

Essex Healthy Weight Strategy

System professionals- stakeholder co-design

Public Health Intelligence – Research & Citizen Insight
Wellbeing, Public Health and Communities

2024

Introduction

- ECC Public Health were tasked to develop the **first Essex Healthy Weight Strategy**. This aims to support and enable a healthy weight population, effectively preventing and treating excess weight among residents of all ages, including by creating a more supportive environment and culture where healthy choices are the easy choices.
- Taking a whole-systems approach, Essex-based system professional stakeholders were engaged in a **strategy co-design phase**, via **workshops** (February 2024) and a supporting **survey** (March 2024), to shape the strategy **vision and outcomes, priorities, and delivery approach**. The survey was shared with stakeholders unable to attend workshops, and workshop attendees were also invited to share any further views via the survey.
- Stakeholders represented in this co-design phase include internal and external **strategic, delivery and operational partners**, each with a **role and or interest in tackling excess weight, across the wide ranging and interrelating causes**. Stakeholders engaged with were first identified by a causes of obesity (Foresight 2007¹) informed stakeholder analysis.
- Specific recommendations are being considered for the delivery plan of the strategy. Preferences for information updates and role in future delivery plan co-design was also collected.

Part 1 – Workshops

Introduction

8x 60-minute online workshops were held, on MS Teams, delivered by ECC Public Health staff.

Local strategic and operational healthy weight partners were invited to attend, through existing contacts, networks, and forums.


Partners could book 1 workshop, with 1 representative per organisation, and/or register to receive a copy of the stakeholder survey.


Within each workshop, partners were asked for their views on the suggested **vision, priorities, and delivery approach**, specifically whether they agreed with them, what they perceived to be most important, and how they could be developed further.

Together, we can

Healthy Weight Essex Stakeholder engagement

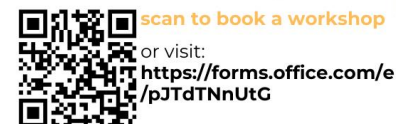
BE PART OF IT

 Obesity is complex, with wide ranging and interrelating causes. This means a comprehensive system response is needed, with many partners working together to address all causes of excess weight.

 We are reviewing evidence and policies to understand how we can most effectively prevent and treat obesity, what's been tried before, and what Essex residents' lived experiences and needs are, but..

 We need to **collectively** define what we need to do with key stakeholders to facilitate and support a healthy weight community in Essex.

As a first step, please share your views by joining one of our online 1hr stakeholder workshops



OUR STORY

High, increasing obesity levels continue, across all-ages. This contributes to health inequalities and high costs for individuals and society. We need a collective approach to bend the trend.

OUR VISION

To support Essex residents to achieve and maintain a healthy weight, by creating an environment and culture where making a healthy choice is the easy choice.


OUR MISSION

To co-produce a healthy weight strategy that sets a framework and vision for the system to prevent and treat excess weight in Essex. Then, to develop collective delivery plans to enable coordinated action.

CONTACT US

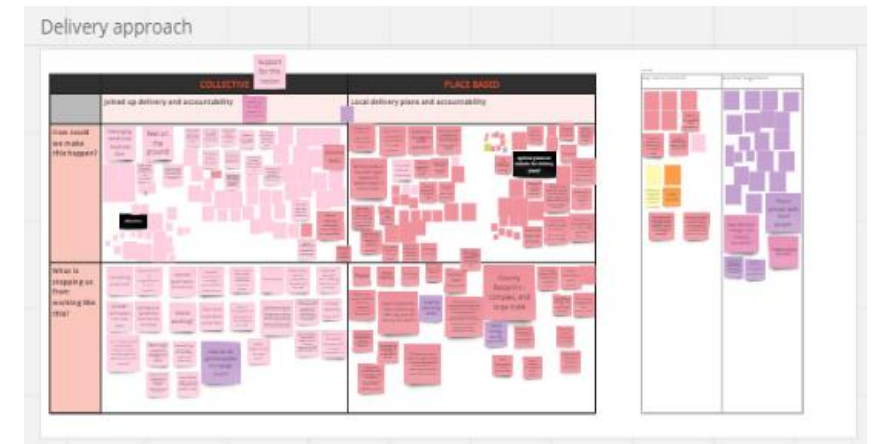
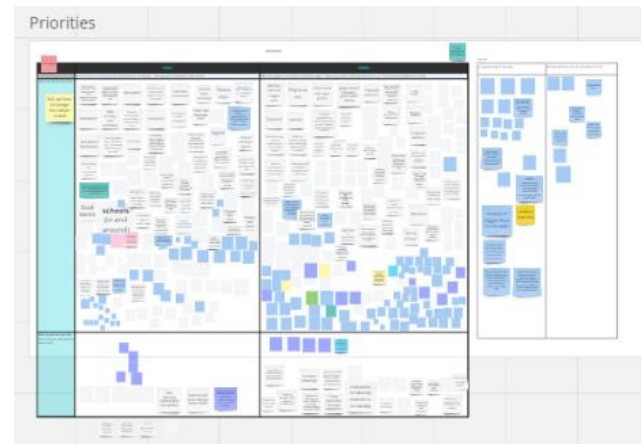
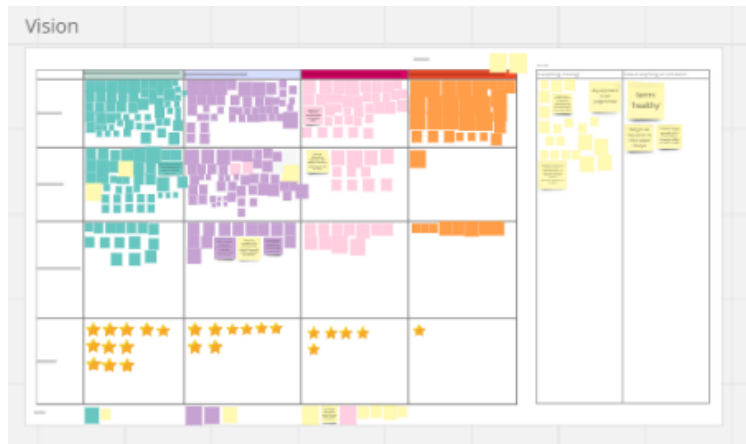
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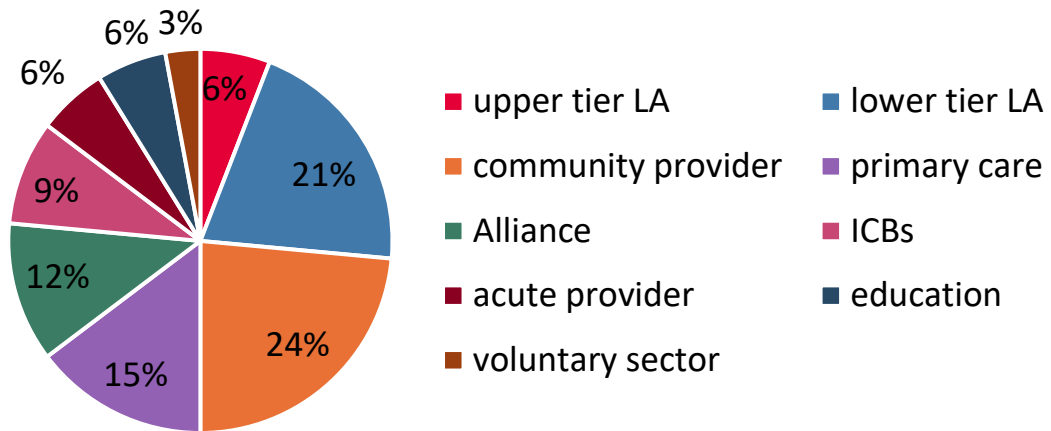
Methods

Professional stakeholders shared their views on **miro**, **slido**, **verbally**, and in the **teams chat**.



All insight was summarised and then coded. The most consistent feedback was lifted into the strategy with some, where relevant and specific, feeding into the subsequent delivery plan.

Summary



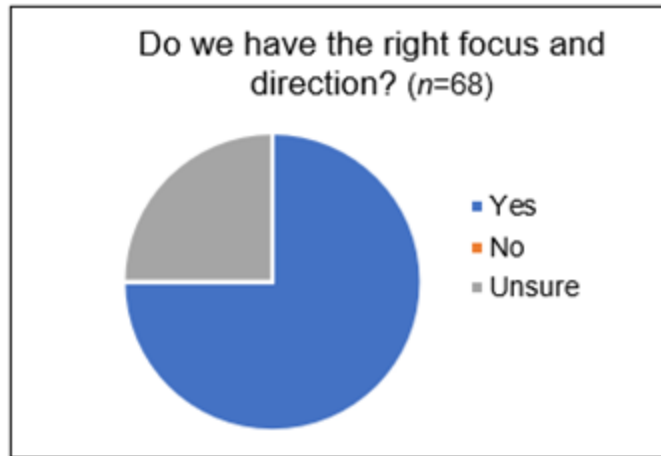
Across the 8 workshops, 76 local professionals attended, representing 43 organisations.

Key

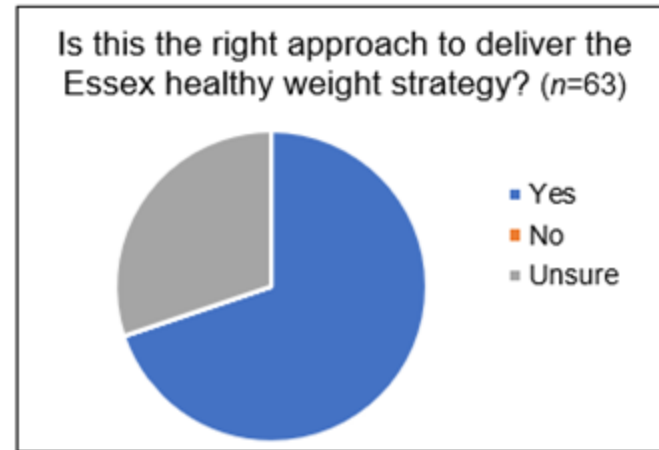
LA = local authority

ICB = NHS integrated care board

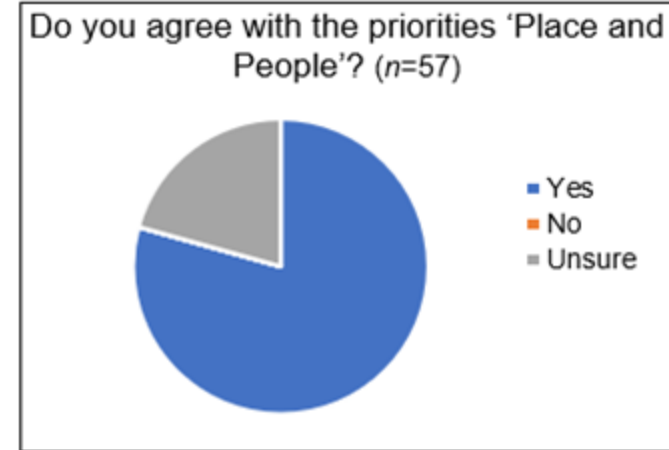
Key Findings



75% agreed that we had the right focus and direction



70% agreed that we suggested the right approach to deliver the strategy



81% agreed with the priorities

Key Findings

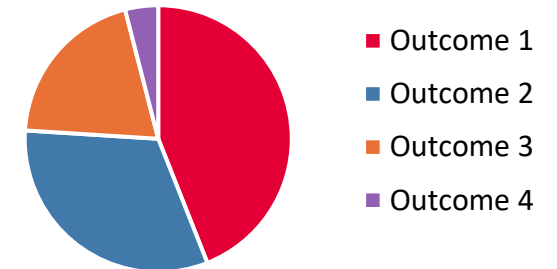


Language: Most stakeholders raised how personalised ‘healthy’ is, and many suggested a focus on healthy lifestyles, rather than ‘weight’. Overall, many stakeholders stressed the importance of avoiding and overcoming stigma, and using non-judgemental language. Most stakeholders recommended to be as specific as possible, such as what is meant by ‘population’, and what relates to ‘prevention’ vs ‘treatment’.



Vision: Stakeholders broadly supported the suggested outcomes, with greatest support for outcome 1 (a focus on reducing the obesogenic environment). However, stakeholders recommended more detail and definition under the outcomes. For example, for ‘normalised’, it was suggested for this to be explained as a comparison against national guidelines. Furthermore, some recommended to merge 2 out of the 4 proposed outcomes, of which was actioned in the strategy. Stakeholders also recommended ways to measure success, such as oral health metrics, disease prevalence, as well as diet and physical activity levels; this data was added to the strategy.

Stakeholder perceptions of the most important outcome ($n=25$)



Priorities: Most stakeholders agreed with ‘people’ and ‘places’ as priorities, and did not suggest any additional priorities. Within both categories, all stakeholders suggested focus areas; many stakeholders welcomed a focus on specific population cohorts, in addition to the overall Essex population. For ‘people’, the most common recommendations included children and young people (particularly children of a young age and with neurodiversity), people living with a learning disability, people living in areas of greatest deprivation, and ethnic minorities. For ‘places’, most recommended targeting schools and workplaces, and some recommended to target early years settings, maternity settings, hospitals, food banks, and leisure centres.

Key Findings



Delivery: Within the delivery themes, for ‘people’ the most common suggested focus was to provide effective, tailored, and diverse weight management services/support, and some recommended a focus on joint up pathways, particularly between tiers 2 and 3 weight management services. Many stakeholders recommended a variety of delivery partners to be involved in this agenda.

Within ‘places’, most recommended to focus on improving the food environment, by reducing the overabundance of unhealthy food, and many recommended to focus on improving active travel. For both themes, stakeholders recommended a range of ways to deliver; some suggested specific actions that could be delivered, whereas others recommended methods/approaches for delivery e.g., coproduction with residents.

Some stakeholders suggested delivery partners, that could take forward action under the proposed themes e.g., food providers, integrated neighbourhood teams, locally trusted organisations, and more. Success was mostly described as improved nutrition knowledge and behaviours; improved confidence and motivation to adopt healthy lifestyle behaviours across the public; increased access to effective, varied, and long-term healthy lifestyle support; reduced obesity prevalence; healthier food access and availability; reduced inequality in the distribution of obesity; and reduced diabetes cases. Many also recommended for us to have a shared, collective vision, and a greater alignment between services and offers across the system.

Part 2 – Survey

This report presents the findings from the survey, completed by 5 stakeholders.

This includes representatives from: Essex Partnership University Trust (care coordination); Essex County Council (trading standards); Basildon and Harlow district councils (both environmental health); and Southend City Council (regulatory services - food).

Key Findings



Outcomes: All outcomes were supported by most stakeholders, especially the environment and lifestyle behaviour outcomes. Outcomes also mostly aligned to their strategic visions. Agreement and alignment was lowest for the “excess weight support” outcome. Stakeholders mostly agreed with outcomes because they would benefit health and wellbeing, benefiting wider society and reducing pressures on local government and the NHS. Comments shared mostly related to the definition of ‘healthy weight’ being used, the difficulty with measuring outcomes among populations, and resources needed.



Priorities: Most stakeholders agreed with ‘people’ and ‘places’ priorities. Suggested focus areas included: supporting healthy behaviours; discouraging unhealthy behaviours; linking with other services; starting early; knowledge/skills; and providing adequate support.

Success was mostly described as a better food and activity environment, and more people enjoying healthy lifestyle behaviours and supported to do so.



Overall Recommendations:

- Consider implementing long-term weight surveillance, including for strategy and delivery process and outcome evaluation
- Explore for any service provision gaps such as dietetics & related unmet needs, and for any wider strategic gaps related to the obesogenic environment



Proposed delivery approaches: Limited feedback provided indicated stakeholder acceptability, and value to joined up working. A suggestion that “places like Harlow and Clacton are ideal to start” for place-based working was given. The most cited barrier to these ways of working was a lack resources.

Essex delivery plan co-design: Most would like to be involved via email exchange with ECC public health.

Current and future information needs: The main suggestions related strategy progress updates, and where stakeholders can get involved and help.



Strategy progress updates: There is no consensus on this. Half wanted email updates, and half wanted newsletter updates. Half wanted quarterly updates, and half wanted monthly updates.

Key Findings:

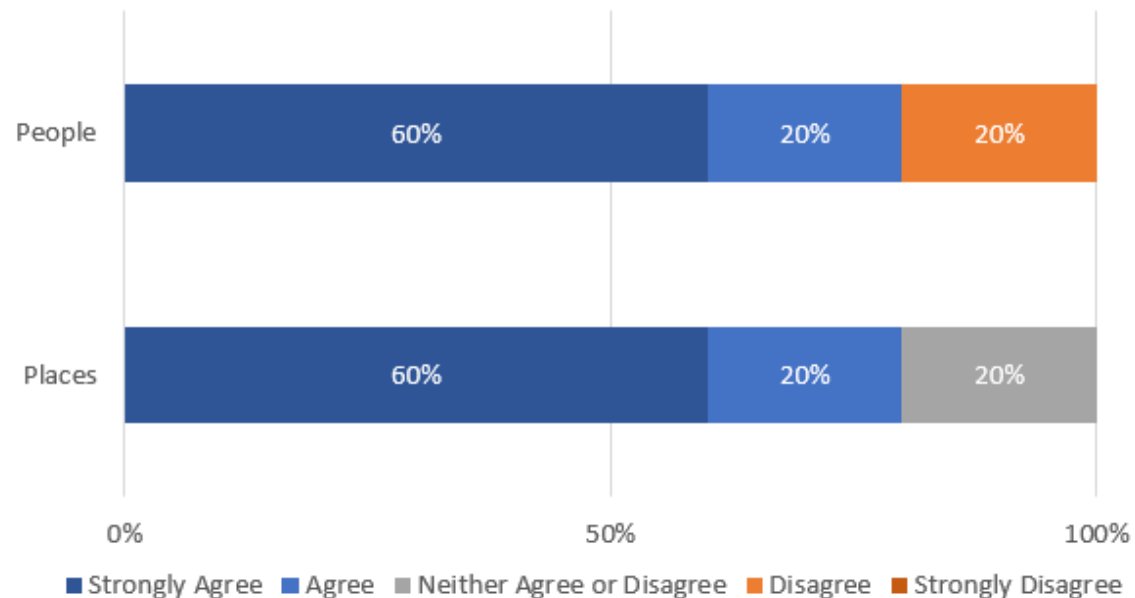
- Whilst the 'Essex Environment' outcome is highly agreed with among stakeholders, relatively fewer agreed it aligns with their strategic visions, unlike the equally agreed with 'Healthy Behaviours' outcome. This suggests **there may be a strategic gap around addressing the obesogenic environment.**



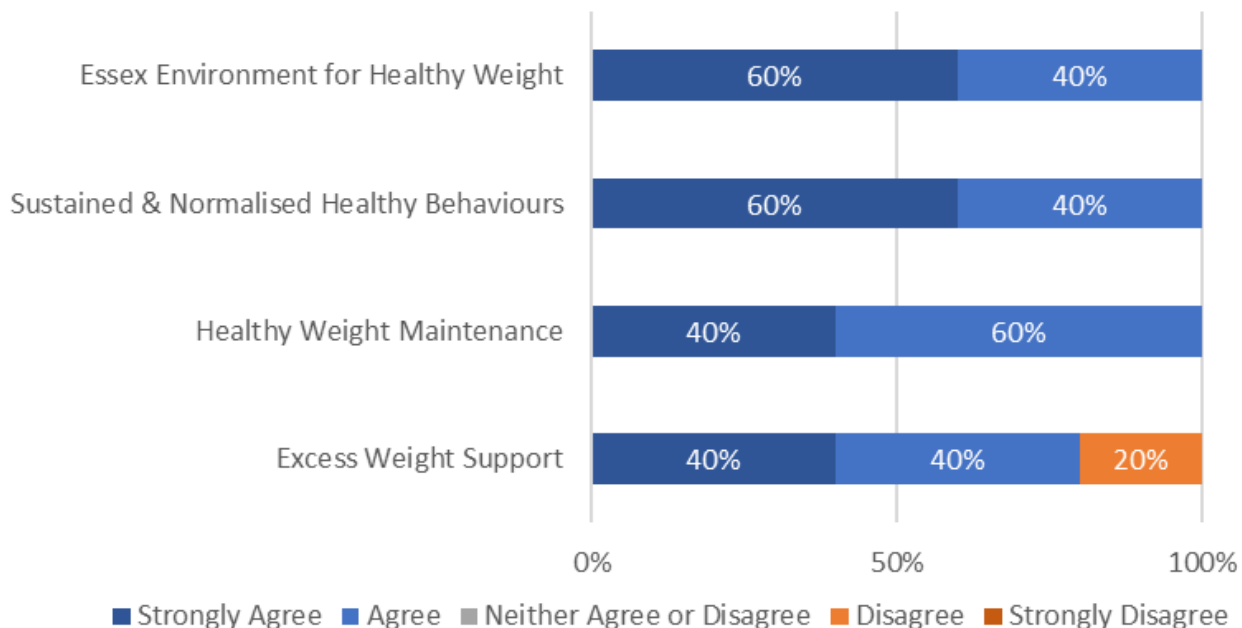
Recommendations, which may also support further engagement and buy-in with wide system partners:

- Conduct a local strategy/delivery mapping exercise with partners to compare wider system current visions & delivery to the potential and encouraged, including around the obesogenic environment.
- Develop a "co-benefits" briefing to circulate to stakeholders, such as between the obesogenic environment and climate/sustainability goals.

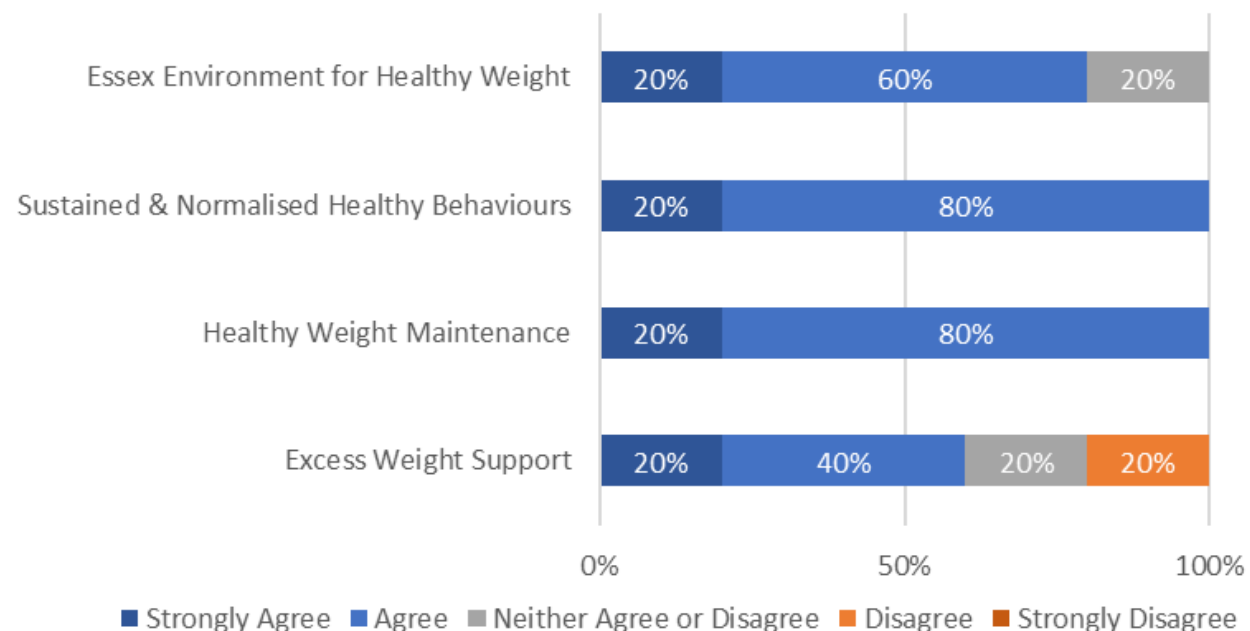
Level of agreement with strategy priorities

 Base = 5

Level of agreement with the strategy outcomes

 Base = 5

Level of agreement outcomes align with their strategic visions

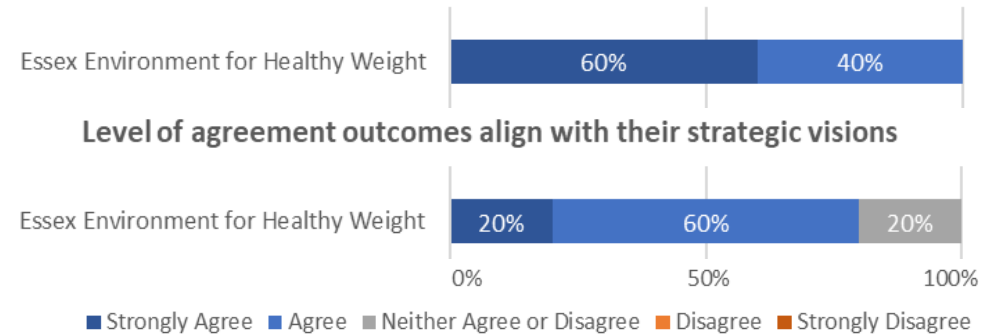
 Base = 5

Vision and Outcomes

Essex environment which supports and enables people to be a healthy weight, and minimises risks of excess weight

- **All stakeholders agreed** with this outcome. Comparing across the 4 outcomes, this was joint most strongly agreed with as the health behaviours outcome.
 - The most common reasons why related to **the environment playing a role** in physical activity, diet and weight (N=2), and that a healthy weight supports health and wellbeing (N=2), reducing service pressures. It was also stated that it can **“contribute towards a holistic approach”** (N=1).
- Most (80%) also agreed that this outcome **aligns with their strategic visions**.
- Other comments related to the:
 - **‘Healthy weight’ definition being used -**
 - **Difficulty measuring outcomes among populations** – “health improvements will be seen longer term” and area’s populations can change meaning “not looking at the same population exposed to any measures” (N=1). *
 - **Need to link with other service areas (planning) to reduce unhealthy food availability** (N =1).

Level of agreement with the strategy outcomes



Base = 5

“The amount of unhealthy takeaways everywhere makes it so easy for people to make the wrong choices, these foods are often affordable for people.”

“Being a healthy weight means that people can live healthier lives. An environment that encourages walking and cycling will assist.”

“A healthy weight is associated with a better quality of life and less long-term illness, which is less of a burden on services.”

“The need to link into other service areas is important here. An example we would use, the proliferation of fast-food take-aways in deprived areas, exacerbates poor health outcomes. This would need to be addressed at the Planning stage rather than once premises have opened, as the opportunity to reduce healthier options has been lost.”

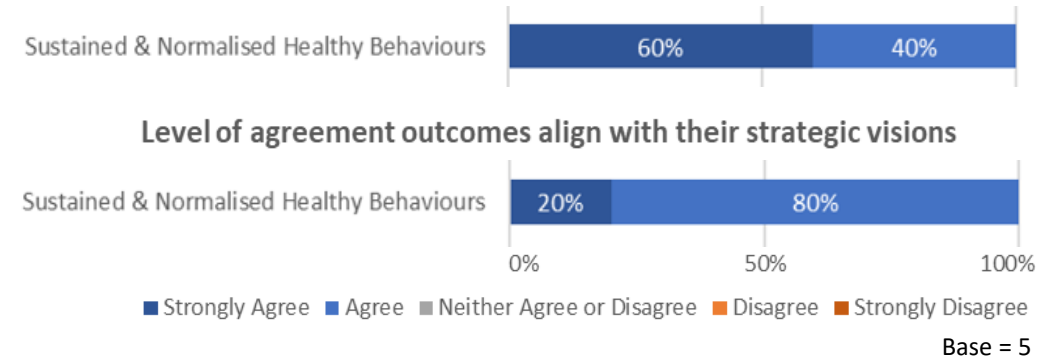


*Utilise long-term study participant follow-up – recommended evaluation method, with suitable study design to test effectiveness of measures on outcomes.

Sustained and normalised healthy lifestyle behaviours

- **All stakeholders agreed** with this outcome. Comparing across the 4 outcomes, this was joint most strongly agreed with as the Essex environment outcome.
- The most common reason for agreement related to **supporting population health** (N=3), citing reduction of ill-health and pressure on the NHS; and the role of healthy lifestyle behaviours for healthy weight maintenance, and of healthy behaviour maintenance for a healthy lifestyle.
- Two stakeholders suggested the **importance of ‘people’**:
 - One stated the “encouragement of healthy habits and choices which will remain with an individual”.
 - Another supported the outcome as “it suits the person”, sharing that health markers can be better among people with excess weight than underweight.
- All stakeholders also agreed that this outcome **aligns with their strategic visions**. However, one shared **resource concerns**: “the need for resources in this area need to be defined in order to achieve positive outcomes. The type of work necessary to achieve this requires more staff.”

Level of agreement with the strategy outcomes



“This is exactly what is required for improve the health of the population and reduce ill health and pressure on the NHS.”

“If people are to be a healthy weight, they need to continue to be so, which means changing their lifestyle permanently to healthy behaviours.”

“This is great it suits the person not National guidance. Some fat people have better health markers than skinny people.”

“This taps into the importance of knowing that achieving a healthy lifestyle needs to be sustained and normalised, rather than the previous model of dieting and crash exercise then returning to poor eating and sedentary behaviour.”

Greater number of people with excess weight supported to maintain a healthy weight

- **Most (80%) agreed** with this outcome.
 - The most common reason for agreement related to **benefiting society** (N=2), such as by improving physical and mental health, “keeping people in work and out of poverty” and reducing local government and NHS pressures.
 - One stakeholder shared that people “may need support to change [their] habits and lifestyle. They may be unable to do this in isolation”.
- **Most (60%) agreed this outcome aligns with their strategic visions.**
- However, this outcome had the **lowest level of agreement overall and regarding strategic vision alignment** across the 4 outcomes. 20% (N=1) disagreed with the outcome, asking “what is excess?”, also disagreeing it aligns with strategic visions, sharing that “we [EPUT] don’t have a dietetic service as no one will fund it”.*
- The other comments received was that this “is **easier to measure** - as weight loss can be measured”, and how **not enough has been done** to address childhood excess weight and inequalities, and that **adequate resources** are required by schools and parents to feed children well.

Level of agreement with the strategy outcomes



Level of agreement outcomes align with their strategic visions



■ Strongly Agree ■ Agree ■ Neither Agree or Disagree ■ Disagree ■ Strongly Disagree

Base = 5

“This will improve physical and mental health and reduce pressure on the NHS.”

“This will benefit all of society - keeping people in work and out of poverty. It reduces the pressures on local government and the NHS.”

*“We have identified that the unhealthy weight starts from a young age and increases further especially in more deprived parts of the population. We have known about this, but it seems that **not enough has been done** to address this. The link back to funding is stark - **schools cannot feed children well without adequate resources**. The huge increase in food banks shows **parents struggling to feed their children**. Weight is a **political issue**.”*



* Is there a dietetics service provision gap?

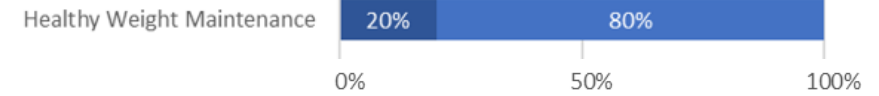
Maintenance of a healthy weight for those currently within a healthy weight range

- All stakeholders agreed with this outcome.
- The most common reasons for agreement were related to:
 - **Benefiting health** (N=3), such as by maintaining health and minimising risk of ill-health
 - Reducing resources needed (N=2), including reducing NHS pressures
- Two stakeholders suggested the importance of encouraging and supporting ongoing healthy lifestyle behaviours, and another suggested a “holistic approach to wellbeing”.
- All stakeholders also agreed that this outcome **aligns with their strategic visions**.
- Other comments relate to being an “important, valuable outcome that's really **difficult to measure**”*, and that “the long-term benefit of investing resource in this area is important”..

Level of agreement with the strategy outcomes



Level of agreement outcomes align with their strategic visions



■ Strongly Agree ■ Agree ■ Neither Agree or Disagree ■ Disagree ■ Strongly Disagree

Base = 5

“Those who are in the healthy weight range should be encouraged to stay there, as this will ensure better long term health outcomes for them, and less resource needed to tackle morbidities.”

“This is for the greater good of society in that it maintains health and reduces pressure on the NHS.”

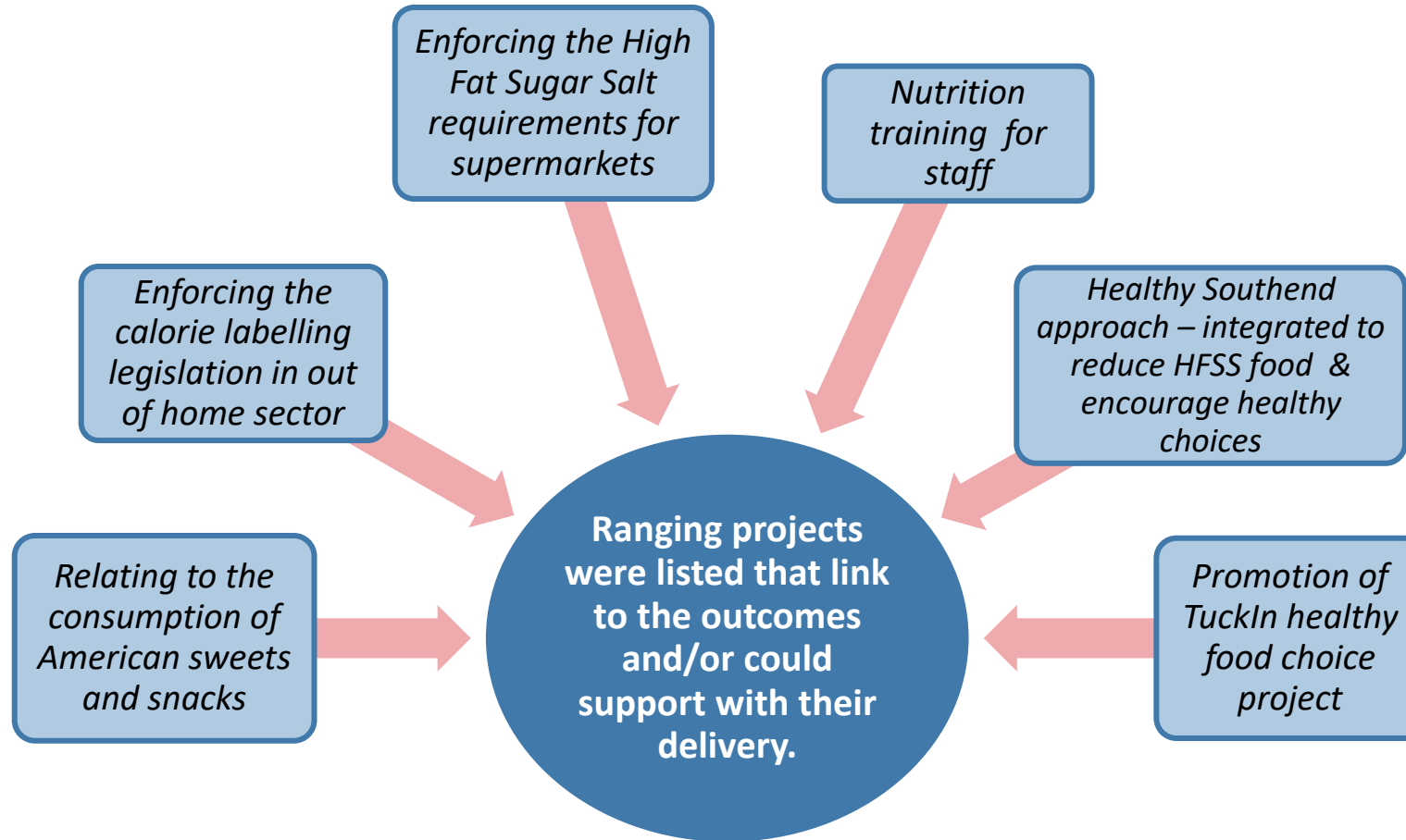
“Minimise risk of disease associated with obesity / being overweight. Holistic approach to wellbeing. Encourage and provide opportunity for ongoing healthy lifestyle and behaviour.”

“People should be supported to eat healthily and to exercise - if they are already there, then they should be encouraged in these behaviours.”

*Could be addressed by setting up population surveillance with long-term participant follow-up



Supporting Strategies and Other Outcomes

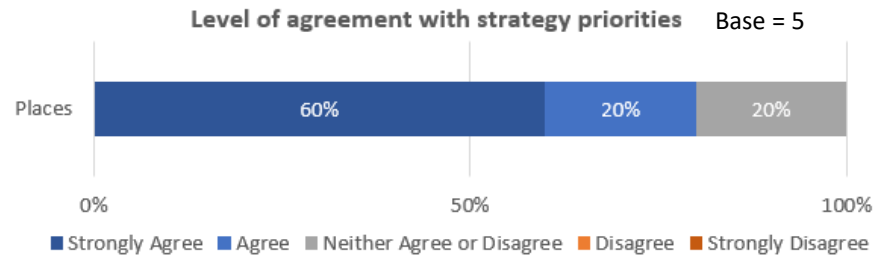


Other outcomes suggested (N=1):

- “Managing people who are underweight in frailty”
- “Actually subsidise gyms/swimming pools...so expensive”

Priorities

Places



- **Most (80%) agreed** with this priority.
- The most common reason why related to the **influence of environments** on people's behaviour and weight (N=3), and so, we "may have the greatest impact by targeting these 'places'".

"There are too many takeaways in the town I live in and not enough places that encourage healthy eating."

"This is a primary cause of obesity."

- One also indicated how this may **support reducing health inequalities**.

"This is vital as we have seen the links with high advertising of junk food and higher numbers of fast-food outlets in poorer areas."

Suggested Focus Areas:	What would success look like?
<p>Supporting healthy behaviours (N=2):</p> <ul style="list-style-type: none"> • "Subsidising fresh and healthy food" • "Encouraging people to exercise more. Low Traffic Neighbourhoods appear to work." 	<p>Better food environments (N=3):</p> <ul style="list-style-type: none"> • "Fewer unhealthy, inexpensive, accessible takeaways." • "The most desired fast food was healthy." • "An increase in healthier options available to all"
<p>Discouraging unhealthy behaviours (N=2):</p> <ul style="list-style-type: none"> • "Unhealthy choices must be made harder, i.e. more expensive and more difficult to find. This is something that requires legal changes and input from central government." • "Discouraging eating at takeaways" 	<p>Better physical activity environments (N=1):</p> <ul style="list-style-type: none"> • "Attractive, welcoming, safe places to walk and cycle that are linked up and a decent distance."
<p>Planning for the food environment (N=2):</p> <ul style="list-style-type: none"> • "Planners should have local rules controlling the amount of takeaways, particularly near schools" • "Prevention is better than cure. We have seen some areas where progressive policies are in place with regard to fast food outlets. These should be the exception rather than the norm." 	<p>Supporting healthy behaviours including nutrition, starting early (N=2):</p> <ul style="list-style-type: none"> • "More young people in particular encouraged to eat healthily and to exercise. Exercise should not just be competitive sport - other forms such as walking, cycling, exercise classes are good ways of keeping fit." • "Improved nutrition for children with the associated benefits of better learning."
<p>Knowledge and Skills, starting early, role of schools (N=1):</p> <ul style="list-style-type: none"> • "Teaching cooking and nutrition at school is an important life skill that every child should have access to" 	<p>Attitude shift (N=1):</p> <ul style="list-style-type: none"> • "A shift of attitude from the general population that moves away from accepting the status quo of junk food provision to one that values good quality food."

People

"It is clear that supportive services are needed throughout to ensure success in this area. Otherwise, it is too easy for those who are struggling to revert to previous poor behaviours"

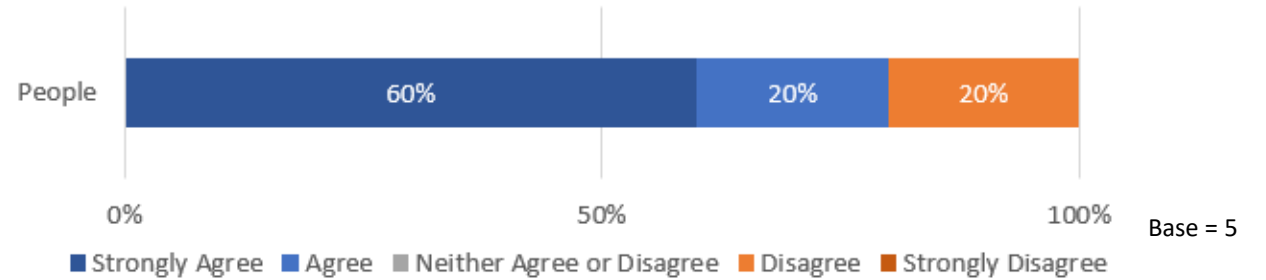
- **Most (80%) agreed** with this priority, as it can help healthy behaviour maintenance (N=1). However, 20% (N=1) disagreed, asking "how are you working this out?".



Other priorities suggested

- **Knowledge & education** (N=1) on obesity for a "proper understanding not relying on preconceptions"
- Being **Underweight** (N=1) "is also dangerous"
- **Linking with existing services, not standalone policies** (N=1): "**Planning** engagement. A link to other services rather than a standalone policy. The utilisation of services already in place such as **Environmental Health**, where officers have the skills to assist in this area."

Level of agreement with strategy priorities



Suggested Focus Areas:	What would success look like?
Starting early – role of schools (N=2): <ul style="list-style-type: none"> • "Schools are a good place to start as young people should be encouraged to have a healthy weight at the start of their lives." • "Health diet - food preparation classes in school." 	Improved healthy lifestyle behaviours and enjoyment (N=2): <ul style="list-style-type: none"> • "More people enjoying cooking from scratch." • "More people enjoying exercise."
Adequate support (N=3): <ul style="list-style-type: none"> • Including access, affordability, and advertisement: "Making these services accessible to all that need them, well-advertised", and "Group support and the availability of affordable services for time and resource [of] poor people" • Not supporting ineffective methods: "Fad diets do not help, do not work and should not be supported." 	Positively engaged in services (N=1): <ul style="list-style-type: none"> • "People continuing to engage in the services provided and feeling valued and supported by the services they engage in."
Planning (N=1): <ul style="list-style-type: none"> • "Restrictions in planning on endless takeaways opening." 	Knowledge (N=1): <ul style="list-style-type: none"> • "A better understanding what aspect of fatness is poor lifestyle choices and genetic"

Strategy Delivery Approaches

Collective

- Feedback provided on this delivery approach was valuing partnership working (N=2).
- Ideas to doing this in practice were that trading standards could continue to enforce the legislation within their area (N=1), and that “environmental health can tap into many areas such as food businesses to encourage take up of healthier eating policies” (N=1).
- Barriers cited towards this way of working included: lack of resources/funds (N=2); lack of support from leaders (N=1); clinical systems (N=1); and potential that “partnership working may be seen to take to more time and effort” (N=1).

“working together sounds ideal”

“we are pleased to see the phase ‘joined up’ as this has been an area in the past that has been missed”

Place-Based

- Limited feedback was provided on this proposed delivery approach, just that this “sounds good” (N=1) or “sounds acceptable” (N=1).
- Ideas for how to do this in practice were:
 - “Places like Harlow and Clacton are ideal to start” (N=1)
 - “Authorities need access to good mapping services and open dialogue with services who have the data” (N=1)
- The barrier cited to this way of working was “a lack of resource sharing in the past (N=1)

No other suggestions for how to deliver the Essex healthy weight strategy were given.

Delivery Plan Co-Design, and Strategy Information/Updates

Information and Progress Updates

- When asked what would be the most helpful information to be aware of, now and moving forward, with regards to the Essex healthy weight strategy, these were:
 - What it is, who is funding it and what research is being used (N=1)
 - Progress updates on what is happening (N=2)
 - How stakeholders can help and be involved, or what they are “expected to provide” (N=2)
- 50% (base = 4) would like newsletters and 50% would like emails to keep informed about the progress of the strategy
- 50% (base = 4) would like quarterly updates about such, and the other half monthly

Co-designing the Essex delivery plan

- When asked how they would like to be involved in the co-design of the healthy weight strategy Essex wide implementation/delivery plan, most (75%, base = 4) said via an email exchange with ECC Public Health, and the remaining 25% said by attending an in-person workshop / event with other organisations.

This information is issued by:
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