

HERTFORDSHIRE COUNTY COUNCIL

**PUBLIC HEALTH AND PREVENTION
CABINET PANEL
26 JUNE 2018 AT 10.00 AM**

Agenda Item No.

4

HEALTHY WEIGHT IN HERTFORDSHIRE

Report of the Director of Public Health

Authors: -

Sue Matthews, Consultant in Public Health – Children & Young People (Tel: 01992 556 125)
Piers Simey, Consultant in Public Health – Adults health improvement (Tel: 01438 844175);
Jen Beer, Health Improvement Lead – Children & Young People (Tel: 01438 843309);
Sue Beck, Head of Service – Children & Young People (Tel: 01438 845914);
Maneka Kandola, Health Improvement Lead – Lifestyle (Tel: 01438 844662).

Executive Member: - Richard Roberts, Public Health and Prevention

1. Purpose of report

This report:-

- Summarises levels of overweight and obesity among adults and young people living in Hertfordshire
- Identifies key challenges, current initiatives and suggested future priorities
- Sets out what a “whole systems” approach to obesity may look like in Hertfordshire, and the approach that is being followed
- Seeks endorsement of the Director of Public Health’s commitment to deliver the identified priorities and agree next steps.

2. Summary

2.1 “Obesity is considered to be one of the most serious public health challenges of the 21st century. Without action, the health of individuals will continue to suffer, health inequalities associated with obesity will

remain and the economic and social costs will increase to unsustainable levels.” (LGA 2017¹).

- 2.2 The County Council cannot achieve a step change reduction in obesity levels on its own without national action and work with local partners. There are some things the County Council can do by itself, and more with partners, but there needs to be a collaborative approach to ensure that the growing trend to increased levels of overweight in our population continues to be mitigated.
- 2.3 The latest figures for Hertfordshire show that around one in five adults are obese, below national levels, but slightly higher than some other counties in England. In 2016/17, 16.0% of Hertfordshire children were obese at the age of 11 (lower than the 20.0% for England). This is double the percentage of those found to be obese in their first year at primary school.
- 2.4 Hertfordshire has delivered a large programme of work to tackle obesity since 2013. We have started to explore a whole systems approach to obesity in two districts in Hertfordshire, drawing on first phase learning from a national Public Health England, Local Government Association and Association of Directors of Public Health programme delivered by Leeds Beckett University.
- 2.5 Hertfordshire’s future ambition is to focus on a system wide approach to obesity, drawing together the County Council, district and borough councils, the NHS, employers, schools and other partners with a key role in ensuring a sustainable and co-ordinated approach to improving and maintaining the health of our population.

3. Recommendation/s

- 3.1 Panel is asked to consider and comment on the report and the themes it addresses.
- 3.2 Panel is asked to consider and support the following priorities for action proposed by the Director of Public Health:
 1. That support provided to residents to maintain a healthy weight should remain a key priority for the county council and requires maintained/increased investment across the system.
 2. Endorse and advocate for the implementation of the recommendations from the recent House of Commons Health Select Committee report on Childhood Obesity² (Summary recommendations in Appendix 3).

¹ <https://www.local.gov.uk/making-obesity-everybodys-business-whole-systems-approach-obesity>

² <https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/childhood-obesity-inquiry-17-19/>

3. Continue to work with the NHS to ensure that services for those living with obesity are joined up, delivered through a pathway, available in the community and effective.
4. Progress initiatives to promote healthy environments in line with the recent Local Government Association report
5. Endorse the whole systems approach to obesity in Hertfordshire, and support broader engagement

4. Background

- 4.1 Adult obesity levels in England almost doubled between 1993 and 2016 (rising from 15% to 26%). The UK population is consuming too many calories and not expending enough energy to maintain a balanced weight. Physical activity alone, although an important part of the picture, will not be the sole answer. In 2008 the Foresight Report predicted that on current trends more than half of men and women in England may be obese by 2050. Levels of severe obesity (defined as having a body mass index above 40) continue to increase. Health and social care needs for this group of people are significant and rising.
- 4.2 Our food environment, the types of food we eat and the quantities of calories we consume are all important, alongside a raft of other influencers as identified in the Foresight review map (appendix 1). Obesity is implicated in diabetes, heart disease and in some cancers. It is a net reducer of life expectancy and a net cost to the public purse
- 4.3 Individuals who are overweight or obese have a greater risk of developing serious physical health long term conditions, with direct impact on quality of life and early death. Obesity increases the risk of heart disease, stroke, non-alcoholic fatty liver disease (and thereby other problems like cirrhosis), diabetes type 2 and some cancers in adults. It is associated with bullying in children and stigma in both children and adults. There are also clear links with mental health, with obese individuals being at significantly greater risk of depression over time.
- 4.4 Public Health England has estimated that the NHS in England spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015.
- 4.5 Annual spend on the treatment of obesity and diabetes is greater than the amount spent on the police, the fire service and the judicial system combined³.

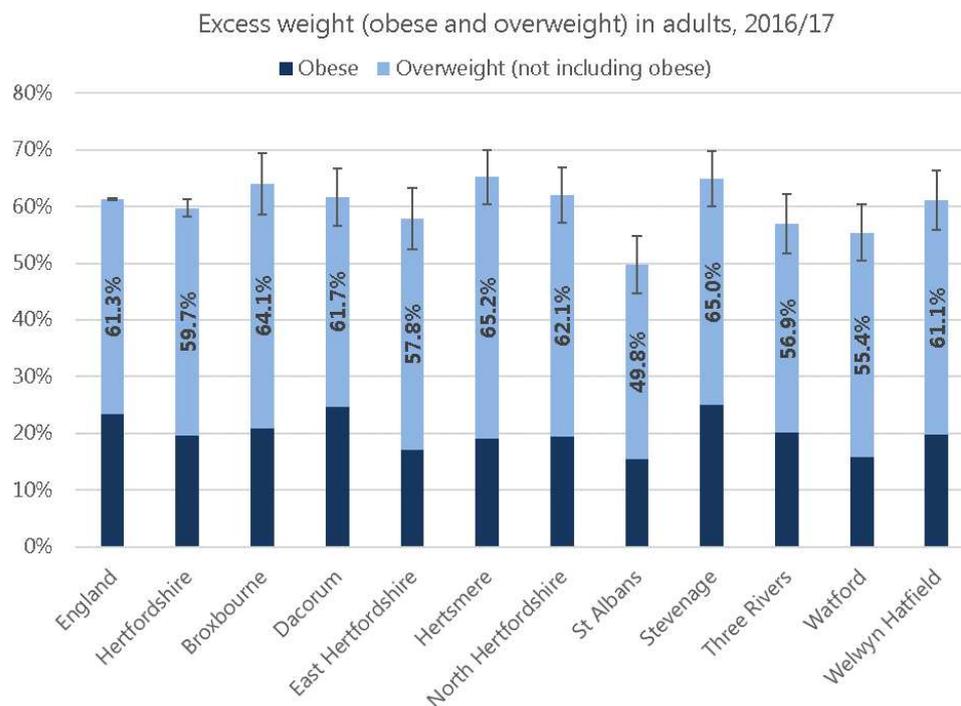
³ <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

- 4.6 Working with partners across the system is becoming ever more important in helping our population achieve and maintain a healthy weight. We are working well with District and Borough Councils and the Voluntary Sector has shown some significant commitment. Further opportunities are analysed in the table1 below. These include working with employers and using the Whole Systems Approach to obesity to support a shift in focus from treatment to prevention in the NHS.

5. Overweight and Obesity in Hertfordshire

- 5.1 The latest figures on excess weight in Hertfordshire (2016/17 Active Lives Survey) show the size of the issue we face. One in five adults (19.7%) was estimated to be obese in Hertfordshire, compared to 23.3% nationally, and 18.5% in the counties with the lowest obesity rates (Surrey and Devon). An ambition for Hertfordshire could be to become the county with the lowest obesity rate in England (out of 27 counties).
- 5.2 Obesity levels continue to vary widely across Hertfordshire, ranging from 15.5% in St Albans to 25.1% in Stevenage (Figure 1). Six out of ten (59.7%) of our adult residents aged 18 or over are either overweight or obese – an estimated 543,500 people. Figure 1 shows that Hertsmere (65.2%) and Stevenage (65.0%) have the highest proportion of people who are overweight or obese, whilst St Albans (49.8%) has the lowest.

Figure 1: Proportion of overweight / obese adults, Hertfordshire and districts, 2016/17

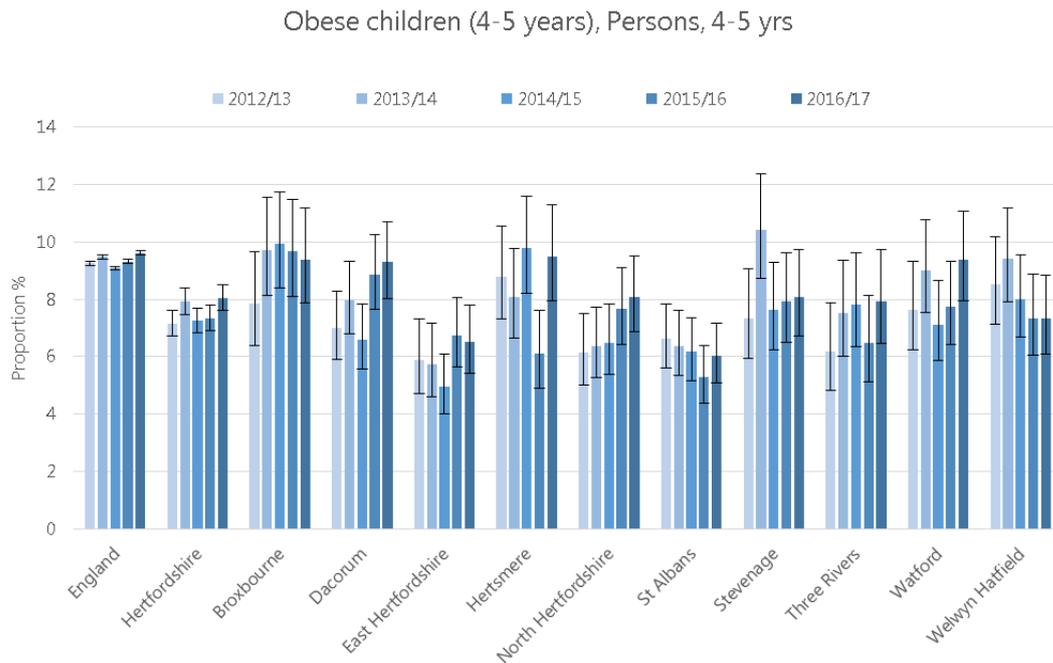


Source: Active Lives Survey, Sport England

PH.intelligence@hertfordshire.gov.uk

- 5.3 The proportion of children aged 4-5 who are obese has fluctuated across Hertfordshire over the last five years ranging from 7.1% in 2012/13 to 8.0% in 2016/17 at county level, but remains significantly below the England average (9.6%) (Figure 2). In 2016/17 the obesity rate among those aged 4-5 for most districts was similar to the county average, apart from St Albans which had a significantly lower rate.
- 5.4 Obesity levels among those aged 10-11 have also fluctuated across the county over the last five years, with 16.0% of those aged 10-11 now obese, compared to 14.7% in 2012/13 (Figure 3) and remains significantly below the England average (20.0%). In 2016/17 the obesity rate among those aged 10-11 in most districts (six of the ten) was similar to the county average. Broxbourne, Stevenage and Watford had significantly higher rates, while St Albans had a significantly lower rate. The county obesity rates for 4-5 year olds and 10-11 year olds have been consistently lower than national levels across the period. However, the number of children and young people in Hertfordshire who are overweight and obese is cause for concern.

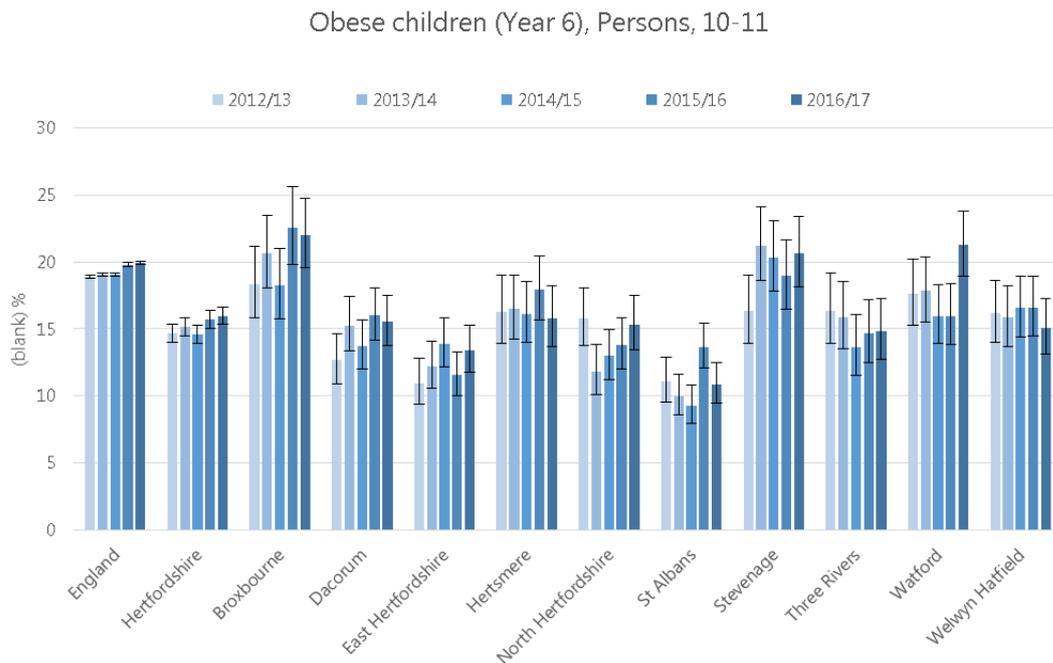
Figure 2: Proportion of obese children aged 4-5 years, Hertfordshire and districts, 2012/13 to 2016/17 (based on postcode of child)



Source: <http://content.digital.nhs.uk/ncmp>

PH.Intelligence@hertfordshire.gov.uk

Figure 3: Proportion of obese children aged 10-11 years, Hertfordshire and districts, 2012/13 to 2016/17 (based on postcode of child)



Source: <http://content.digital.nhs.uk/ncmp>

PH.Intelligence@hertfordshire.gov.uk

5.5 These data highlight a small increase in obesity levels among children over the last 5 years at a national and local level. Addressing childhood obesity is a challenging and important public health priority

which no local authority to date has been able to completely turnaround.

- 5.6 Levels of overweight and obesity rise still further in teenage years in England, as young people follow behaviours more typical of adults. The National Child Measurement Programme stops at the age of 11, and hence we lack complete information locally for teenagers. But every two years across Hertfordshire a growing number of primary and secondary schools take part in the Health Related Behaviour Survey. While not providing data specific to childhood obesity, the questionnaire covers diet, physical activity, and body image. For example, only half (54%) of primary school aged pupils find it very easy to be physically active during play time. In line with national findings, enjoyment of physical activity declines with age and this decline is particularly marked for girls. The questionnaire also provides relevant information on body image, with 50% of secondary school girls and 29% of secondary school boys feeling that they would like to lose weight.

6. Hertfordshire Healthy Weight Strategic Plan (2014 – 2019)

- 6.1 In 2014, Panel and Cabinet approved the [Hertfordshire Healthy Weight Strategic Plan \(2014 – 2019\)](#) following extensive consultation and engagement. The plan follows a life course approach, where we support people to start and stay healthy throughout the different stages of their life, from pregnancy to older adults. The plan drew on the best available evidence, recommended a system wide approach, identified population groups more at risk of developing obesity, and emphasised the need for a culture of partnership working throughout.
- 6.2 The Strategic Plan aimed to increase the proportion of children and adults in Hertfordshire who maintain a healthy weight. Key objectives from the plan were:
- Prioritise early intervention and prevention
 - Take a whole place, system wide approach
 - Promote healthy lifestyles
 - Make reducing obesity a priority for all
 - To be better than the England average
 - To narrow the gap between areas with the lowest and highest prevalence of obesity in Hertfordshire.
- 6.3 Hertfordshire County Council's Public Health Service has been working with partners to deliver against this plan. Key areas of work are summarised in Appendix 2. The [Public Health Strategy 2017 – 2021](#) also updates this work, recommending support for families and individuals to maintain a healthy lifestyle through actions focussed on healthy weight and increasing physical activity levels.

- 6.4 A recent review of the strategic plan indicates that while the aims and objectives are still relevant, a greater focus on how we can deliver the whole systems approach is needed to deliver population shifts in behaviour with shared accountability across the whole system.
- 6.5 Obesity is one of the most complex challenges affecting individuals and families, businesses and education, and need for care services. Local authorities are well placed to transform the way that obesity is tackled, with the ability to co-ordinate policies and actions across individual, environmental and societal levels involving multiple sectors (including planning, housing, transport, children’s and adult’s services, business and health).
- 6.6 A national whole systems obesity programme was launched in 2015. Overseen by Public Health England, the Local Government Association, and the Association of the Directors of Public Health⁴, the programme is seeking to develop local authority led work that can make a difference on this issue. Leeds Beckett University are evaluating the programme, reviewing and developing the evidence base for effective whole systems actions on obesity, working with local authority pilot and pioneer sites. A report in December 2017 outlined the national learning so far (<https://www.local.gov.uk/making-obesity-everybodys-business-whole-systems-approach-obesity>).
- 6.7 Hertfordshire has, within the last six months, been designated a second wave “pioneer” site for this national programme. This involves action in up to three Districts (East Herts and Hertsmere have already been involved) jointly developed with Hertfordshire County Council. Development work follows the same approach, with a focus on identifying the local influences on obesity, what is already happening, barriers & enablers for change, and developing specific actions to reduce obesity and improve wellbeing

7. Existing drivers and opportunities for development

- 7.1 Table 1 summarises the key challenges we face, summarises current initiatives and explores opportunities for development. Seven challenges reinforce the need for a whole systems approach:
1. **Identification** – poor recognition of what a healthy weight looks like (due to the gradual ‘normalisation’ of overweight) will hamper efforts to tackle obesity. Making Every Contact Counts, National Child Measurement Programme and NHS Health Checks all work to improve awareness, but further work is required.
 2. **Availability and advertising of food and drink high in sugar and fat** (including hidden sugars) – this is a key area where political

⁴ Members should note that the County Council’s own Director of Public Health currently chairs the National Programme Board at the joint request of Public Health England, the Local Government Association and the Association of Directors of Public Health

influence and action is required as per the recent House of Commons Health Committee on Childhood obesity⁵ (Appendix 3).

3. **A culture of overeating** – this is partly behavioural and partly influenced by our environment and requires action at a local and governmental level.
4. **An environment that may cause obesity**⁶ where societal changes have designed physical activity out of our lives and designed in eating more than we need to sustain energy balance requires action at local and national levels.
5. **Inequality** - Obesity does not affect population groups equally and we need to ensure that our approach takes a proportionate approach to target those with higher levels of obesity.
6. **Complexity** - Obesity is the outcome of a complex set of factors and requires a whole systems approach to deliver meaningful and sustained change, requiring support from members to deliver.
7. **Modern Lifestyles and loss of skills** – considerable work is underway to encourage physical activity but we also need to explore how we can ensure that our communities develop skills such as cooking and food planning to support and maintain a healthy lifestyle and healthy weight.

8. What is Hertfordshire's ambition for Healthy Weight?

- 8.1 Hertfordshire is in a strong position to influence and drive change at a local and national level. County and district/borough councillors are strong advocates for the health and wellbeing of their constituents. The role of elected members needs to be central to this work in the future and members are invited to consider what forms this might take.
- 8.2 Taking into account all of these contextual factors, the Director of Public Health recommends the following key recommendations to address healthy weight:
 1. Supporting residents to maintain a healthy weight remains a key priority for the county and requires maintained/increased investment across the system
 2. Endorsing and advocating for the implementation of the recommendations from the recent House of Commons Health Select Committee report on Childhood Obesity (Appendix 3)
 3. Continued work with the NHS to ensure that services for those living with obesity are joined up, available in the community and effective

⁵ House of Commons Health Committee - Childhood obesity: Time for action. Eighth Report of Session 2017–19.

<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/882.pdf>

⁶ Often referred to as the “Obesogenic Environment”

4. Supporting and progressing initiatives to promote healthy environments in line with the recent Local Government Association report
 5. Endorsing the whole systems approach to obesity in Hertfordshire, and supporting broader engagement
- 8.3. Members are invited to consider these recommendations as a development of our strategic ambition for achieving healthier weight in our population, and responding to evidence and policy developments since our Strategic Plan was agreed, including the recent House of Commons Select Committee report (Appendix 3).

Table 1 – Summary of key challenges, current initiatives and opportunities for Hertfordshire relating to healthy weight

Challenges	Examples	Current initiatives or Interventions (see Appendix 2 for more details)	Gaps / opportunities for Hertfordshire
<p>1. Identification – poor recognition of what a healthy weight looks like will hamper efforts to tackle obesity.</p>	<p>Our understanding of what is a healthy body size and shape has shifted as more people (adults and children) become overweight or obese.</p> <p>For example, adults tend to underestimate their own weight and half of parents do not recognise their children are overweight or obese</p> <ul style="list-style-type: none"> • The media tend to use images of extreme obesity to illustrate articles about obesity • NHS professionals (including GPs) may underestimate their patients' BMI • Media based messages can be confusing 	<ul style="list-style-type: none"> • National Child Measurement Programme – highlight those children who are overweight or obese and research shows just over half of parents (55%) reported positive behaviour change for their children, including improved diet, less screen-time, health service use and increased physical activity • Healthy weight training for Health Visitors and Family Centres • NHS Health Checks • Delivery Making Every Contact Counts (MECC) across the public sector system 	<p>Improve levels of awareness at all levels and promote recognition and understanding of a healthy weight.</p> <ul style="list-style-type: none"> • Continue to raise awareness, promote recognition and understanding of a healthy weight prioritising 0-5 years as this is where patterns of behaviours are developed. • Public Health are exploring how the MECC model can be adapted for services delivered to children and young people. • Public health plan to develop and implement a programme of engagement with parents so that we can positively/actively engage with families to support healthy lifestyles and facilitate whole system change. Some areas have undertaken 'listening' events to understand what parents and young people think affects child healthy weight. This could be explored as part of this work. • Work with Public Sector staff around identification of this issue and consistent use of MECC principles in support • Specific support for general practices to identify need and rapidly refer

Challenges	Examples	Current initiatives or Interventions (see Appendix 2 for more details)	Gaps / opportunities for Hertfordshire
			residents to local support options
<p>2. Availability and advertising of food and drink high in sugar and fat (including hidden sugars)</p>	<p>“Over the last 30 - 40 years there have been profound changes in our relationship with food – how we shop and where we eat, as well as the foods available and how they are produced. Food is now more readily available, more heavily marketed, promoted and advertised and, in real terms, is much cheaper than ever before.”⁷</p> <ul style="list-style-type: none"> • Hidden sugars in most processed foods e.g. (pasta sauces, frozen pizzas etc) • Discounting and price promotions on unhealthy foods and snacks • Placement of confectionery and foods high in sugar and fat at the ends of shopping aisles and checkouts • Unregulated advertising online, often targeting children 	<ul style="list-style-type: none"> • Soft drinks industry levy • Change4Life promoted in schools and Family Centres • Teenager insight gained in order to identify potential opportunities • Education in schools on healthy eating • Healthy Schools Programme* <p>*Coordinated by Herts for Learning, requiring investment from schools. Only a small number of schools participate</p>	<ul style="list-style-type: none"> • Local political endorsement and advocacy for implementation of the recommendations from the recent House of Commons Health Committee on Childhood obesity⁸ (Appendix 3). • Public Health is currently exploring work with Children’s Services around teen health and wellbeing. We know, for example, that sugar intake increases considerably between the ages of 11-18 years. • Schools will teach about healthy eating, but this varies in terms of content and quality. Further support and guidance could enable greater consistency • Raise awareness in teenagers of the tricks used by the food industry to influence food choices in order to empower them to make healthier choices

⁷ PHE (2015). Sugar Reduction - The evidence for action.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf

⁸ House of Commons Health Committee - Childhood obesity: Time for action. Eighth Report of Session 2017–19.

<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/882.pdf>

Challenges	Examples	Current initiatives or Interventions (see Appendix 2 for more details)	Gaps / opportunities for Hertfordshire
3. Culture of overeating	<ul style="list-style-type: none"> • Starts from birth, with low breastfeeding rates (protective for healthy weight) and overfeeding of formula⁹. • Large portion sizes at all ages • Overconsumption of high density processed foods • Increased consumption of fast food, ready meals and unhealthy snacks which tend to be energy dense with large portion sizes but are nutrition poor. 	<ul style="list-style-type: none"> • Healthy Children Centre Programme / Family Centre Service • Healthy Schools Programme* 	<ul style="list-style-type: none"> • Improve breastfeeding rates • Support parents to feed their babies in line with UNICEF best practice. • Local political advocacy for the government to address portion control in takeaways • Improve awareness of portion sizes for each age group including adults
4. Environment that may cause obesity	<p>Societal changes have designed physical activity out of our lives. Fewer of us have manual jobs and technology dominates at home and at work; the two places where we spend most of our time.</p> <ul style="list-style-type: none"> • Urban spaces encourage cars over walking • Perception that it is not safe to walk or cycle • Proliferation of takeaways and fast 	<ul style="list-style-type: none"> • Work with planning teams to promote healthy environments • Hertfordshire's Health and Wellbeing Planning Guidance provides key considerations for developments that can help make healthy choices easier where people live and work. • Raising awareness of green 	<ul style="list-style-type: none"> • Local political support and leverage to promote healthy environments in line with the LGA report¹⁰. This will include action by District and Borough Councils on local food environments. • Local political endorsement for the implementation of the recommendations from the recent

⁹ UNICEF UK Baby Friendly Initiative Statement (2017). How the Baby Friendly Initiative Supports Parents Who Formula Feed.

<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/12/How-the-Baby-Friendly-Initiative-Supports-Parents-who-Formula-Feed.pdf>

¹⁰ Building the foundations: Tackling obesity through planning and development <https://www.local.gov.uk/sites/default/files/documents/building-foundations-tack-f8d.pdf>

Challenges	Examples	Current initiatives or Interventions (see Appendix 2 for more details)	Gaps / opportunities for Hertfordshire
	<p>food establishments – particularly in deprived areas</p>	<p>spaces and leisure activities available to families across Hertfordshire e.g. 2018 Year of Physical Activity</p> <ul style="list-style-type: none"> Action through the local transport plan for Hertfordshire to promote active travel 	<p>House of Commons Health Committee on Childhood obesity¹¹ (Appendix 3).</p> <ul style="list-style-type: none"> Effective use of the Healthy Pupils Capital funding to support schools to promote health and wellbeing
<p>5. Inequality - Obesity does not affect groups equally</p>	<p>Obesity is more common among people from poor areas, older people, some BME groups and people with disabilities.</p> <ul style="list-style-type: none"> Obesity levels among primary school aged children across England are twice as high in the most deprived areas compared to the least. Locally, higher levels of deprivation have been associated with significantly higher proportions of excess weight in reception and year 6 children 	<ul style="list-style-type: none"> Improving educational attainment Targeting interventions in more deprived parts of the county Ensuring higher risk groups are accessing weight management services by including in contract key performance indicators 	<ul style="list-style-type: none"> Increased focus in deprived areas. This should apply to both initiatives to promote healthy weight, healthy environments and work relating to local planning and development Increased insight and communication in relation to cultural barriers and facilitators regarding healthy lifestyles

¹¹ House of Commons Health Committee - Childhood obesity: Time for action. Eighth Report of Session 2017–19.
<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/882.pdf>

Challenges	Examples	Current initiatives or Interventions (see Appendix 2 for more details)	Gaps / opportunities for Hertfordshire
<p>6. Complexity - Obesity is the outcome of a complex set of factors</p>	<ul style="list-style-type: none"> • It is challenging to evaluate effectiveness of a single intervention due to the range of factors that influence obesity levels • A wide range of stakeholders/partners are required to make changes to deliver any sustainable impact; many of whom are outside of the public sector 	<ul style="list-style-type: none"> • Hertfordshire have started to explore a whole systems approach to obesity in two districts in Hertfordshire, drawing on first phase learning from a national programme supported by academics. • Weight management services that link with partner agencies, and cover a broad range of interventions 	<ul style="list-style-type: none"> • Local political support and engagement with the Whole Systems Approach to obesity¹² • Use the Whole Systems Approach to obesity to support a shift in focus from treatment to prevention in the NHS.
<p>7. Modern Lifestyles and loss of skills</p>	<ul style="list-style-type: none"> • Loss of cooking skills among some families • Sedentary lifestyles • Increased use of technology • Perceived time pressures to adopt a healthy lifestyle 	<ul style="list-style-type: none"> • Daily Mile (Primary School only) • Active travel • Junior Park Runs • Park Runs • The Year of Physical Activity (2018) • Girls Active (pilot in 10 Schools) • Some targeted work in Family Centre Services to improve cookery skills • Adult weight management programmes • Weight management programmes for men 	<ul style="list-style-type: none"> • There is an opportunity to develop something similar in concept to the Daily Mile for secondary schools • Future working with School travel planning team • Opportunity for increased support to improve cookery skills possibly in schools or early years settings.

¹² Making obesity everybody's business: A whole systems approach to obesity (LGA, 2017). <https://www.local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf>

Challenges	Examples	Current initiatives or Interventions (see Appendix 2 for more details)	Gaps / opportunities for Hertfordshire
		<ul style="list-style-type: none"> • Child weight management programmes • “Healthier You”: The National Diabetes Prevention Programme • Weight management pilot in pregnancy 	

9. Existing County Council Policy

- 9.1 The obesity programme is relevant to a range of policies, but is specifically linked to the following:
- [Hertfordshire County Council Corporate Plan](#) (Priority: Opportunity to be Healthy and Safe)
 - [Hertfordshire Public Health Strategy](#) (Priority: Starting & Developing Well; Keeping Well)
 - [Hertfordshire Health and Wellbeing Strategy](#) (Priority across all four stages of life within the Strategy)

10. Equality Impact Assessment

- 10.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the Equality implications of the decision that they are making.
- 10.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.
- 10.3 The Equality Act 2010 requires the County Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 10.4 An Equality Impact Assessment was carried out for Hertfordshire's Healthy Weight Strategic Plan in April 2014 as part of its approval process. This Equality Impact Assessment has been reviewed for this report, and for the previous report that came to Panel in January 2015 (Appendix 4). Previously identified mitigations still apply, with good progress on specific elements of the action plan relating to children & young people (preventative interventions are in place, as well as a targeted service for obese children), people with learning disabilities (support to access the adult weight management programmes has been piloted), and for men (a specific weight management service has been commissioned). Further actions will be taken over the course of

Hertfordshire's 5 year Healthy Weight Strategic Plan and no additional mitigations are currently needed.

11. Financial Implications

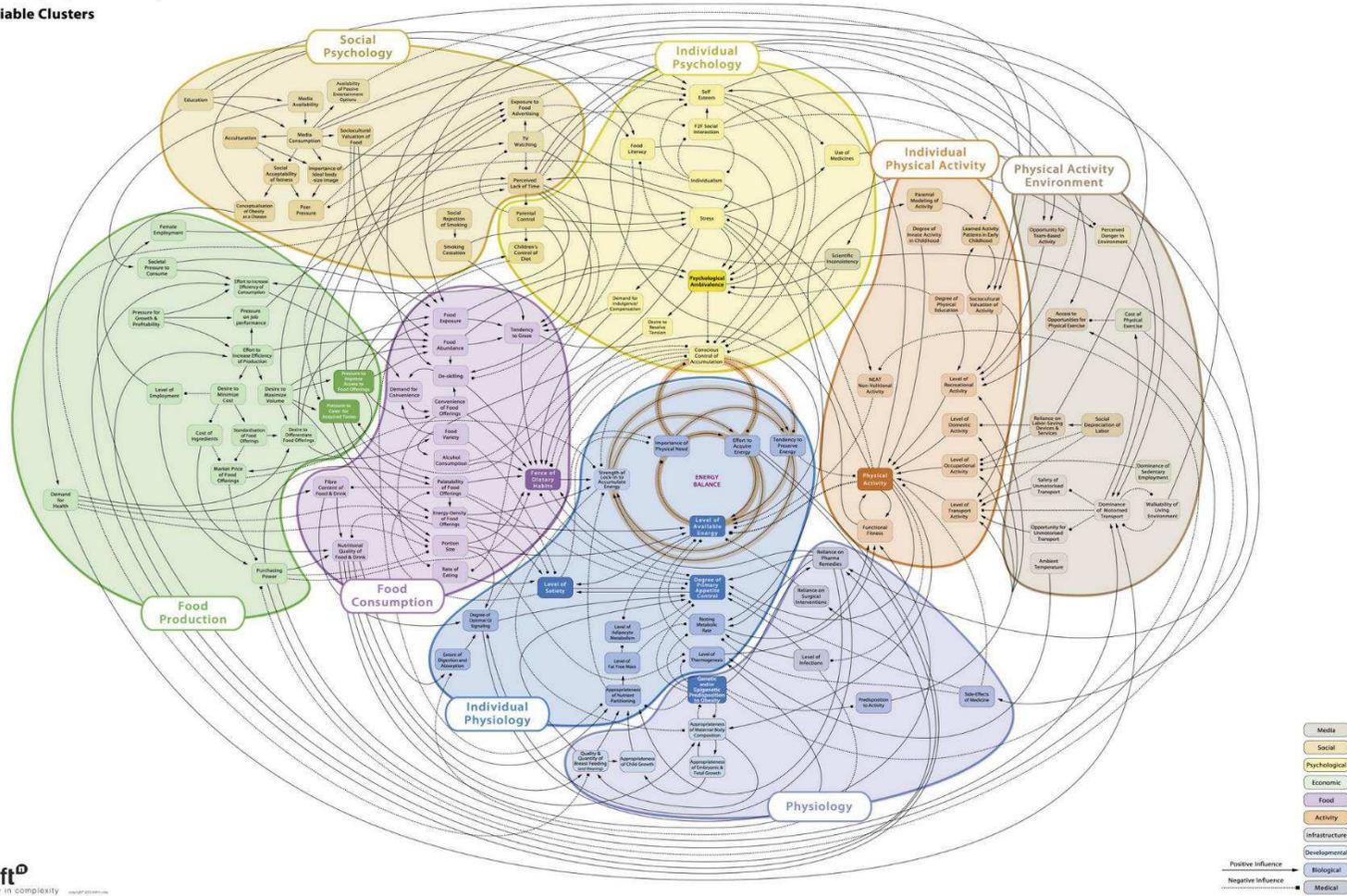
11.1 The current and future initiatives outlined in this report are funded through the existing public health budget. Some of the initiatives in this report, like the **Daily Mile** and the national **One You** campaign, can be used without additional cost. Other initiatives, such as community weight management schemes, have been modelled to be significantly cost saving to the NHS within five years, whilst initiatives, such as the Diabetes Prevention Programme, are wholly or considerably funded through external bids. Seeking external funding for innovative and/or proven initiatives will remain a key approach for Hertfordshire, but an underpinning principle of the whole systems approach to obesity is to make better use of existing resources across the county, so that more people can benefit from more joined up actions on obesity.

11.2 The cost of key interventions outlined in this report are as follows:

- Adult Weight Management Programmes budget in 2018/19: **£200,000** - with additional funding agreed by the NHS this year.
- Men's Weight Management Programme ("Shape Up") budget in 2018/19: **£17,000** – with additional partnership investment by Districts, and £150,000 investment from the Premier League over three years
- NHS Health Checks budget in 2018/19 of **£850,000**
- Public Health in the Districts/Boroughs: **£300,000** budget in 2018/19, equally split across the districts/boroughs
- Working with obese/overweight children and their families (*Beezee Bodies*): budget in 2018/19 of **£312,000**

Appendix 1: Foresight Obesity System map

Obesity System Map
Variable Clusters



Appendix 2: Current key initiatives for children, families and adults to promote healthy weight – 2013 to present

Children and Young People – selected initiatives relevant to childhood healthy weight

Initiative	Description
September 2013	Nothing in place
Early years	The Hertfordshire's Healthy Children's Centre Programme continues to run across the county. This programme includes activities and initiatives linked to promoting a healthy diet (including reducing sugar intake), oral health and regular physical activity. Good practice from this programme is reflected in the service specification and KPIs for the new Family Centre Service.
Future plans	<ul style="list-style-type: none"> The Family Centre Service will commence from October 2018. Providers have started to work together and will develop joint plans to promote healthy lifestyles, target specific priority areas and groups and include promotion of opportunities for physical activity within their locality. The key focus will be promoting healthy lifestyles as part of daily routines within the family from an early age and provide support to those families where required (for example oral health, cooking skills and dietary advice). Future work will include closer working with child care organisations and early years settings (outside the Family Centre Service) to promote healthy lifestyles. Public Health will work in collaboration with CS to agree priorities, communications approach and work programme. Further opportunities for joint training and work programmes will also be explored.

Initiative	Description
For all children aged 5 – 19 years (Tier 1: widely accessible prevention)	<ul style="list-style-type: none"> The Daily Mile initiative continues to be widely promoted to all primary schools in Hertfordshire. This free and flexible initiative was developed by teachers in Scotland to support schools in taking a whole school approach to increasing physical activity. At least 60 schools are running the programme in Hertfordshire as of March 2018. Work is ongoing to increase coverage across Hertfordshire and ensure the programme is

Initiative	Description
	<p>continued over time.</p> <ul style="list-style-type: none"> • Junior Parkruns commenced from 2017. Junior Parkrun is a series of 2k events held in areas of open space for children aged between 4 and 14. They are open to all, and are a great way for families to be active together in a relaxed environment. There are currently 3 junior Parkruns with another 4 planned to start during this year which have been supported by funding from Public Health currently running across the county. • School Nurses continue to support individual children/young people on living a healthy lifestyle including referring on for more specialist support as needed • The Change4Life national campaign continues to be widely promoted across schools and to parents. • Public Health commissioned a small piece of research to explore secondary school aged young people's understanding of healthy weight, and what barriers (and facilitators) exist in their 'real lives' around these issues. The findings from this work will be used to inform future initiatives in schools • A Child Healthy Weight Network has been established to ensure a partnership approach to promoting healthy weight (underweight & overweight), as well as effective and consistent messaging across the county. The network will link with the Hertfordshire whole systems approach to obesity.
<p>Future plans</p>	<ul style="list-style-type: none"> • In 2017, The Youth Sports Trust piloted a Girls Active programme in ten secondary schools, with a resilience building component created by the Public Health team. This project takes a social norms approach to increasing physical activity in teenage girls, working with teachers and teen leaders. The evaluation from this work will be used to promote physical activity in teenage girls. • Public Health is currently exploring how they can influence the work of the school travel planning team to develop ways to encourage active travel. • Public Health has been working closely with Children's Services to identify ways that they can maximise the health of children and young people through collaboration. Two priority areas have been identified – young people's health (including healthy weight) and using a model of Making

Initiative	Description
	Every Contact Counts across services delivered to children and young people. <i>Both areas are currently under development</i>

KEY PROGRESS INITIATIVE - 1	Intensive support for obese/ overweight children aged 5-15 (Tier 2: targeted programme)
Sept. 2013	Nothing in place
Current progress	BeeZee Families, provided by Beezee Bodies , is a whole family approach to physical activity, healthy eating and healthy lifestyles. It supports children aged 5-15 years alongside their families (including siblings and parents/carers). 902 families have participated up to May 2018, with almost four out of five families (77%) completing the 17 week programme. Almost all families (95%) rated the service highly and became more confident in making healthy choices. Service monitoring and evaluation indicates that the service is well targeted to those in greatest need, and participants were achieving meaningful lifestyle changes and managing their weight.
Future plans	Continue evaluation to ensure programme provides good long term outcomes at affordable cost. The current contract runs until 2020.

Adults – key progress initiatives relevant to adult healthy weight

KEY PROGRESS INITIATIVE – 2	Adult weight management – Slimming World & Weight Watchers on referral – free access for those meeting eligibility criteria. A service routinely commissioned across the country
September 2013	Nothing in place
Four years on (as at 30/04/18)	More than 24,000 people have been referred to the programmes (roughly 10% of all obese adult residents in Hertfordshire). Evaluation of more than 5,000 participants found that at least 62% completed the programme (above national standards), and around two thirds of those completing the course lost more than 5% of their weight – a significant benefit to their health. Over a quarter of participants (26%) come from Hertfordshire’s most deprived quintile.

Future plans	The number of people accessing the service has risen year on year. Public Health is currently working with the NHS to re-procure the service for two more years from 2019, taking a partnership approach to managing the programme and to funding.
---------------------	--

KEY PROGRESS INITIATIVE – 3	Weight management programmes for men – strong evidence that programmes aligned with major sports clubs can engage men to lose weight long term
Sept. 2013	Nothing in place.
Four years on – as of 28/02/2018	Watford Football Club has been commissioned to develop their “Shape Up” programme, with £150,000 additional funding from the Premier League over three years. 610 men have started the programme, and three quarters (75%) have completed it. More than half of those completing (262 men – 57%) have lost 5% or more of their body weight (see case study below (Figure 4).
Future plans	The current contract with Watford FC runs until August 2020, with a further 39 programmes be run over this contract period (minimum 780 starters). The programme is supported by the NHS and by the Districts.

KEY PROGRESS INITIATIVE – 4	NHS Health Checks – health MOT & lifestyle support for those aged 40-74 without pre-existing conditions who have identified risk factors for heart disease, stroke and diabetes. The 5 year programme officially started in Herts in April 2013.
September 2013	By September 2013: <ul style="list-style-type: none"> - 3% of eligible residents had received an NHS Health Check (4% nationally). Hertfordshire was ranked 129/152 local authorities for NHS Health Check invitations, and 116/152 for the proportion of those eligible who had received a Health Check.
Three years on (as at 30/09/16)	Since April 2013 (programme start date), 143,442 people have received an NHS Health Check. This is 42.2% of the eligible population, similar to the England average of 41.9%, ranking Herts 72/152 nationally.
Future plans	Continue to work closely with 129 GP surgeries to prioritise those most at risk and to provide training and support to providers to improve the quality of the checks. To also ensure good pathways are in place to behaviour change support and services. Public Health is developing an outreach programme this year targeting areas of low take up/greater need.

KEY PROGRESS INITIATIVE – 5	“Healthier You”: The National Diabetes Prevention Programme – intensive free lifestyle support for those on the cusp of diabetes, to prevent or delay the condition developing ¹³ . Includes education on healthy eating and lifestyle, help to lose weight, and support to be more active. Funded by NHS England.
September 2013	Nothing in place
Four years on (at 31/03/18)	Programme launched in October 2016. 7,464 residents with high blood sugar readings (but without diabetes) have been referred into the programme. 2,439 people have had an initial assessment and entered the programme. The programme has involved more people than originally planned for. There are 60 group sessions across the county.

¹³ Further information on the Diabetes Prevention programme in Hertfordshire is available here: <http://preventing-diabetes.co.uk/hertfordshire/>

Future plans	The programme is moving into its third year. It will merge with West Essex CCG to deliver the programme across the Sustainability and Transformation Programme (STP) footprint.
---------------------	---

KEY PROGRESS INITIATIVE – 6	Adult weight management – Making Every Contact Count (MECC)
September 2013	A national incentive scheme (CQUIN) was in place with NHS providers. This required all 4 NHS trusts to be trained and to deliver brief intervention advice to their patients, in line with the evidence for effective intervention. MECC includes weight management, physical activity, alcohol and smoking.
Four years on (at 31/03/18)	Making Every Contact Count remains a key component of the Public Health metrics between Clinical Commissioning Groups and NHS Trusts. There are clear routes for people to access support to stop smoking, reduce alcohol intake, lose weight, and become more active. More than 550 clinicians have been trained in brief intervention skills by Public Health since 2016.
Future plans	Plans are in place to roll MECC out more widely to other care organisations including the Council and as part of the workplace health strategy.

11.3 Further initiatives relevant to healthy weight

The Year of Physical Activity	<p>Hertfordshire’s Year of Physical Activity started in January 2018. The Year aims to promote physical activity as a simple and enjoyable means to improve health and wellbeing, for everyone and to a range of different target groups. The Year also promotes the wide range of opportunities for individuals and families to be more active in the county. Monthly themes have helped to co-ordinate promotion and there is a strong social media presence.</p> <p>This is the fifth “Year” for the county, and the Year has been supported by a wide range of partners. A specific campaign for older people called “Its Never Too Late to be Active” was launched in April, with more than 2,000 people signing up in the first three weeks.</p>
--------------------------------------	--

Active Herts	Active Herts is a three year physical activity programme funded by Sport England, the NHS, Hertfordshire County Council, and the Districts. The programme provides inactive people mainly identified by general
---------------------	---

	practices with ongoing effective behaviour change support. More than 2,500 referrals have been made to the Active Herts physical activity programme, up to March 2018. The programme has achieved national recognition and is external evaluated by a University.
Public Health in the Districts/ Boroughs	£2 million programme over a number of years. All Districts are developing relevant healthy lifestyle initiatives, including projects focusing on weight and nutrition, as well as physical activity. These include Health Walks, Park Run, cycle hubs as well as projects delivered for children through schools and children's centres. Around half of the projects have focused on healthy lifestyles. Working on a whole systems approach to obesity across the county would be a natural development for this programme
Health in Herts	The Health in Herts web pages were launched in June 2014 to provide key information in one place on progressing public health in Hertfordshire. Significant numbers of residents and professionals have accessed these pages. The web pages continue to be developed, with information for the public generally, and specifically for professionals providing brief advice & support as part of their work.

**Appendix 3: Summary from the House of Commons Health Committee -
Childhood obesity: Time for action.
Eighth Report of Session 2017–19.**

<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/882.pdf>

Summary

Current estimates suggest that nearly a third of children aged 2 to 15 are overweight or obese in the UK and younger generations are becoming obese at earlier ages and staying obese for longer. Obesity rates are highest for children from the most deprived areas and this situation is getting worse. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well-off counterparts and by age 11 they are three times as likely. The case for stronger action on this unacceptable and widening health inequality is compelling.

The Government is expected to publish shortly a refreshed version of the childhood obesity plan first published in summer 2016. This report outlines the following key areas which demand attention as a matter of urgency by the Government before the next chapter of the plan is finalised:

- **A 'whole systems' approach**—an effective childhood obesity plan demands a joined-up, 'whole systems' approach. Government must change the narrative around childhood obesity, to make it clear that this is everyone's business. A Cabinet-level committee should be set up which reviews the implementation of the plan, with mandatory reporting across all departments. We call on Government to set clear and ambitious targets for reducing overall levels of childhood obesity and the resulting health inequalities.
- **Marketing and advertising**—We endorse the calls for a 9pm watershed on junk food advertising. The next Government childhood obesity plan should include a ban on brand generated characters or licensed TV and film characters from being used to promote HFSS (high fat, sugar and salt) products on broadcast and non-broadcast media, and Government must align regulations on non-broadcast media with those for broadcast media.
- **Price promotions** —We call on Government to regulate to restrict discounting and price promotions and on removing confectionery and other less healthy foods from the ends of aisles and checkouts which responsible retailers have requested, through statutory measures
- **Early years and schools**—We recommend that the Government should put in place further measures around early years and the first 1000 days of life, including setting targets to improve rates of breastfeeding, to combat childhood obesity, and urge a full and timely implementation of all of the school-centred measures contained in the original 2016 Child Obesity Action Plan.
- **Takeaways**—The Government's next childhood obesity plan must make it easier for local authorities to limit the proliferation of unhealthy food outlets in their areas. Local authorities also need further powers to limit the prevalence of HFSS food and drink billboard advertising near schools. Health should be made a licensing objective for local authorities.
- **Fiscal measures**—We urge the Government to extend the successful soft drinks industry levy to milk-based drinks. The next Government childhood obesity plan must signal that further fiscal measures are being designed to encourage reformulation of products where targets are not being met.

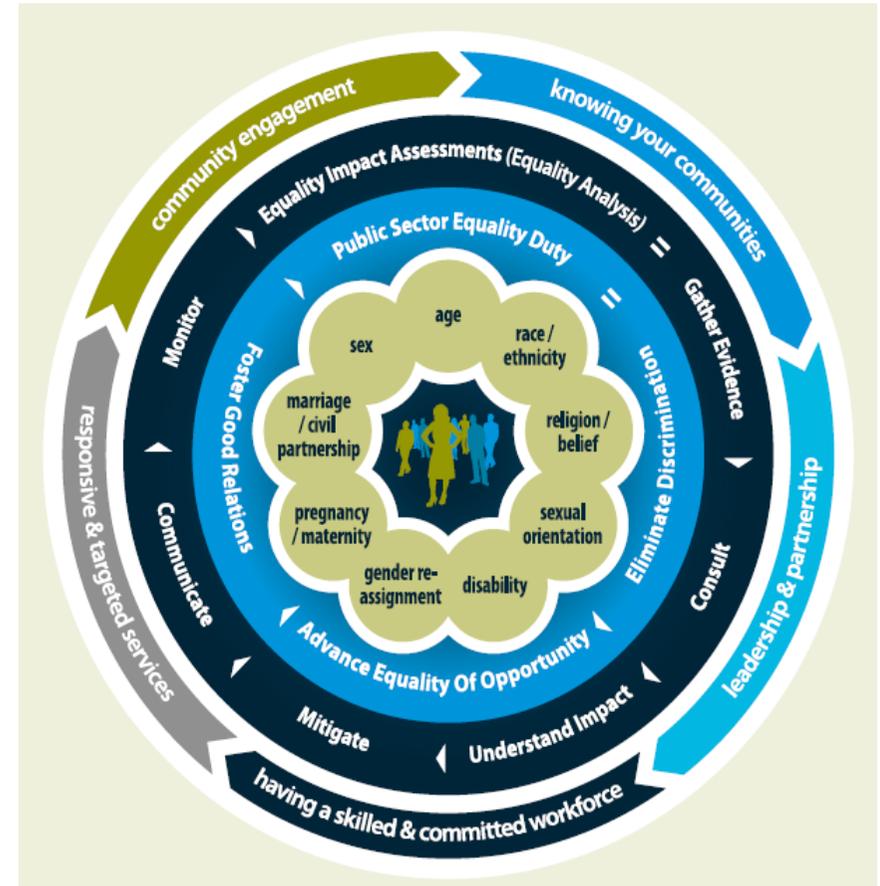
- **Labelling**—Current progress on labelling in the UK is reliant on voluntary commitments and is therefore not universally applied. Calorie labelling at point of food choice for the out-of-home food sector would provide basic information to enable healthier choices.
- **Services for children living with obesity**—The government must ensure there are robust systems in place to not only identify children who are overweight or obese, but to ensure that these children are offered effective help in a multidisciplinary approach, and that service provision extends to their families. Throughout our report, we emphasise the need to focus on 'healthy lifestyles' rather than using stigmatising language.

Equality Impact Assessment (EqIA) Template

EqIAs make services better for everyone and support value for money by getting services right first time.

EqIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then create an action plan to get the best outcomes for staff and service-users¹. They analyse how all our work as a council might impact differently on different groups protected from discrimination by the Equality Act 2010². They help us make good decisions and evidence how we have reached them.³

An EqIA needs to be completed **as a project starts** to identify and consider possible differential impacts on people and their lives, inform project planning and, where appropriate, identify mitigating actions. It must be completed **before** any decisions are made or policy agreed so that the EqIA **informs that decision or policy**. It is also a live document; you should review and update it along with your project plan throughout.



Full guidance notes to help you are embedded in this form – see the End Notes or hover the mouse over the numbered notes. If your project/proposal relates primarily to staff – e.g. a restructure – there is a specific EqIA template for this [here](#)

1. Who is completing the EqIA⁴ and why is it being done?

Title of service / proposal / project / strategy / procurement you are assessing⁵	Healthy Weight Strategic Plan
Names of those involved in completing the EqlA	Jim McManus, Piers Simey, Sue Beck, Maneka Kandola
Head of Service or Business Manager	Piers Simey (adults) /Sue Matthews (children and young people)
Team/Department	Public Health
Lead officer contact details	Maneka Kandola
Focus of EqlA – what are you assessing?	<p>Being overweight or obese (excess weight) increases the risk of a number of diseases including coronary heart disease, some cancers and type 2 diabetes. Excess weight is a significant health issue for many adults and children in Hertfordshire.</p> <p>Aim To increase the proportion of children and adults in Hertfordshire who maintain a healthy weight from the 2012 baseline.</p> <p>Objectives</p> <ul style="list-style-type: none"> ○ Prioritise early intervention and prevention ○ Take a whole place, system wide approach ○ Promote healthy lifestyles ○ Make reducing obesity a priority for all ○ To be better than the England average ○ To narrow the gap between areas with the lowest and highest prevalence of obesity in Hertfordshire
<p>Stakeholders Who will be affected? Which protected characteristics is it most relevant to? Consider the public, service users, partners, staff, Members, etc</p>	<p>Members of the public Public sector partners and community/voluntary groups Service users Elected Members</p>

2. List of data sources used for this EqlA (include relevant national/local data, research, monitoring information, service user feedback, complaints, audits, consultations, EqlAs from other projects or other local authorities, etc.)

A range of useful local data on our communities can be found on [Herts Insight](#) and on the [Equalities Hub](#)

Title and brief description (of data, research or engagement – include hyperlinks if available)	Date	Gaps in data Consider any gaps you need to address and add any relevant actions to the action plan in Section 4.
<p>Data collected in 2016/17, as part of the National Child Measurement Programme (NCMP) for children in reception year (aged 4-5 years) and year 6 (aged 10-11) shows that there are more obese children in year 6 (16%) than in reception year (8.0%).</p> <p>The latest figures on excess weight in Hertfordshire (2016/17) Active Lives Survey) shows that one in five adults (19.7%) was estimated to be obese in Hertfordshire. https://activepeople.sportengland.org/</p> <p>There are inequalities in obesity rates between different socioeconomic groups with higher levels of obesity found among more deprived groups¹.</p> <p>Foresight reported that by 2050, 60% of men and 50% of women will be obese². The percentage of the adult population with excess weight is higher in adults than in children. This is likely to be because excess weight tends to increase incrementally across an individual's lifetime. The Foresight Report recommends taking a life course approach whereby different interventions are needed in all age groups².</p> <p>In the UK, people of black African and African and African-Caribbean origin are 3 times more likely to have type 2 diabetes than the white population³. The prevalence of diabetes is up to 6 times higher among South Asian groups³.</p> <p>Adults with disabilities have higher rates of obesity than adults without disabilities, obesity rates among adults with a long-term limiting illness or disability (LLTI) are 57% higher than adults without a LLTI⁴.</p> <p>There is no available national evidence to suggest any association between sexual orientation and weight.</p>	<p>2017</p> <p>2017</p> <p>2013</p> <p>2008</p> <p>2013</p> <p>2013</p>	<p>The data highlights that whilst obesity is a significant concern for all groups in our population, people who are more deprived, and some ethnic groups, are much more likely to be overweight or obese and so at greater risk of obesity and its health consequences than others.</p> <p>The data points to the need to ensure that access to services is equitable especially for more vulnerable groups that are more likely to be overweight/obese and that these groups are targeted effectively.</p>

- 1 Public Health England (2013) Social and economic inequalities in diet and physical activity
- 2 Foresight Report (2008) Tackling Obesities: Future Choices – project report <https://www.gov.uk/government/publications/reducing-obesity-future-choices>
- 3 National Institute for Health and Care Excellence (2013) Public Health Guidance 46: Assessing Body mass Index and Waist Circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups
- 4 Public Health England (2013) Obesity and Disability, Adults

3. Analysis and assessment: review of information, impact analysis and mitigating actions

Protected characteristic group	<p>What do you know⁶? What do people tell you⁷?</p> <p>Summary of data and feedback about service users and the wider community/ public</p> <ul style="list-style-type: none"> • Who uses the service? • Who doesn't and why? • Feedback/complaints? • Any differences in outcomes? Why? 	<p>What does this mean – what are the potential impacts of the proposal(s)⁸?</p> <p>- Consider positive and negative impacts - On service users / the public - <i>AND, where relevant, staff*</i></p> <p><i>* if your proposals relate mainly to a staff restructure or reorganisation, you should use the template here</i></p>	<p>What can you do⁹?</p> <p>What reasonable mitigations to reduce or avoid the impact can you propose?</p> <p>How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events</p> <p><i>If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.</i></p>
Age ¹⁰	<p>Evidence from NICE indicates that delivering a service where the family attend (rather than just the child) has the best outcomes for children and young people.</p> <p>Children and their families who are referred into the service have given feedback on the weight management service that they have received which has continued to improve the service offered.</p> <p>Future work is being planned to engage parents on a number of priority public health priorities which includes healthy weight which will inform future services and interventions</p>	<p>Children who become obese at an early age are more likely to become obese adults.</p> <p>Families and parents may find messages about their children being overweight difficult to accept and address.</p> <p>People of working age are less likely to be able to attend</p>	<p>Develop services that specifically meet the needs of children and young people.</p> <p>Ensure that the new Family Centre Service continues to address healthy weight as a priority</p> <p>Interventions for children will be family focussed and address</p>

		programmes/services during the working day.	<p>psychological and social issues as well as diet and physical activity.</p> <p>Offer services at different times of the day and provide opportunities to access information and resources outside the programme delivery.</p>
Disability ¹¹	<p>Evidence from NICE shows that people living with learning disabilities or mental health problems or a physical disability that limits mobility have been found to experience higher rates of obesity compared with people who do not have these conditions. In addition, they may find it harder to lose weight and struggle to engage with services</p> <p>Physical conditions that cause pain or poor management of symptoms may cause someone to be less physically active. Medications can also cause weight gain.</p>	<p>People with physical and/or learning disabilities can be at greater risk of obesity.</p> <p>People with learning disabilities/difficulties may need additional assistance to take part.</p> <p>People with physical disabilities need to be able to access venues.</p>	<p>Inclusive disability services can lessen the impact of obesity on individuals and families.</p> <p>Work with organisations who support this client group to address healthy weight issues as part of their day to day work.</p> <p>Ensure access for these groups is included in the contracts for public health commissioned services to meet the needs of this group.</p> <p>Ensure that venues that are used have disabled access.</p>

Gender reassignment ¹²	There is no known data or feedback for of likely differential impact or need based on gender reassignment.	Community may not be aware of services.	Promote availability of services via local LGBT networks.
Pregnancy and maternity ¹³	<p>Evidence from NICE shows that:</p> <ul style="list-style-type: none"> • Many pregnant women ask health professionals for advice on what constitutes appropriate weight gain during pregnancy. However, there are no evidence-based UK guidelines on recommended weight-gain ranges during pregnancy. • About half of women of childbearing age are either overweight (BMI 25–29.9 kg/m²) or obese (BMI greater than or equal to 30 kg/m²) • At the start of pregnancy, 15.6% of women in England are obese • Maternal obesity and weight retention after birth are related to socioeconomic deprivation • The period after pregnancy and childbirth as a time when women are likely to gain weight. In addition, many conceive again during • this period. Hence, managing the woman's weight in the first few years after childbirth may reduce her risk of entering the next pregnancy overweight or obese. • After having a child, many mothers find it difficult to eat a healthy diet and take regular exercise. It may be because women receive little or no advice on weight management after childbirth. 	Included within the life course approach, obesity in pregnant women is a concerning health need but there is not consensus in the health community as to best practice.	<p>Work with maternity providers through the STP to review evidence and agree most effective way forward</p> <p>Agree approaches with antenatal services that also have contact with pregnant women e.g. Public Health Nurses (0-5), National Childbirth Trust.</p> <p>Promote key health promotion messages for this group, through a variety of methods.</p>
Race ¹⁴	<p>Evidence from NICE shows that excess body fat contributes to around 58% of cases of type 2 diabetes, 21% of heart disease and between 8% and 42% of certain cancers (breast, colon and endometrial). However, the point at which the level of body fat becomes risky to health varies between ethnic groups.</p> <p>In addition, the prevalence of some of these health conditions is far greater among black, Asian and other minority ethnic groups – despite the fact that rates of obesity among these groups are similar to (or lower than) the rate among the white population</p>	BME communities are not a single homogenous group – there are distinct and significant variations between groups.	<p>Work with organisations who support BME groups to address healthy weight issues as part of their day to day work.</p> <p>Explore ways to adapt public health commissioned services to meet the</p>

			<p>needs of this group.</p> <p>Information and printed resource should be provided in different languages as needed.</p> <p>See LA1</p> <p>Signpost and highlight culturally specific resources widely available i.e. recipes for south Asian population.</p>
Religion or belief¹⁵	<p>There is some anecdotal evidence that some barriers may exist such as cultural attitudes towards mixed leisure facilities or acceptable forms of dress for some females from certain faiths in engaging in certain forms of physical activity in public.</p>	<p>Reduced access to mainstream leisure facilities due to these barriers</p>	<p>Work with leisure providers to offer a range of activities including female only provision.</p> <p>Ensure that programmes offer diets and recipes which are inclusive of religious/cultural dietary restrictions.</p>
Sex/Gender¹⁶	<p>Evidence from national systematic review highlighted the following:</p> <ul style="list-style-type: none"> - More men have a BMI of 25 and above (67%) than women (58%). - Many of the most damaging obesity-related conditions are more common in men. - Yet the evidence suggests that only 10-30% of participants on weight management programmes are men. 	<p>Evidence shows that physical activity rates decrease amongst older girls and women. Regular physical activity contributes to a healthy weight.</p> <p>Men are a hard to reach group with regard to weight management. Men require</p>	<p>A wide range of activities need to be on offer including informal activities such as walking or dance as well as alternatives to traditional sporting activities.</p> <p>Where it makes sense</p>

	<p>- Men have said that they do not feel comfortable accessing traditional adult weight management services</p> <p>https://www.menshealthforum.org.uk/sites/default/files/pdf/how_to_weight_final2_lr.pdf</p>	<p>a different type of provision to women in an all male environment. Currently only 10-20% of men access the traditional weight management programmes in Hertfordshire</p>	<p>to do so, interventions and programmes will be adapted to appeal to men or are men only (i.e. Shape Up Herts Programme).</p>
Sexual orientation ¹⁷	<p>There is no known data or feedback for of likely differential impact or need based on sexual orientation.</p>	<p>Community may not be aware of services.</p>	<p>Promote availability of services via local LGBT networks.</p>
Marriage and civil partnership ¹⁸	<p>As far as we are aware this particular protected characteristic in of itself does not have an impact on weight</p>	<p>As far as we are aware this protected characteristic in of itself does not have an impact on weight</p>	<p>N/A</p>
Carers ¹⁹	<p>There is no known data or feedback available of likely differential impact or need amongst carers.</p>	<p>Carers may find it difficult to take part in services because of their caring role.</p> <p>Carers may not be aware of services.</p>	<p>Promote availability of services through Carers in Herts and other relevant services/networks already operating in the county.</p> <p>Explore where carers maybe able to access services for free where the 'person who is being cared' for is using the service; current contract with commercial weight management providers allows for this.</p>

<p>Other relevant groups²⁰ Consider if there is a potential impact (positive or negative) on areas such as health and wellbeing, crime and disorder, Armed Forces community.</p>			
--	--	--	--

Opportunity to advance equality of opportunity and/or foster good relations²¹

Individual adults and families who access these interventions and services will often form friendships and peer support outside of the intervention/support such as using social media as a closed group, meeting up for informal activities, sharing information.

Conclusion of your analysis and assessment - select one of the outcomes below²² and summarise why you have selected i, ii, iii or iv; what you think the **most important** impacts are; and the key actions you will take.

OUTCOME AND NEXT STEPS	SUMMARY
<p>i. No equality impacts identified</p> <ul style="list-style-type: none"> - No major change required to proposal 	
<p>ii. Minimal equality impacts identified</p> <ul style="list-style-type: none"> - Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate) - Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality - No major change required to proposal 	
<p>iii. Potential equality impacts identified</p> <ul style="list-style-type: none"> - Take 'mitigating action' to change the original policy/proposal, remove barriers or better advance equality - Set out clear actions in the action plan in section 4. 	<p>The following potential equality impacts have been identified:</p> <ul style="list-style-type: none"> • Men are a hard to reach group with regard to healthy weight. • Women who are pregnant • Older girls and women • Adults with learning disabilities have additional needs. • Providing information that is culturally appropriate and in different languages, formats as required. <p>Mitigating actions are included in the plan below</p>
<p>iv. Major equality impacts identified</p> <ul style="list-style-type: none"> - The adverse effects are not justified, cannot be mitigated or show unlawful discrimination - You must stop and remove the policy [you should consult with Legal Services] - Ensure decision makers understand the equality impact 	

4. Prioritised Action Plan^{xxiii}

Impact identified and group(s) affected	Action planned Include actions relating to: • mitigation measures • getting further research • getting further data/consultation	Expected outcome	Measure of success	Lead officer and timeframe
NB: These actions must now be transferred to service or business plans and monitored/reviewed to ensure they achieve the outcomes identified.				
Some people with protected characteristics are at greater risk of obesity and may face additional challenges in accessing services as they may also be marginalised for a variety of reasons.	Commission services that can meet a wide range of needs within the community.		More people with protected characteristics will access services and receive the support that they need	Health Improvement lead (lifestyle) Ongoing
Children, young people and their families need different types of services to help them maintain a healthy weight and to lose weight.	<p>Ensure that healthy weight is a priority for the new Family Centre Service and that healthy weight messages and interventions continue to be delivered to families.</p> <p>Ensure that preventative interventions are in place for primary school age children so that they maintain a healthy weight from an early age.</p> <p>Commission services that support children (aged 5-15) who are obese (and their families) to access weight management</p>	<p>Fewer children enter primary school aged 5 years who are overweight or obese</p> <p>Fewer children are overweight or obese when they reach year 6 (as measured by NCMP)</p> <p>Children maintain or reduce their weight</p>	<p>Children, young people and their families access specific services that meet their needs</p> <p>Children can access activities and interventions that are age appropriate both in and out of education settings</p> <p>Uptake of services and completion rates of</p>	<p>Head of Service (Children and Young People)</p> <p>Health Improvement Lead (Children & Young People)</p> <p>Ongoing</p>

	support interventions in the community.		programmes	
Working age adults and older people may need to access services at different times of the day.	Where possible commissioned Public Health programmes/services will be available at different times of the day including evenings.	More working adults and older people access services	Services/Interventions operate at a range of times and venues	Health Improvement Lead (lifestyle) Ongoing
Men are a hard to reach group with regard to healthy weight.	Work with organisations who support this client group to address healthy weight issues as part of their day to day work. Ensure commissioned services include provision that is accessible and attractive for men.	Increase number of men accessing weight management services	More men take up and completion of the programmes offered by commissioned service providers	Health Improvement Lead (lifestyle) Ongoing
Women who are pregnant	Work with acute trusts and community midwives to develop appropriate approaches	Pregnant women maintain a healthy weight throughout pregnancy	Appropriate evidence based approaches are in place	Health Improvement Lead (lifestyles) Ongoing
Older girls and women	Work with partner agencies and leisure providers to ensure a wide-ranging programme of physical activity is on offer.	More older girls and women take up physical activity as measured through the active life survey	Wider range of physical activity opportunities are available across the county that older girls/women want to participate in	Health Improvement Officer Ongoing
Adults with learning disabilities have additional needs.	Ensure commissioned services include provision that is accessible and attractive for	Reduction in the number of adults with learning difficulties	Increase in number of adults with learning disabilities who take up	Health Improvement Lead (lifestyles) Ongoing

	people with Learning Disabilities.	who are overweight/obese	the services on offer	
Providing information that is culturally appropriate and in different languages, formats as required.	Healthy eating information is provided in different languages.	All communities can access healthy eating information	Availability of information in different languages and formats	Health Improvement Lead (lifestyles) Ongoing
Increasing awareness of services on offer to specific groups within the community.	Publicise services through a wide range of networks including Carers networks and LGBT networks.	More Carers and LGBT community access services	Networks actively disseminate information on services available	Health Improvement Lead (lifestyles) Ongoing
Monitor and review	Progress against actions as outlined above will be monitored and reviewed by the Public Health - Health Improvement Board.	Improved access to those groups with protected characteristics	High quality service delivery. Agreed actions are implemented within timescales agreed	Deputy Director of Public Health) Bi-monthly

This EqlA has been signed off by:

Lead Equality Impact Assessment officer:

Date:

Head of Service or Business Manager:

Date:

Review date: October 2019

¹ The following principles explain what we must do to fulfil our duties under the Equality Act when considering the effect of existing and new policies/ practices/services on equality. They must all be met or the EqIA (and any decision based on it) may be open to challenge:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately
- **Timeliness:** the duty applies at the time of considering proposals and **before** a final decision is taken
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that anyone who provides services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty – it continues after proposals are implemented/reviewed.
- **Proper Record Keeping:** we must keep records of the process and the impacts identified.

² **Our duties in the Equality Act 2010**

HCC has a legal duty under this Act to show that we have identified and considered the impact and potential impact of our activities on all people with ‘protected characteristics’ (see end notes 11-20 for details of the nine-protected characteristics). This applies to policies, services (including commissioned services), and our employees. **If you are creating an ‘arms-length’ company**, seek advice from the Equality Team or Legal.

We use this template to do this and evidence our consideration. **You must give ‘due regard’ (pay conscious attention) to the need to:**

- **Avoid, reduce or minimise negative impact:** if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately.
- **Promote equality of opportunity:** by
 - Removing or minimising disadvantages suffered by equality groups
 - Taking steps to meet the needs of equality groups
 - Encouraging equality groups to participate in public life or any other activity where participation is disproportionately low
 - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **Foster good relations between people who share a protected characteristic and those who don’t:** e.g. by promoting understanding.

³ EqIAs **should always be proportionate** to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The size of the likely impact – e.g. the numbers of people affected and their vulnerability

The greater the potential adverse impact of the proposal(s) on a protected group (e.g. disabled people) and the more vulnerable the group is, the more thorough and demanding the process required by the Act will be. Unless they contain sensitive personal/employee data – EqIAs are public documents.

They are published with Cabinet and Panel papers and public consultations and are available on request.

⁴ **Who completes the EqIA:** The person who is making the decision or advising the decision-maker about a policy. It is better to do this as a team, with people involved who understand the implementation of the policy.

⁵ **Title of EqIA:** This should clearly explain what service / policy / strategy / change you are assessing.

⁶ **Data & Information:** Your EqIA needs to be informed by data. You should consider the following:

- What data relevant to the impact on protected groups is available? (is there an existing EqIA?, local service data, national data, community data, similar proposal in another local authority).
- What further evidence is needed and how can you get it? (e.g. further research or engagement with the affected groups).
- What do you know from service/local data about needs, access and outcomes? Focus on each characteristic in turn.
- What might any local demographic changes or trends mean for the service or function? Also consider national data if appropriate
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any group(s)?
- Is the service having a positive or negative effect on particular people or groups in the community?

⁷ **What have people told you about the service, function, area?**

- Use service user feedback, complaints, audits, and/or the results of specific consultation/engagement
- Are there patterns or differences in what people from different groups tell you?
- Remember, you must engage/consult appropriately and in an inclusive way with those likely to be affected to fulfil the equality duty.
- You can read HCC's [Consultation](#) and [Engagement](#) toolkits for full advice on this
- For practical tips and advice on consulting with people from protected groups, see this ['How-to' guide](#)

⁸ **Impact:** Your EqIA must consider fully and properly **actual and potential impacts** against each protected characteristic:

- The equality duty does not stop changes, but means we must fully consider and address the anticipated impacts on people.
- Be accurate and transparent, but also realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific where you can so decision-makers have a concrete sense of potential effects.
- Questions to ask when assessing whether and how the proposals impact on service users, staff and the wider community:
 - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
 - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
 - Does the project relate to an area with known inequalities (where national evidence or previous research is available)?
 - If there are likely to be different impacts on different groups, is that consistent with the overall objective?

-
- If there is negative differential impact, how can you minimise that while taking into account your overall aims?
 - Do the effects amount to unlawful discrimination? If so the plan **must** be modified.
 - Does it relate to an area where equality objectives have been set by HCC in our [Equality Strategy](#)?

⁹ **Consider actions relating to the following:**

- That specifically address the impacts you've identified and show how they will remove, reduce or avoid any negative impacts
- Explain clearly what any mitigating measures are, and the extent to which you think they will reduce / remove the adverse effect
- Will you need to communicate or provide services in different ways for different groups in order to create a "level playing field"?
- State how you can maximise any positive impacts or advance equality of opportunity.
- If you do not have sufficient equality information, state how you can fill the gaps.

¹⁰ **Age:** People of all ages, but consider in particular children and young people, older people and carers, looked after children and young people leaving care. Also consider working age people.

¹¹ **Disability:** When looking at disability, consideration should be given to people with different types of impairments: physical (including mobility), learning, aural or sensory (including hearing and vision impairment), visible and non-visible impairment. Consideration should also be given to: people with HIV, people with mental health needs and people with drug and alcohol problems. People with conditions such as diabetes and cancer and some other health conditions also have protection under the Equality Act 2010.

¹² **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does **not** need to be under medical supervision to be protected. Consider transgender people, transsexual people and transvestites.

¹³ **Pregnancy and Maternity:** When looking at pregnancy and maternity, give consideration to pregnant women, breastfeeding mothers, part-time workers, women with caring responsibilities, women who are lone parents and parents on low incomes, women on maternity leave and Keeping in Touch days.

¹⁴ **Race/Ethnicity:** Apart from the common ethnic groups, consideration should also be given to Gypsy, Roma and Irish Travellers communities, people of other nationalities outside Britain who reside here, refugees and asylum seekers and speakers of other languages.

¹⁵ **Religion and Belief:** Religion includes any religion with a clear structure and belief system. As a minimum you should consider the most common religious groups (Christian, Muslim, Hindu, Jews, Sikh, Buddhist) and people with no religion or philosophical belief(s).

¹⁶ **Sex/Gender:** Consider girls and women, boys and men, married people, civil partners, part-time workers, carers (both of children with disabilities and older cares), parents (mothers and fathers), in particular lone parents and parents on low incomes.

¹⁷ **Sexual Orientation:** The Act protects bisexual, heterosexual, gay and lesbian people.

¹⁸ **Marriage and Civil Partnership:** consider married people and civil partners – e.g. do same sex couple in a civil partnership have the same rights and benefits as married people?

¹⁹ **Carers:** From April 2015, carers (people who provide unpaid care to a friend or relative) have been entitled to an assessment of their own needs in the same way as those they care for. Although not a 'protected characteristic' HCC Diversity Board has agreed that the impact of proposals on carers should also be considered.

²⁰ **Other relevant groups:** You should consider the impact on our service users in other related areas, such as health and wellbeing, crime and disorder (e.g. people experiencing domestic abuse), community relations and socio-economic status (e.g. homelessness or low incomes). If the proposal is likely to have an impact on service users in these areas, HCC Public Health and the County Community Safety Unit may be able to help. Also consider whether your policy or decision will impact current or former Armed Forces personnel living and working in Hertfordshire. The Council is committed to the Hertfordshire Community Covenant, a commitment from public and private organisations in the county to support the active and retired Armed Forces community.

²¹ **Equality of opportunity and good relations:** summarise anything that will have a potential positive impact over and above the work of your project – e.g. engaging with the community may help raise awareness and community understanding of the needs of certain groups.

²² **Conclusion**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Also explain what positive impacts will result from the actions and how you can make the most of these.
- Make it clear if a change is needed to the proposal itself. Is further engagement, research or monitoring needed?
- Make it clear if, as a result of the analysis, the policy/proposal should be stopped.

^{xxiii} **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.