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#### Introduction

The WSO JSNA laid the foundation to start from, providing a comprehensive overview of obesity and the associated causes and factors within the Thurrock system. Covered in this presentation:

- The current issue of obesity
- Obesity in Thurrock
- A new whole systems approach
- The Whole Systems Obesity Strategy for Thurrock
- Strategy next steps

#### Vision statement

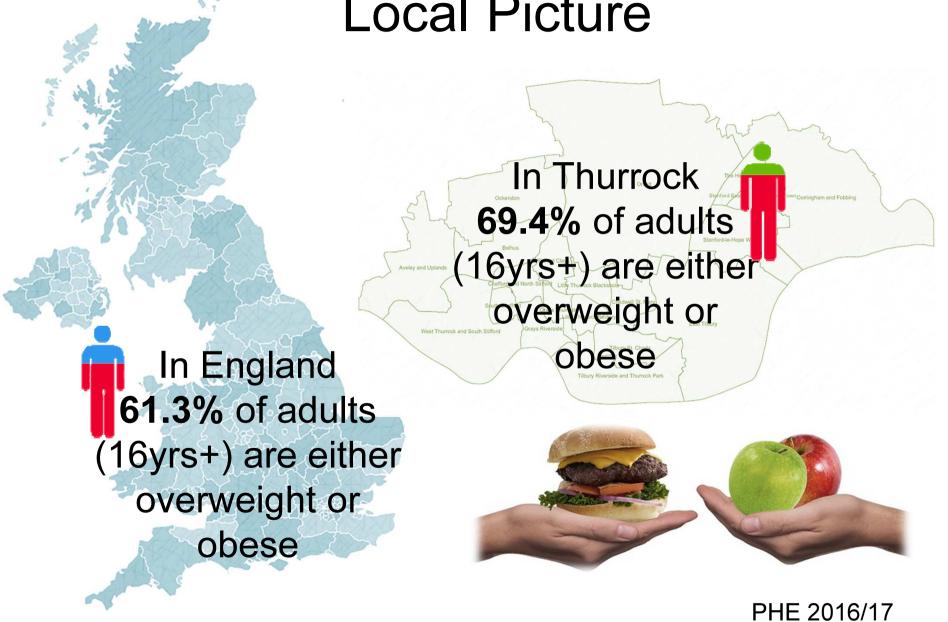
Everyone in Thurrock can achieve and maintain a healthy weight, lead an active life, eat a healthy diet and reach a healthy long life expectancy.



# Background

- Obesity is considered to be one of the most serious and complex public health challenges of the 21<sup>st</sup> century.
- The current system, operates at a local, regional, national and international level, works in favour of individuals gaining weight.
- Government is implementing a number of measures to address national problem as set out in the Child Obesity A plan for action (2016 and 2018).
- A new whole systems approach to address the problem, drawing on the emerging material from the Whole Systems Obesity Pilots.
- The system needs "disrupting" in a way that halts this
  preference for gaining weight and instead works and interacts
  to assist people in the achievement of healthy lifestyles.

#### **Local Picture**



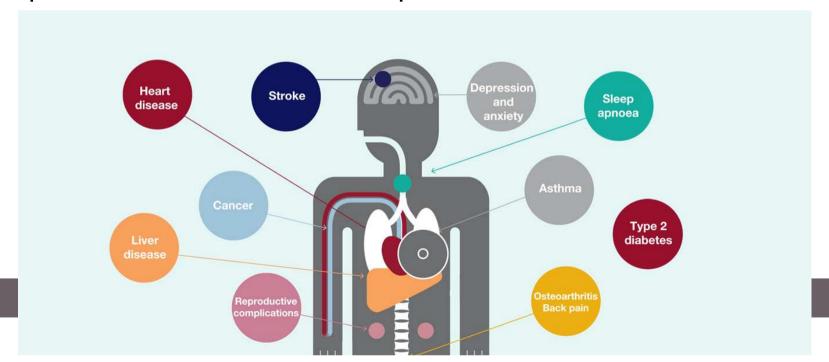
#### Local Context: In Thurrock...

- More than 1 in 5 children
   (22.6%) at age 5 are
   overweight or obese
- More than 1 in 3 children
   (39.3%) at age 10 and 11 are overweight or obese (2017/18)
- 7 in 10 adults are overweight or obese (2016/17)
- Just over half of adults in Thurrock are physically active (2016/17)

- Statistically worse than average U75 mortality rate from cardiovascular disease and cancer (2015-2017)
- Creates a highly challenging demand on the health and social care system

## Obesity harms

- Obesity is associated with the development of numerous long term conditions (LTCs).
- Severely obese people are over 3 times more likely to need social care than those who are a healthy weight resulting in increased risk of hospitalisation and associated health and social care costs (PHE, 2017).
- Consequences of excess weight are far reaching including: social, economic, mental and physical harms - resulting in people unable to reach their full potential.



#### Health Inequalities

- Obesity prevalence is strongly correlated with deprivation and is highest in the most deprived areas.
- Deprivation varies in Thurrock.17.8% of children (under 16) are living in low income families, England (16.8%), East of England (13.9%).
- Obesity rates also vary in:
  - Between ethnic groups
  - Older age groups
  - People with disabilities and life limiting illness

66% of those referred to tier 3 More Life programme had one or more LTC with 22% having three or more (2016/17).





#### Obesity harms children and young people



Emotional and behavioural

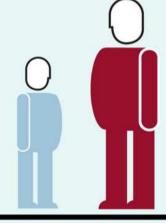
- Stigmatisation
- bullying
- low self-esteem



School absence



- High cholesterol
- high blood pressure
- pre-diabetes
- bone & joint problems
- breathing difficulties



Increased risk of becoming overweight adults

Risk of ill-health and premature mortality in adult life



## Obesity harms adults



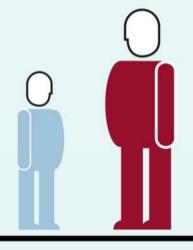
Less likely to be in employment



Discrimination and stigmatisation

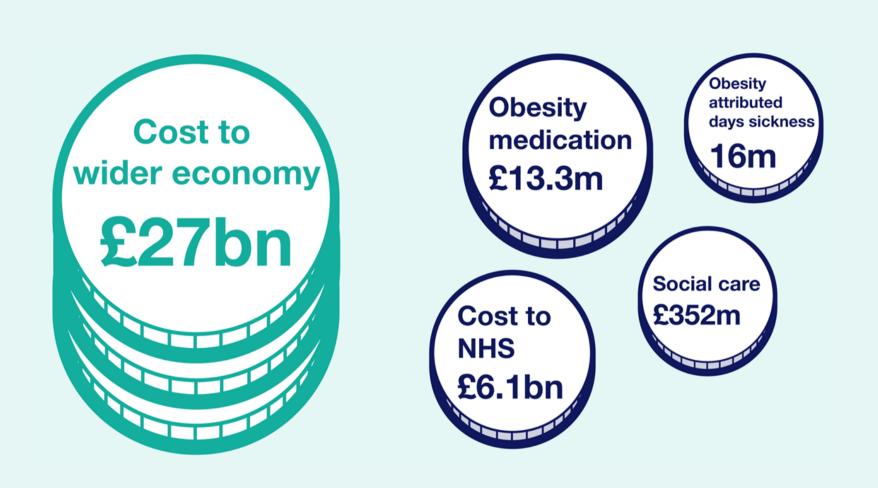


Increased risk of hospitalisation

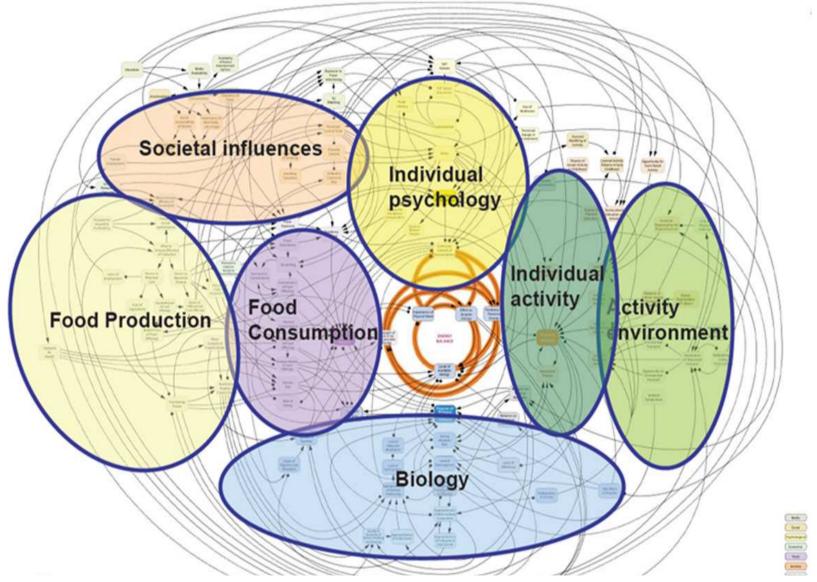


Obesity reduces life expectancy by an average of 3 years

Severe obesity reduces it by 8-10 years



People become obese in a system. We need to respond as a system



Locally can't change whole system, but can maximise impact on what we can influence through join up

# Whole Systems Obesity Strategy

Goal A: Enabling settings, schools and services to contribute to children

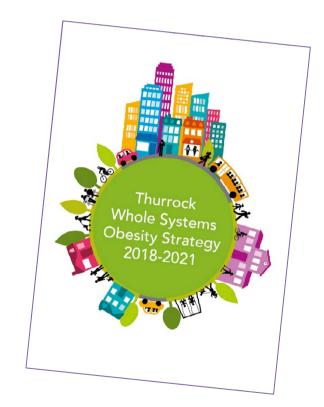
and young people achieving a healthy weight

Goal B: Increasing positive community influences

Goal C: Improving the food environment and making healthy food choices

Goal D: Improving the physical activity environment and getting the inactive active

Goal E: Improving identification and management of obesity



# Health and Wellbeing Strategy

Goals	A. Opportunity For All	B. Healthier Environments	C. Better Emotional Health And Wellbeing	D. Quality Care Centred Around The Person	E. Healthier For Longer
Objectives	A1. All children in Thurrock making good educational progress	B1. Create outdoor places that make it easy to exercise and to be active	C1. Give parents the support they need	D1. Create four integrated healthy living centres	E1. Reduce obesity
	A2. More Thurrock residents in employment, education or training.	B2. Develop homes that keep people well and independent	C2. Improve children's emotional health and wellbeing	D2. When services are required, they are organised around the individual	E2 Reduce the proportion of people who smoke.
	A3. Fewer teenage pregnancies in Thurrock.	B3. Building strong, well-connected communities	C3. Reduce social isolation and loneliness	D3. Put people in control of their own care	E3. Significantly improve the identification and management of long term conditions
	A4. Fewer children and adults in poverty	B4. Improve air quality in Thurrock.	C4. Improve the identification and treatment of depression, particularly in high risk groups.	D4. Provide high quality GP and hospital care to Thurrock	E4. Prevent and treat cancer better

#### Wider System Impacts

Wider system impacts expected are as follows:

- Reducing health inequalities
- Supporting better mental health
- Supporting health-related quality of life for older people
- Local services that are joined up better e.g. mental health and lifestyle services
- Reduce social care and health care costs
- Improved school attendance (and attainment)
- Healthier work places (starting with the Council)



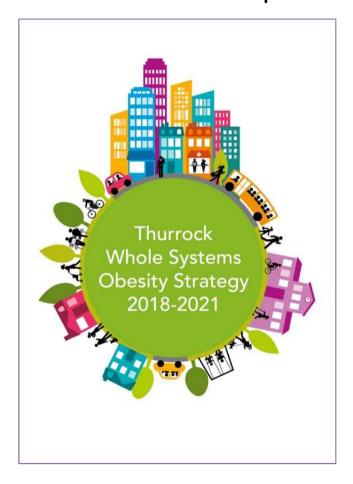
## WSOS next steps

- 1. Develop a WSO Delivery and Outcomes Framework: this will detail the specific and measurable actions to achieve the WSOS. A draft has been produced based on evidence and recommendations from JSNA and feedback from PH colleagues.
- 2. WSO Working Group: has formed with senior/strategic leads from around the council and externally. Network will meet twice a year to monitor progress against the Delivery Framework.
- 3. Hold Whole Systems Obesity Summit (8<sup>th</sup> Feb 2019): to launch the strategy and seek further opportunities to reduce and prevent obesity.
- 4. Finalise the **WSO Delivery and Outcomes** Framework.
- **5. Governance** of the framework will be monitored via the working group with a report of progress going to the HWBB on an annual progress to demonstrate progress against the targets.

#### Members of WSO Working Group:

- Public Health
- Children Services Lead
- Adults Services Lead
- Transport and Planning Lead
- Environment and Leisure Lead
- HR and OD Lead
- Housing Lead
- Thurrock Healthy Lifestyle Lead
- Thurrock CCG Commissioner
- Primary School Head
- CVS and Healthwatch representative

# Feedback and questions



# Thank you

