own, are disproportionately affected by our obesogenic environment.

Through our three overarching strategic objectives we will work towards a healthier Hampshire:

- We will support places and communities to enable residents to achieve a healthier weight.
- We will work with health, care, education and community settings and systems to promote healthier weight across the life course.
- We will reduce inequalities in health by focusing on people and populations most at risk.

2. Purpose, Vision, Strategic Aims and Objectives

2.1 Purpose

Achieving and maintaining a healthier weight across the life course of Hampshire residents is everyone's business. This strategy provides a framework for all organisations and groups in Hampshire to contribute to and identify their role in the healthy weight agenda. It is time to further shift our focus from considering individual behaviours in isolation, to also considering structural or wider factors that underpin a healthy weight. This is because Hampshire residents live within a wider society that normalises behaviours and opportunities to eat unhealthily and be physically inactive.

2.2 Our vision

We want to see a Hampshire that actively encourages, promotes, and supports all residents to achieve a healthier weight. We can only achieve this vision with active collaboration, cooperation, and responsibility from all organisations and groups in Hampshire. This is the foundation of a whole systems approach that we seek to embed

2.3 Strategic objectives for the whole systems approach

To apply our whole systems approach to a healthy weight, we have three strategic objectives:

- We will support places and communities to make it easier for residents to achieve and sustain a healthier weight.
- We will work with health, care, education and community settings and systems to promote healthier weight across the life course.
- We will reduce inequalities in health by focusing on people and populations most at risk.

2.4 Measuring success

We know that the factors that determine healthy weight are complex and primarily driven by wider societal factors, not individual behaviours. No single organisation or group in Hampshire can reverse trends in overweight and obesity alone. However, we will set clear actions and goals for ourselves and our partners which will be used to measure our success:

- We will use completion of actions in the Healthy Weights Strategy Action Plan as a process measure
- We will use trends in adult and child overweight and obesity in Hampshire as an outcome measure
- We will aim to narrow the inequalities which contribute to more deprived populations being at higher risk of overweight and obesity.

3. The context

Tackling overweight and obesity is a public health priority for Hampshire County Council.¹ Nearly two thirds of adults, a third of Year 6 children, and a quarter of children in reception are overweight or obese in Hampshire.² Prevalence is even higher in areas of deprivation, amongst ethnic minorities, amongst people with disabilities, and in other marginalised groups,³ highlighting concerning health inequalities. For example, prevalence of overweight or obesity is over 65% in Havant, Gosport, and Rushmoor (Figure 1). Overweight and obesity follows similar patterns in children.

Hampshire facts at a glance:	
<ul style="list-style-type: none"> • 62% of adults • 31% of Year 6 • 22% of Year R 	<ul style="list-style-type: none"> • 58% meet the recommended '5-a-day' on a usual day • 32% of children are physically inactive • 23.5% of adults are physically inactive
...are overweight or obese.	

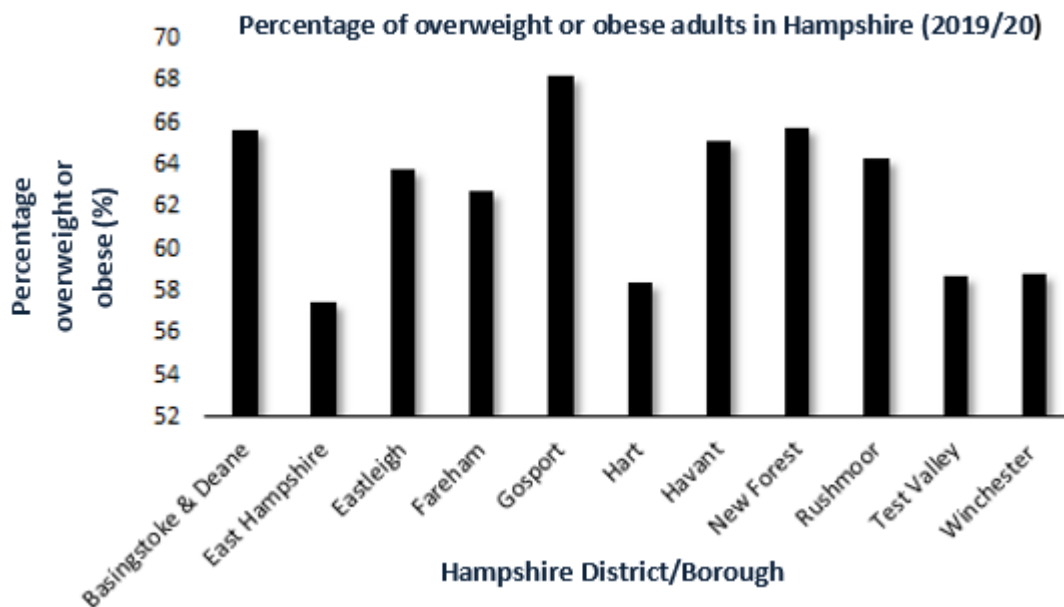


Figure 1. Percentage of overweight or obese adults in Hampshire 2019-20 (Source: Public Health England⁴)

The COVID-19 pandemic has impacted people’s ability to live well and emerging evidence shows it may be having an adverse impact on healthy weight.⁵ It will therefore be important to monitor these changes from upcoming population surveys and measurement programmes such as the National Child Measurement

¹ Hampshire County Council. Tackling environmental factors is vital to address obesity in Hampshire: Annual Report of the Director of Public Health [online]. Available at: <https://bit.ly/3smSrq2> [Accessed 17 August 2021]

² Public Health England. Obesity profile [online]. Available at: <https://bit.ly/3xUOPwt> [Accessed 17 August 2021]

³ Baker C. Obesity statistics. House of Commons Library. Briefing paper number 3336, 12 January 2021 [online]. Available at: <https://bit.ly/2Uoa3Fg> [Accessed 17 August 2021].

⁴ Public Health England. Obesity Profile [online]. Available at: <https://bit.ly/2Y0Ztpl> [Accessed 26 August 2021]

⁵ Bakaloudi *et al.* Impact of the first COVID-19 lockdown on body weight: A combined systematic review and meta-analysis. *Clinical Nutrition*. 2021 [in press] doi: 10.1016/j.clnu.2021.04.015.

Programme, and take collective action. The COVID-19 pandemic has also exacerbated food poverty, with more people turning to food aid.

3.1 Why healthy weight is everyone’s business

A population with a healthy weight is a population that will thrive. People who are obese are more likely to die early from diseases such as cancer, heart disease, diabetes, and COVID-19. Dietary risks cause more deaths in the UK than tobacco smoke (Figure 2). People who are obese are also more likely to live with mental health conditions and poorer social and emotional wellbeing, and this emphasises the importance of reducing stigma and reframing the narrative to a “health at every size” approach.⁶

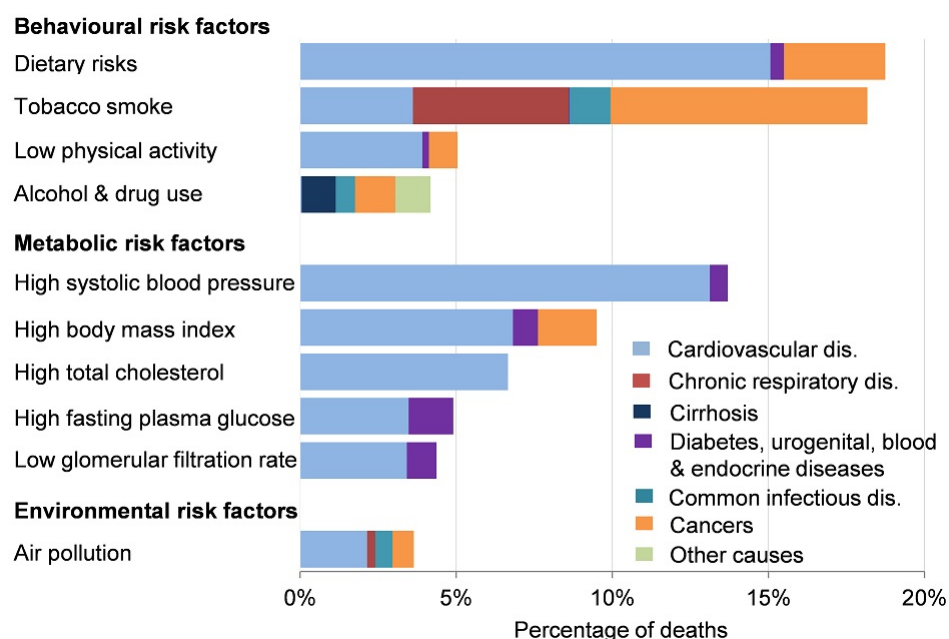


Figure 2. Attribution of deaths in ages 15 to 49 to risk factors (Source: Public Health England⁷)

The benefits of a healthy weight are also linked risk factors for social care. People are living longer, but their extra years of life are often not spent in good health. Obesity is a risk factor for a number of musculoskeletal conditions, such as osteoarthritis, rheumatoid arthritis, gout and back pain, and can make the effects worse⁸. Adults aged 65 and over with a BMI of 40+ are over twice as likely to use formal home care than a person with a BMI in the healthy range.⁸

⁶ Penny & Kirk. The health at every size paradigm and obesity: Missing empirical evidence may help push the reframing obesity debate forward. *Am J Public Health.* 2015;105(5):e38-e42 doi: 10.2105/AJPH.2015.302552

⁷ Public Health England. Chapter 2: major causes of death and how they have changed [online]. Available at: <https://bit.ly/3yVxAMZ> [Accessed 17 August 2021].

⁸ Local Government Association. Social care and obesity [online]. Available at: <https://bit.ly/3yUTcZD> [Accessed 17 August 2021].

Action on overweight and obesity also helps to narrow health inequalities. The prevalence of overweight and obesity is greater in areas of deprivation and in some ethnic minority populations.⁹

The cost of overweight and obesity to society is substantial. It was estimated in 2017 that obesity cost wider society £27 billion. The NHS spend on overweight and obesity is estimated to be greater than the amount spent on the police, the fire service, and the judicial system combined.¹⁰ Interventions to reduce the growing trend in obesity are likely to be good value for money and may even be cost-saving.

The determinants of overweight and obesity are also linked to climate change. By reducing carbon emissions through active travel and buying seasonal, locally grown, healthier food, it is possible to tackle obesity through other important societal priorities.

3.2 What does the evidence say? Interventions that work

- Multi-agency, joined up interventions which target the root causes of ill health such as poverty, income deprivation, housing and education are vital in creating long-term good health for all^{10,11,12}
- Educational setting-based interventions are vital and effective due to the amount of time children and young people spend in them. Healthy school environments set children and young people up for health across the life course^{13,14,15}
- Creating more physical activity–supportive built environments and measures to increase physical activity are recommended by the World Health Organization for controlling noncommunicable diseases such as overweight and obesity¹⁶
- There is emerging evidence that Tier 2 Weight Management services can be effective in diverse adult populations¹⁷

⁹ The King's Fund. The health of people from ethnic minority groups in England [online]. Available at:

<https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england> [Accessed 18 November 2021]

¹⁰ Public Health England. Whole systems approach to obesity. A guide to support local approaches to promoting a healthy weight [online]. Available at: <https://bit.ly/3xXrY3i> [Accessed 17 August 2021]

¹¹ Cohen *et al.* Educational attainment and obesity: A systematic review. *Obes Rev.* 2013;14(12):989-1005. doi: 10.1111/obr.12062

¹² Hawkes *et al.* Double-duty actions: seizing programme and policy opportunities to address malnutrition in all forms. *Lancet.* 2020;395(10218):142-155 doi: 10.1016/S0140-6736(19)32506-1

¹³ Guys and St Thomas' Charity. Schools Interventions: guidance around the academic evidence [online]. [Accessed November 18th 2021]. Available at: https://www.lambeth.gov.uk/sites/default/files/Review%20of%20evidence%20base%20around%20school-based%20childhood%20obesity%20interventions_May2018.pdf

¹⁴ Kelishadi & Azizi-Soleiman. Controlling childhood obesity: A systematic review on strategies and challenges. *J Res Med Sci.* 2014;19(10):993-1008

¹⁵ Hawkes *et al.* Smart food policies for obesity prevention. *Lancet.* 2015;385(9985):2410-2421 doi: 10.1016/S0140-6736(14)61745-1

¹⁶ World Health Organisation. Global action plan on physical activity 2018-2030: more active people for a healthier world: at-a-glance [online]. [Accessed 18th November 2021] Available from: [Global action plan on physical activity 2018-2030: more active people for a healthier world: at-a-glance \(who.int\)](https://www.who.int/global-action-plan-on-physical-activity-2018-2030)

¹⁷ NICE. Weight management: lifestyle services for overweight or obese adults [online]. Available at: <https://www.nice.org.uk/guidance/ph53> [Accessed 18 November 2021]

- However, education and information, giving agency to individuals to make changes through diet and physical activity is important but has limited effectiveness.¹⁸

3.4 The drivers of overweight and obesity in Hampshire

Overweight and obesity are complex conditions with many drivers that range from genetics and individual behaviours to cultural and societal factors that normalise unhealthy eating and physical inactivity.

One of the main drivers of obesity is our food and drink environment. Many people find it hard to eat well because less healthy foods are more common in mainstream supermarkets, in the work, education and leisure environment, as well as within restaurants and takeaways. The greater proportion of less healthy options in our food environment is contributing to an 'obesogenic' environment. A healthier food environment is one where healthier food options are the default and residents can buy, make, and grow healthy food.

The food environment is not the same everywhere: More deprived areas have less access to healthier food retail options, and often have a greater density of hot food takeaways. The number of takeaway outlets per head in Hampshire is almost four times greater in the most deprived deciles compared with the least deprived, representing an inequality in the availability of and exposure to fast-food in Hampshire (Figure 3). Since the Covid-19 pandemic, home delivery services have become more efficient, varied and attractive through the provision of cheaper and faster meals to our doorstep. This has made it even easier to consume less healthy foods.

¹⁸ NICE. Weight management: lifestyle services for overweight or obese adults [online]. Available at: <https://www.nice.org.uk/guidance/ph53> [Accessed 18 November 2021]

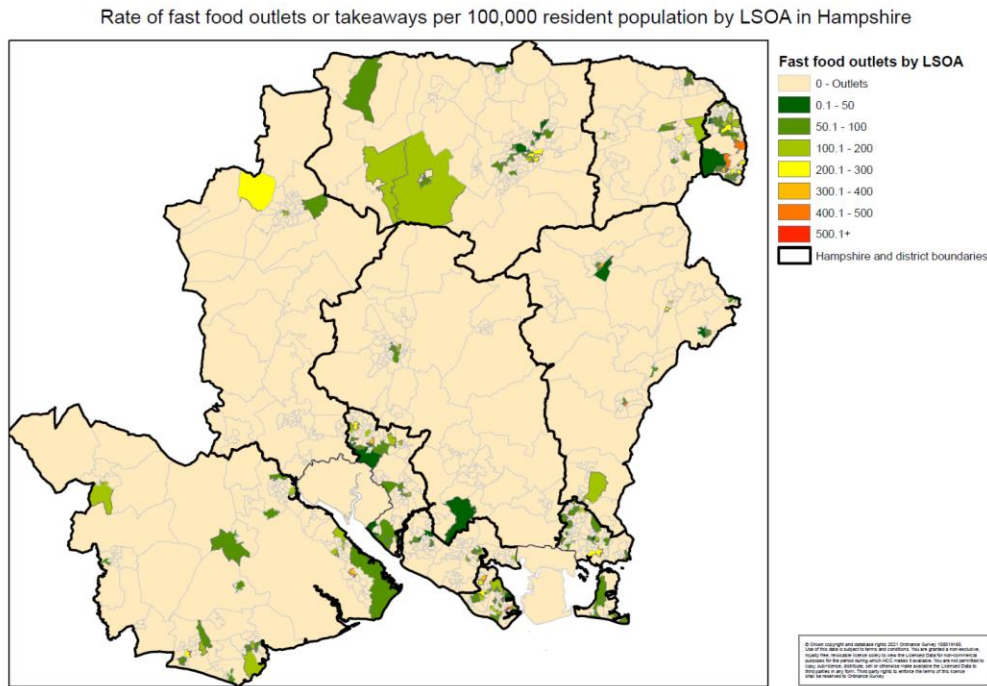


Figure 3. Density of fast-food outlets or takeaways per 100,000 resident population by lower super output area in Hampshire

Another key factor is physical inactivity. Being physically active helps us maintain a healthy weight. Almost a third (32%) of children, and 23.5% of adults in Hampshire are physically inactive. We have designed our lives to be less active, and many adults have shifted to working from home more often due to the Covid-19 pandemic. Our local neighbourhoods can be health promoting through good design and the provision of infrastructure that encourages physical activity, with access to green spaces and local community amenities. Good transport and connectivity that supports the use of non-motorised transport to places of work, study, and play allows people to stay active through routine, incidental movement.

3.5 Health inequalities and obesity

The 2020 Marmot Review revealed that health inequalities have continued to increase since 2010 – life expectancy is lower in more deprived areas,²⁰ and the amount of time people spend in poor health has increased across England since 2010.¹⁹

In England in 2018/19, the prevalence of obesity in children aged 10–11 was 27% in the most deprived areas and 13% in the least deprived areas. The gap in obesity

¹⁹ Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2020) Health Equity in England: The Marmot Review ten years on. London: Institute of Health Equity. Available: [Health Equity in England The Marmot Review 10 Years On_executive summary_web.pdf](#)

prevalence between children from the most deprived and least deprived areas is stark and growing, with an increase from 8.5% in 2006/7 to 13.9% in 2018/19.²⁰

Lower income families spend a greater proportion of their income on food hence often opt for more dense, ultra-processed foods which are less likely to spoil and those foods which give better 'value for money'.²¹

3.6 Where we should focus – populations most at risk

- Geographical areas of deprivation
- Ethnic minority populations at greater risk of overweight and obesity
- Those who live with long term conditions such as cardiovascular disease and diabetes
- Older adults
- Those with learning or physical disabilities²²
- Those who live with mental health conditions.

Case study: Whole Systems Approach to Obesity in Rushmoor

Adult overweight and obesity prevalence in Rushmoor District is 64.3%, which is above both the England and Hampshire averages. A Whole Systems Approach to Obesity pilot has been trialled in Rushmoor since 2019, bringing together as many partners and voices as possible to map the whole picture in Rushmoor.

There are links between:

- **Obesity and Income** Rushmoor has some of the most deprived areas in England, with parts of three wards in the 20% most deprived in the country.
- **Obesity & the Built Environment** Rushmoor has the highest density of hot food takeaways in Hampshire
- **Obesity & Inactivity** 27.2% of adults in Rushmoor are inactive. This is worse than the Hampshire & England average
- **Obesity & Food Poverty** There is high risk of food insecurity in the wards of Cherrywood, Aldershot Park and others

As the causes of obesity are complex, we are using Rushmoor as an opportunity to trial wide-reaching, multi-agency interventions informed by the community and system partners to create meaningful long-term change. Examples of actions to be delivered through this pilot are strengthening schemes such as the Healthy Start Scheme, working closely with Rushmoor Borough Council development planning colleagues to ensure health is built into planning decisions, and working with schools to ensure health is built into the curriculum.

²⁰ The King's Fund. Tackling obesity: the role of the NHS in a whole-system approach [online]. Available at: <https://www.kingsfund.org.uk/publications/tackling-obesity-nhs> [Accessed 18 November 2021]

²¹ Department for Environment, Food and Rural Affairs. Family Food 2017/18: national statistics [online]. Available at: <https://bit.ly/3vZRBC6> [Accessed 17 August 2021]

²² Hampshire County Council. Health Needs Assessment of Adults with Learning Disabilities in Hampshire [online]. Available at: <https://bit.ly/3DIJKRF> [Accessed 26 August 2021]

3.7 Weight stigma

People who live with overweight and obesity often experience weight stigma – which refers to the discriminatory acts and ideologies targeted towards individuals because of their weight and size. Weight stigma results from weight bias, which refers to the negative ideologies associated with obesity – such as laziness, lack of will power, and unattractiveness²³. This is sometimes reported in clinical settings; patients have shared experiences of receiving lower standards of care or missed diagnoses when medical professionals have made assumptions based on their physical appearance.²⁴

Those living with obesity often have limited agency over their weight, due to the large influence of their environment and personal circumstances and deserve equally compassionate and inclusive access to health and care, as well as being valued equally in wider society. It is important to identify opportunities to eradicate weight stigma; this has been recognised by the Obesity Health Alliance in their Position Statement on Weight Stigma.²⁵

²³ World Obesity. Weight Stigma [online]. Available at: <https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma> [Accessed November 18 2021]

²⁴ Phelan et al. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity Reviews*, 2015.

²⁵ Obesity Health Alliance. Weight Stigma – Position Statement [online]. Available at: <http://obesityhealthalliance.org.uk/wp-content/uploads/2018/10/Weight-Stigma-Position-Statement.pdf> [Accessed 18 November 2021]

4. How we will achieve our overall aim and strategic objectives

It is important that a systems way of working underpins everything we do to address healthy weight in Hampshire. The scale of change needed to reverse trends in overweight and obesity requires a different way of thinking and working. A whole systems approach involves stakeholders from across the local system and draws on their strengths in a sustained and visible way. As described earlier, addressing overweight and obesity can have positive impacts on other local priorities.

We will work with our partners in health services, social care, education, Energise Me, weight management service providers, the voluntary sector, community groups as well as colleagues within District Councils and the County Council to achieve a shared vision of healthy weight in Hampshire.

We will follow four key principles in our whole systems approach:

- We will provide strategic and influential leadership that prioritises upstream factors affecting healthy weight
- We will ensure that communities are at the heart of our strategy and that our interventions are co-produced. We will adapt our approach based ongoing engagement and feedback
- We will create sustainable and productive partnerships across Hampshire to ensure everyone maximises the use of their assets towards a common goal
- We will ensure our over-arching approach to healthy weight is embedded in a robust evidence base, focused on health inequalities, with shared learning across Hampshire.

4.1 Summary of strategic objectives, priorities

In the following tables we identify the key priorities for each strategic objective. “We” refers to Hampshire County Council and its partners who will need to work together to fully implement this strategy. This first phase of the Healthy Weights Strategy will be implemented over two years with a refresh in Year 3.

The Healthy Weight Strategy action plan will be developed with system partners in Spring 2022 and reviewed and refreshed on an annual basis. The actions will be organised according to the minimum term in which we aim to achieve them, whilst others will be ongoing, longer-term actions.

1) *We will support places and communities to make it easier for residents to achieve and sustain a healthier weight.*

Our priorities are:
1.1 Focusing on opportunities to embed healthy environments arising from the development of new places.
1.2 Working together to ensure health is embedded into existing places through redevelopment and regeneration programmes.
1.3 Working together to ensure the development and the implementation of Local Transport Plan embeds health and well-being and promotes accessible active travel.
1.4 Working with District Council colleagues to ensure that spatial planning decisions are made in a way that minimises less healthy options and maximises the opportunities to create healthy weight environments.
1.5 Working with communications and marketing teams to ensure simple, clear and consistent health-promoting and signposting information is made accessible to Hampshire residents.
1.6 Continuing to work on the climate change agenda through its links to active travel, air quality and healthy weights via the Hampshire County Council Climate Change Strategy and partner strategies and plans.
1.7 Improving access, availability, affordability, and quality of healthier food options for those who experience food insecurity.
1.8 Working with local supermarkets, school meal caterers, and restaurants and takeaways to ensure their food offer is more health-promoting.
1.9 Involving and including all partners and residents to support communities in achieving a healthy weight.

2) *We will work with health, care, education and community settings and systems to promote healthier weight across the life course.*

Our priorities are:
2.1 Increasing referrals from new mothers into Tier 2 Weight Management services.
2.2 Ensuring future educational settings are healthy by design.
2.3 Promoting opportunities for physical activity in families.
2.4 Working with early years and educational settings to embed healthy lifestyles learning.
2.5 Working together to improve uptake of breastfeeding initiation, and breastfeeding prevalence at 6-8 weeks.
2.6 Working together to ensure our residents are ageing well, within the context of our ageing population in Hampshire.
2.7 Working together to embed healthy weights into clinical pathways.
2.8 Working together with large businesses / trusts to support workplace wellness programmes, including for residents wherever they work.

3) *We will reduce inequalities in health by focusing on people and populations most at risk.*

Our priorities are:
3.1 Looking at the needs of people with regards to food poverty, considering a joined-up approach with partners across the system.
3.2 Engaging with our ethnic minority communities to ensure they have equal access to services and environments that help to promote healthy weight.
3.3 Working with partners to support individuals with physical and learning disabilities to achieve a healthier weight.
3.4 Supporting those who live with mental health conditions to achieve healthier weight.
3.5 Focussing interventions at our most deprived areas
3.6 Tailoring interventions to target men as a group disproportionately affected by overweight and obesity.
3.7 Working with partners in social care systems towards the ambition of supporting individuals to have a healthier weight.
3.8 Working with educational settings to identify and support children in those settings.
3.9 Focusing on people with other long term health conditions that put them at higher risk than the general population, such as people with diabetes and cardiovascular.