

# Our appetite for change

## Healthy Weight in Essex

A 10 year strategic approach to  
guide local action 2024 - 2034



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# Summary

**We want you the reader to understand how widespread and damaging excess weight is, that it can be preventable, and that it is not entirely a free choice for Essex residents to prevent and manage excess weight on their own.**

So we need a strategic approach to better join up our collective efforts, capturing and co-ordinating the considerable effort, passion and expertise which we invest in preventing and treating excess weight in Essex.

This strategy is for everyone who has a stake or responsibility in driving healthy weight, professionals, practitioners and Essex residents. The ask of you is to engage with this strategic approach, by co designing what we do together and committing to your best contributions to gain greatest impact. We must grow our influence to impact across more of the potential causes of excess weight as well as supporting individuals in their efforts.

**We must grow our influence to impact across more of the potential causes of excess weight as well as supporting individuals in their efforts.**





**To help shape the strategy, we have**

- **engaged with system professionals**
- **listened to Essex residents**
- **undertaken comprehensive evidence reviews**
- **consulted expert consensus**

**and will continue this approach going forward.**

The insight gathered recommended creating environments that make healthy choices the easy and preferred choices, and focusing on places and people with greatest risk of excess weight and greatest risk of overall poor wellbeing.

We must better align our efforts in common **target places** through developing and implementing co-ordinated place-based action plans across as many of the determinants of excess weight as possible. The physical, social and economic environments in which people live must be a focus to promote good overall emotional and physical wellbeing which will benefit more specific efforts focused on weight maintenance.

We must hold ourselves **collectively to account** because the causes of excess weight lie across many organisations at local and national level. It is also a societal issue, from national, through local communities to individuals. We also need system leadership to grow impact across all these areas.

Our focus and legacy should be on reducing the risk of excess weight for the current and future Essex population. This strategy is for **ten years** to signal the need to sustain our efforts on the right things over many years.

# Our scope:

## a focus on excess weight

**Across the whole population many health problems are caused by excess weight (which is defined as including both words of “overweight” and “obesity”).**

This strategy focuses on **preventing and reducing excess weight**, but effort is also needed to reduce the risk of people being underweight. Excess weight and underweight are two very different things which require a very different approach and management. Both excess weight and underweight have extremely complex causes which are both individual and environmental. Local action plans will need to consider careful messaging so that sustained healthy weight is seen as the outcome, not weight loss for example.

There is much debate about how best to measure weight and no perfect tool for routine use. The definition in most common use for adults is called Body Mass Index (BMI) which is calculated by the equation body weight in kilogrammes divided by height in centimetres squared. This calculation is used to define weight status as in the table on the right.

BMI	Weight Status
Below 18.5	Underweight
<b>18.5 - 24.9</b>	<b>Healthy Weight</b>
25.0 - 29.9	Overweight
30.0 and above	Obesity

Some groups have a higher risk of obesity than others, and currently the World Health Organisation and National Institute of Clinical Excellence both recommend a BMI cut-off point of 27.5 to define obesity in both South Asian and Chinese populations. This is because of the increased risk of certain health conditions, such as diabetes, at a lower BMI amongst these populations compared with other groups.

For children, the BMI measure is more complex. Children of different ages and sexes grow at different rates, so an individual child’s BMI is compared against a reference sample of children and young people with the following definitions applying:

- if a child’s BMI is at or above the 91<sup>st</sup> centile of the reference sample of children = **overweight**
- if a child’s BMI is at or above the 98<sup>th</sup> centile of the reference sample of children = **very overweight**



**Weight is objective, but a ‘healthy’ weight is more complex, so there is more to defining individual health than BMI alone.**

A useful definition is:

“ a healthy weight could be defined as a weight at which you are in sound mind, body and spirit that you can reasonably maintain while engaging in generally healthful behaviours. ”

Source: Peterson K. 2023



And our **surveyed residents** agree, there's more to a healthy weight than BMI alone. A healthy weight to our residents is looking and feeling good and comfortable, and preventing disease.

To them a healthy weight is...

“A weight that allows you to do the things you want to do without your weight impacting negatively on your mobility and wellbeing”

“Being able to be fit and healthy, do activities without weight being a barrier to doing the activities; feeling agile and energetic; not being poorly due to weight issues”

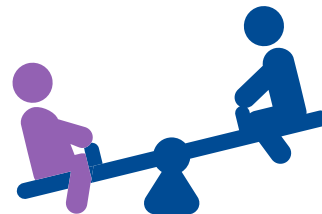
“Being a weight and size where you feel good, mentally and physically, and where there's low risk of developing diseases linked to being overweight”

These quotes are samples from our Essex residents healthy weight survey

# Why do we care about excess weight?

More and more people are now living with excess weight and this trend continues to increase.

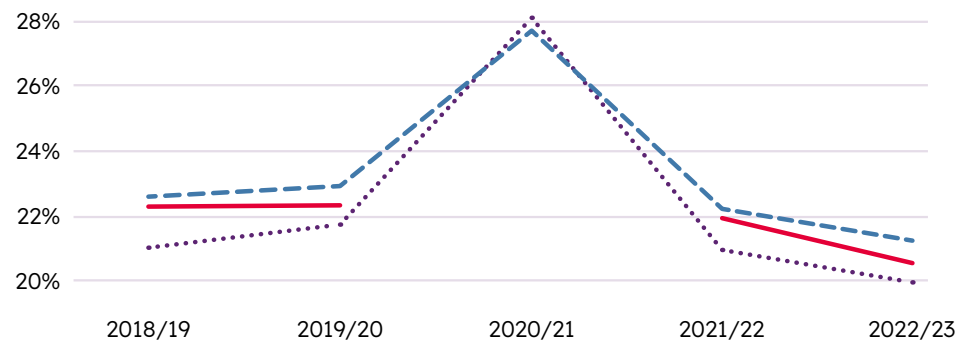
Essex has a higher and faster rising adult excess weight prevalence than regionally and nationally. Population projections suggest that more people are likely to have excess weight in future, creating greater burden of disease and illness.



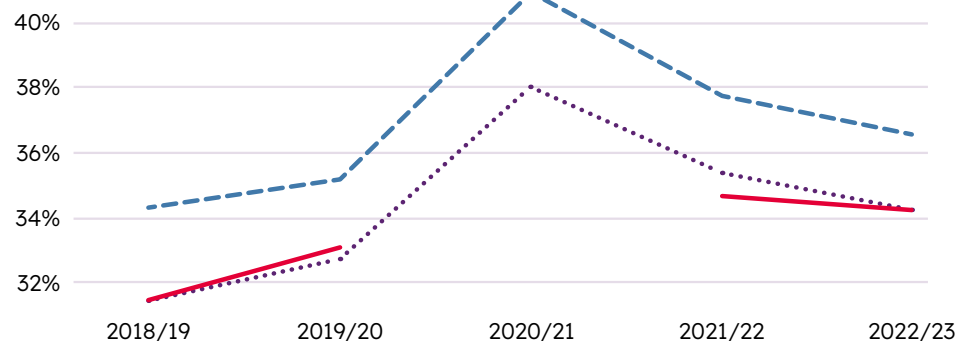
**27.3% of measured Essex children are living with overweight or obesity**

Source: National Child Measurement Programme (NCMP) 2022/23

## Reception age children, overweight including obese



## Year 6 age children, overweight including obese



— Essex    ..... East of England region    - - - England

Source: National Child Measurement Programme (NCMP) data  
Local data for 2020/21 is not available at source, due to the impacts of COVID on data collection



**65.3%** of Essex adults self reported as **living with overweight or obesity**

Source: Active Lives Survey 2022/23



**This has significant wellbeing, physical and mental health costs to individuals. Also to the economy through economic productivity and educational attainment, and to public services, through rising demand for health and care services. Yet, this is a problem that can be preventable and avoidable.**

“ The increasing rates of overweight and obesity have been driven by accelerated marketing, availability, and affordability of highly processed, energy dense foods that are high in saturated fats, salt and/or sugars and are relatively cheap to manufacture. The marketing of unhealthy food and drink continues to expand through the evolution of advertising through digital apps and social media. ”

Source: ASH, the Obesity Health Alliance, and the Alcohol Health Alliance 2024





# The total cost for UK is **£62 billion**

Source: Frontier 2022

**Social costs**  
Due to reduction in workplace productivity as a result of obesity-related long-term health conditions  
**£4 billion**

**Costs to NHS**  
Additional costs relating to Covid-19 due to higher probability of hospitalisation and death in those living with obesity  
**£4.2 billion**

**Costs to NHS**  
Including for primary care usage, medications, hospitalisations, cost of antidepressant medication  
**£6.5 billion**

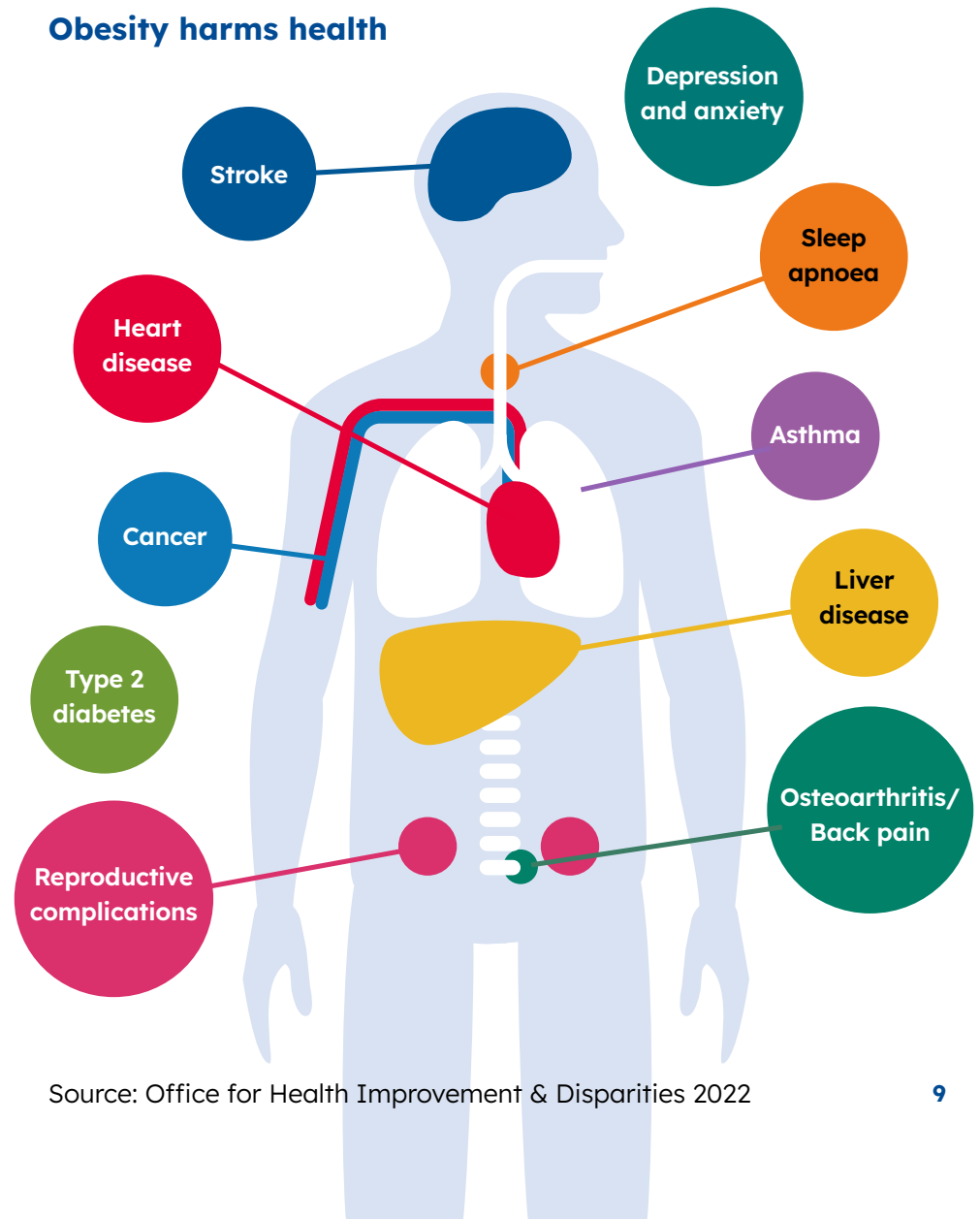
**Social care costs**  
Due to obesity related long-term health conditions  
**£7.5 billion**

**Costs due to reduction in quality of life**  
Measured using Quality Adjusted Life Years

# £39.8 billion

Excess weight can be associated with many poor health outcomes and is the greatest contributor to years of healthy life lost in Essex. Resident research told us that most worry that their future health may be affected by their current lifestyle or weight.

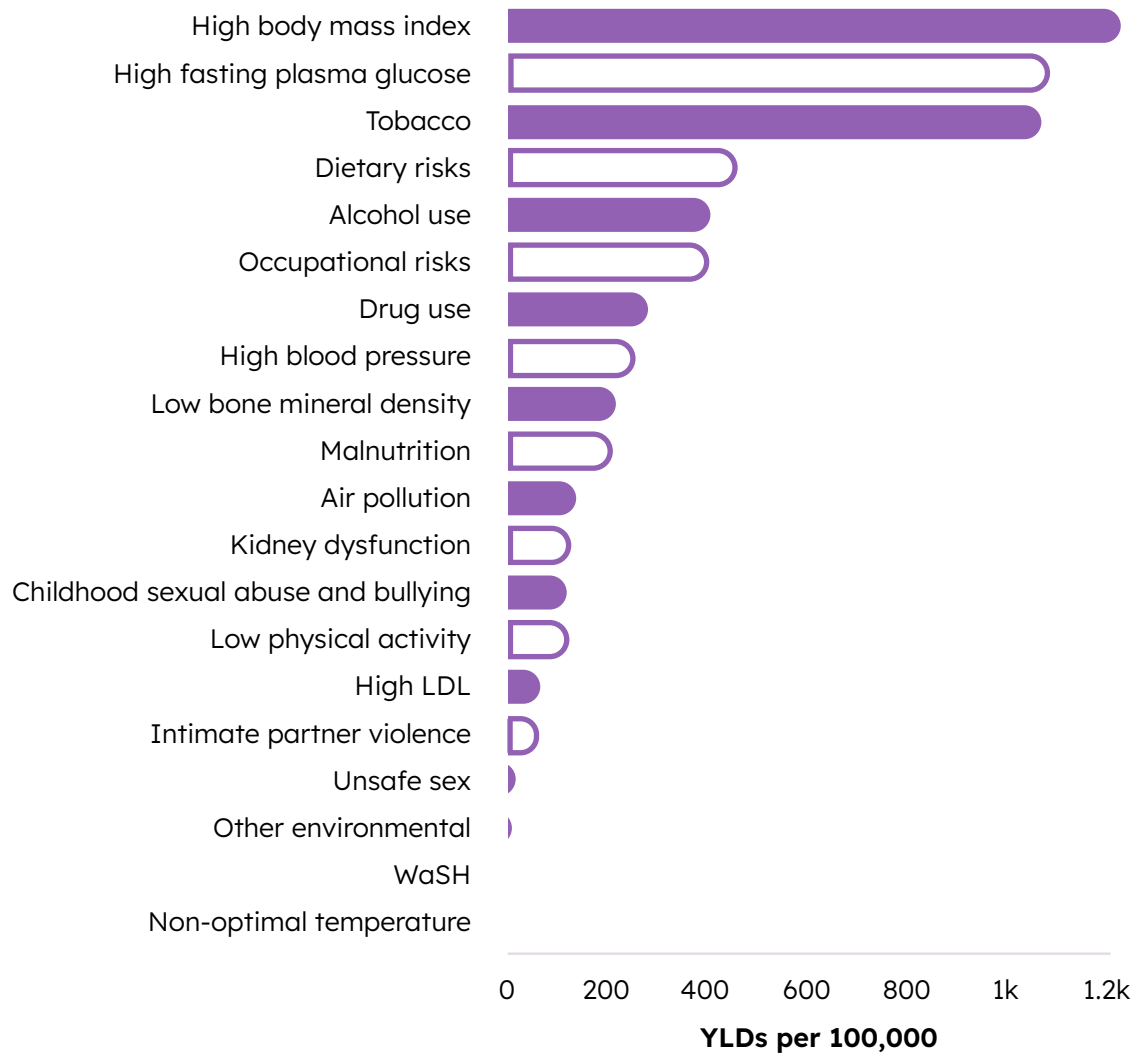
## Obesity harms health



Source: Office for Health Improvement & Disparities 2022

## Years of healthy life lost due to disability or ill-health (YLD), by risk factor, all causes

Essex, all ages, both sexes

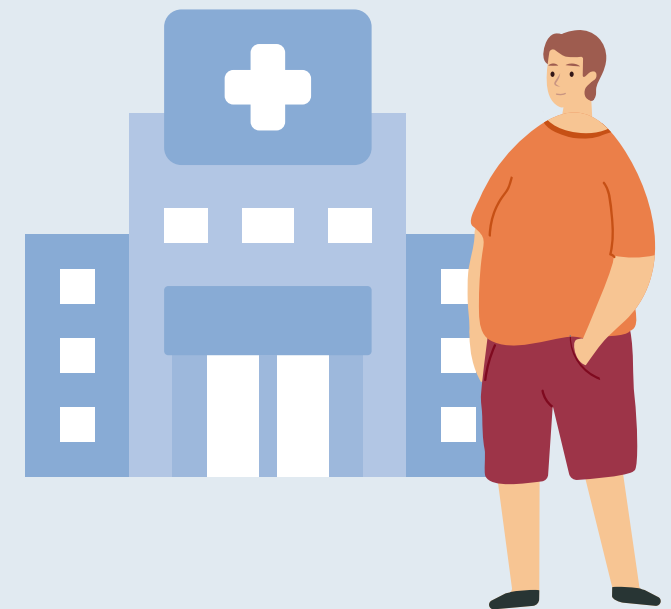


Source: World Health Organisation 2019

## In 2022/23 there were 19,700 obesity related hospital admissions amongst Essex residents.

The rate of admissions with obesity (where obesity is recorded on admission) **increased by 160%** over 2013/14 to 2022/23.

Most local people surveyed wanted to make healthy lifestyle changes or lose weight, mostly to maintain or improve their physical or emotional and mental health and wellbeing.



# Healthy weight is everyone's business for Everyone's Essex

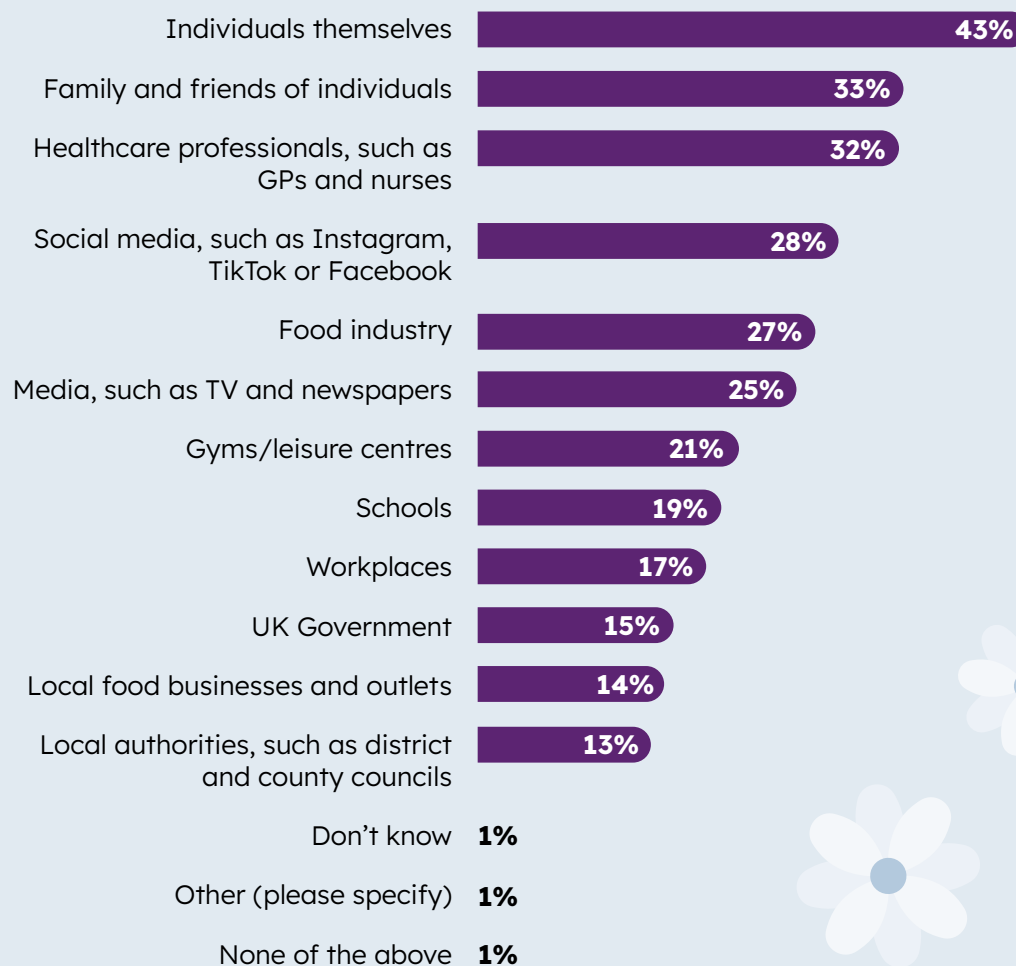
There is great work in Essex to promote healthy weight behaviours, with passion, commitment and strong shared desire to work collectively for the wellbeing of Essex people.

This is the perfect place for us all to springboard into the things we do next to increase our impact. This strategy sets the approach towards delivering healthy weight, and supports the broader wellbeing commitments in the Essex Joint Health and Wellbeing strategy and Everyone's Essex strategy.

**Excess weight is not just an issue for people working in public health. It is an issue for everyone working and living in Essex.**



Whilst most respondents felt that it is an individual responsibility to manage healthy weight, many also cited external factors as having a key influence on their weight, including their family and friends, healthcare professionals, social media, food industry, media and many more, as shown below.

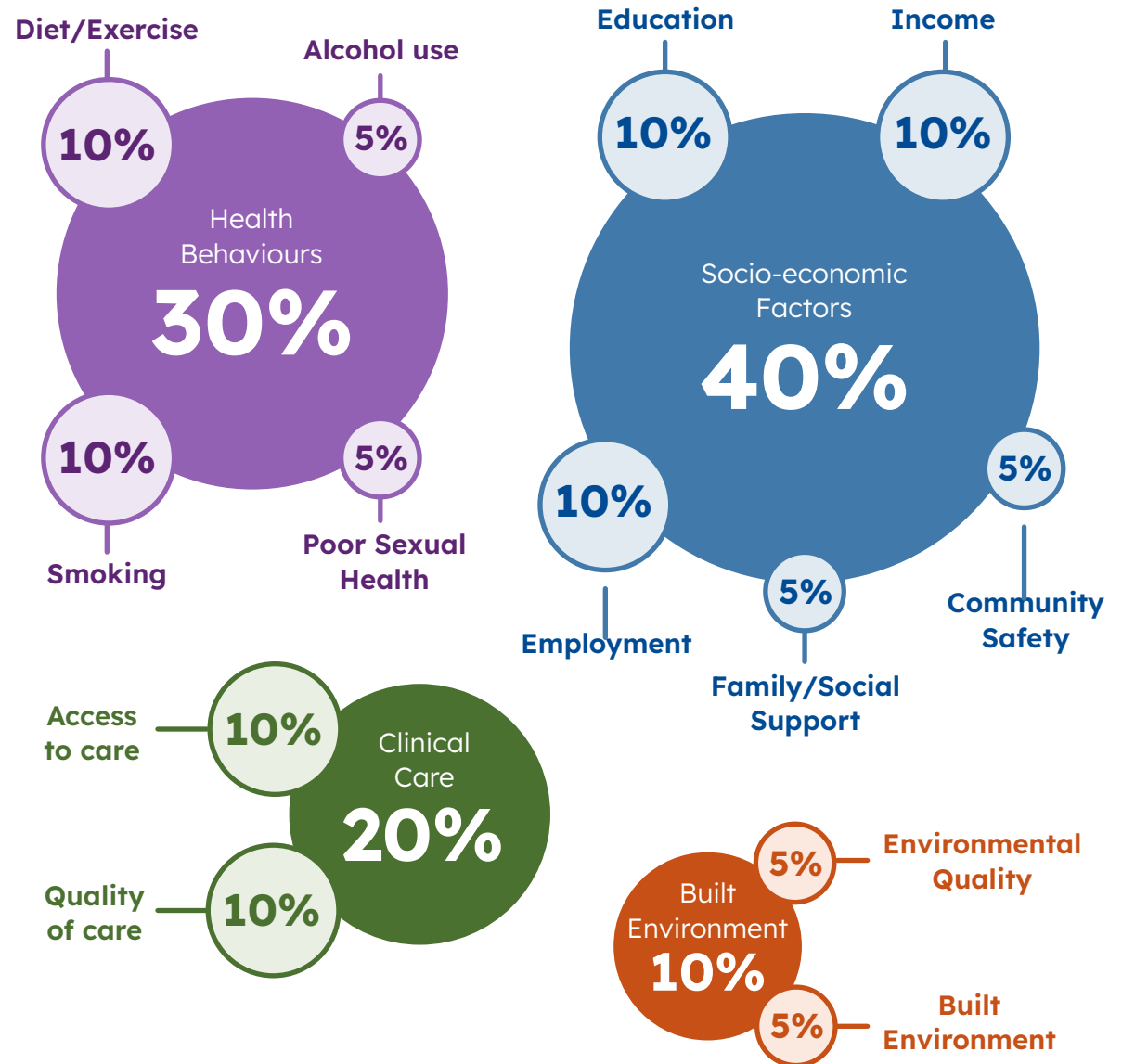


Source: Essex healthy weight residents survey 2024

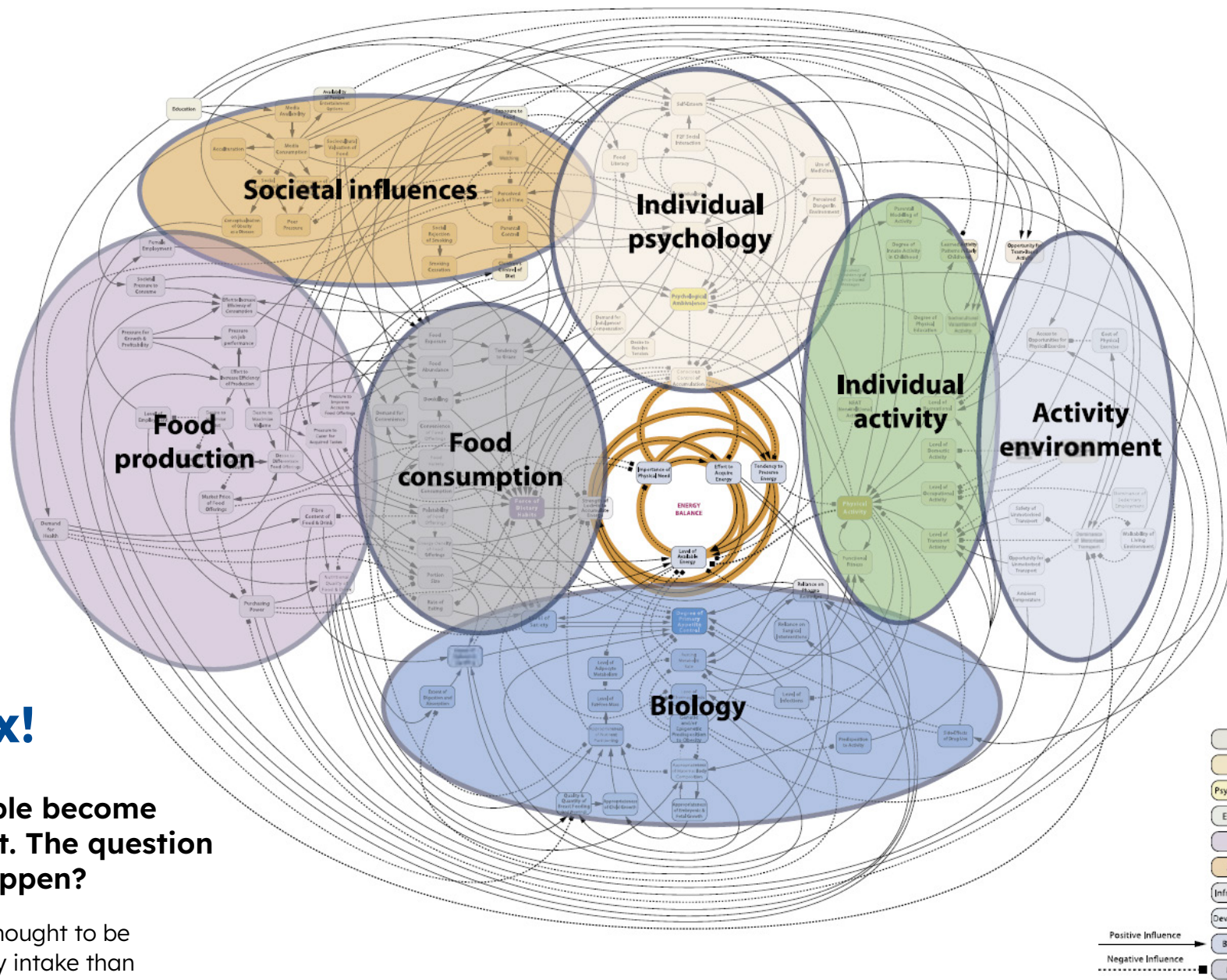
**There are strong dependencies between this strategy and a whole range of other strategies and workplans which don't include words like "obesity" or "weight".**

- For example, healthy lifestyles can give **climate** benefits through locally sourced, sustainable diets and active travel. Excess weight can limit productivity, job prospects and educational attainment so more people with healthy weight can support economic growth.
- **Economic growth** strategies can help reduce excess weight because more meaningful jobs and higher income for those worst off is likely to reduce stress and associated comfort eating of high sugar, high salt, high fat and ultra processed foods.
- Also excess weight can cause and is caused by poor **emotional wellbeing**, and people with excess weight can experience stigma and prejudice which can worsen mental health and drive poor lifestyle behaviours.

The following diagram shows the breadth of things which contribute to our health status. Our work needs to encompass this breadth.



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute 2014



## It's complex!

We know HOW people become an unhealthy weight. The question is WHY does this happen?

Physically, weight gain is thought to be caused by a greater energy intake than energy expenditure. But, in reality, it's much more complex, with many inter-relating factors contributing to excess weight, shown in this diagram.

Source: Government Office for Science 2007

“The focus is always on weight and not at considering any other issues. The assumption is that the weight is the issue and never that it’s a symptom of something else or that it’s not the actual issue”

Source: Resident quote from Essex healthy weight residents survey 2024

This means mainly focusing on individual behaviour change won’t work to achieve large scale and sustained healthy weight impact. We must focus much more on broader determinants of excess weight and we need a much better understanding of the local causes of excess weight. We may need to change some of the things we do and divert some effort from current work into other work.

“ I was asked recently to name the single most important intervention to reduce childhood obesity. My weary reply was that the single most important intervention is to understand that there is no single most important intervention ”

Source: Dr. Harry Rutter 2012

“ We know there is no one single solution, we can only tackle obesity if it becomes everybody’s business and is prioritised in everything we do ”

Source: UK Government 2019

## The evidence base also reinforces the complexity of excess weight

Most studies show a positive effect on BMI for children and adults (either through reduction or maintenance), although it is unclear if this impact is sustained long-term.

However, the findings from the reviews are limited by the inconsistent reporting of results, measures of effectiveness and research methodology. Also, the vast difference in intervention components, sample size, settings, follow up periods, variation in outcomes, and variety of influencing factors make it impossible to compare across studies. Therefore, **“due to a lack of clear findings within the literature there are no clear recommendations for practice”** (Leeds Beckett University, Evidence Reviews 2024)

Studies also generally focused on a specific element/ potential cause of excess weight, rather than a whole system approach to excess weight. Furthermore, most studies focused on individual level interventions and individual behaviour, rather than place level approaches, including greater focus on environments, and social and economic determinants of health, which expert consensus and this strategy, recommends.

Drawing too many conclusions from current evidence is problematic. The evidence reviews will help steer us towards things that may be relatively more likely to have at least some effect, whilst caveating the dangers of expecting too much from one particular intervention and reinforcing the complexity of excess weight. More importantly, the evidence base drives us to create our own **practice-based evidence of what can work in Essex.**

## Many know what to do... but it is difficult

**Resident research tells us that most people know what a healthy lifestyle should be, how much exercise to do, and how to have a healthy diet.**

But fewer said that they know how to manage their weight and their mental health, and only half felt confident to achieve or maintain a healthy weight and/or lifestyle.

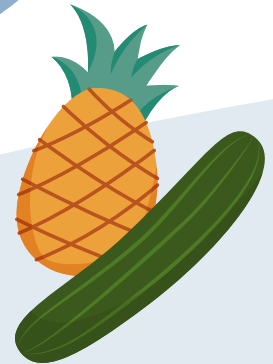
“It is a personal responsibility, made easier by limiting access to poor food choices, and having cost effective keep fit options locally”

“It’s difficult to lose weight - you have to eat every day and it’s difficult to maintain good choices”

“We are living in a time where making the healthy choices is just more difficult than ever and the daily stresses people are under are enormous”

“I know what is healthy to eat, but cost does play a massive part in choosing between what I can afford and what I know is better for me”

“I think our current society has so many ‘unhealthy’ influences and options around us that it is hard to make the better choice. We are constantly being nudged towards those choices over the ‘healthy’ ones”



Nearly a third of Essex residents surveyed said it’s too hard to choose healthy lifestyle options. Over a third of residents surveyed said they struggled to reach a healthy weight and even more struggled to maintain it. Most people have tried to make healthier lifestyle changes before and some struggled to do it but nearly half struggled to maintain it.

# What do we want to achieve?

Simply put, people carrying excess weight has become the norm in Essex, as well as the rest of the country, and in many other countries.

**We need to question why this is and how we feel about this worsening. So we need to work together better to create conditions where the key outcomes below are not only possible, but much easier to achieve.**

The outcomes have been developed through expert consensus, data, professional views and resident insight.





Outcome 1:

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



### Food environment

Too much availability of cheap unhealthy food (high salt sugar fat and ultra processed foods) and poor availability of healthy food in most deprived areas.

Key aspects of the food environment that insights recommended as some of our focus areas are:



1. Marketing e.g. layout/point of sale/food labelling



2. Food manufacturing/production



3. Advertising



4. Online/digital food environment



5. Access to healthy food e.g. healthy food provision/cost, including fresh fruit and veg










6. Internet led behaviour - role modelling



7. Planning/new developments e.g. food outlet planning

# Physical activity environment\*

Accessibility/perceived accessibility of physical activity and an environment which makes physical activity the easy choice or default option:

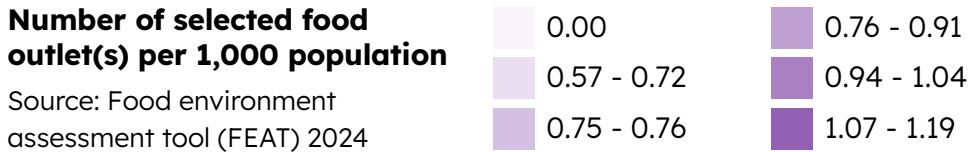
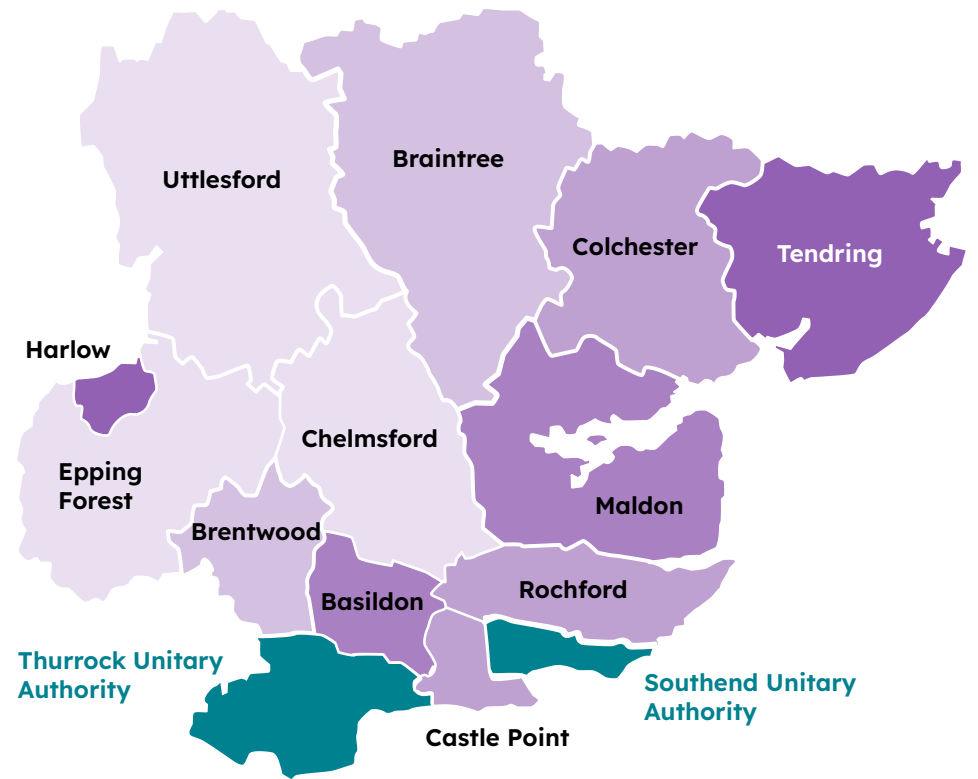
- 
**1.** Active travel  
e.g. leisure time physical activity
- 
**2.** Cost/perceived cost
- 
**3.** Community safety
- 
**4.** Open space
- 
**5.** Digital / internet led behaviour - role modelling
- 
**6.** Infrastructure which supports physical activity  
e.g. cycle walking friendly routes
- 
**7.** Planning
- 
**8.** Social connection
- 
**9.** Physical activity literacy

\* Content included within the Active Essex fit for the future strategy 2021-2031

# Data

## Food Environment

While the overall prevalence of takeaways in Essex is lower than the national average, there are specific Districts where it is significantly higher, especially in urban and deprived areas.



## Food & Physical Environment

Generally across the county, there are fewer assets that could support a healthy lifestyle and weight compared to the national average.

District	Density of community space	Density of cultural assets	Density of educational assets	Density of sport and leisure assets	Density of green assets
<b>Essex</b>	<b>3.7</b>	<b>0.3</b>	<b>2.5</b>	<b>1.8</b>	<b>2.4</b>
Basildon	2.2	0.1	2.1	1.3	0.1
Braintree	4.3	0.4	2.5	1.7	2.6
Brentwood	5.2	0.3	4.3	3.0	1.9
Castle Point	1.6	0.1	1.9	1.1	0.2
Chelmsford	4.0	0.3	2.8	3.4	5.7
Colchester	2.9	0.3	2.1	1.1	1.3
Epping Forest	5.2	0.4	4.3	2.8	2.2
Harlow	3.6	0.2	3.0	2.0	5.3
Maldon	4.7	0.8	1.8	0.9	3.1
Rochford	3.7	0.3	1.5	0.9	2.6
Tendring	4.2	0.3	2.2	1.2	2.4
Uttlesford	4.6	0.3	1.7	2.3	1.7
East of England	4.3	0.3	3.0	2.1	3.4
England	4.2	0.4	3.3	2.9	3.4

Source: based on the Strength and Communities in Essex report 2020, the numbers show the density of assets per 1,000 population.



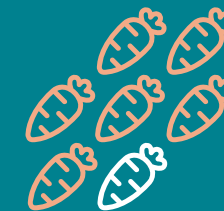
59% of 13 to 19-year-olds report having a food or drink brand app or food delivery app on their phone, facilitating easy purchase of unhealthy food and drink and exposing them to targeted advertising

Bite Back, 2023

Between 2010 and 2017, there was a 450% increase in spend on online advertising by food and drink companies



Bite Back, 2023



1 in 7 of the lowest priced fruit and veg products available across major retailers in the UK contain added salt and/or sugar.

Food Foundation, 2024

If poorer families were buying the lowest priced fruit and veg available, it would cost between 34-52% of a person's weekly food budget to afford a week's worth of 5-a-day. This compares to 17-26% for the wealthiest 10% of families.



Food Foundation, 2024

## System professionals

All Essex system professionals agreed with this outcome. Comparing across the 3 outcomes, this was joint most strongly agreed with Outcome 3.

### Food Environment

Professionals told us...

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

### Physical activity Environment

Professionals told us...

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

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.**

## Local people

A third of residents surveyed said social media and other media are key influences over having a healthy lifestyle or weight.

“All you see on social media is buy this, drink this, inject this or that new wonder drug to lose weight”

“Tackle the source of the temptation”

“Technology especially social media is a major contributor of a sedentary lifestyle.”

### Food Environment

A third of residents surveyed said social media and other media are key influences over having a healthy lifestyle or weight.

“Unhealthy food choices are too readily available and advertised”

“Our current society has so many ‘unhealthy’ influences and options around us that it is hard to make the better choice, i.e. convenience of fast-food outlets, unbalanced marketing towards unhealthy choices all around us in TV and print media. We are constantly being nudged towards those choices over the ‘healthy’ ones.”

“Too many sugar, salt and fat overloaded products sold in places like supermarkets. Tackle the source of the problem - the food industry.”

When asked about what the main barriers to healthy lifestyles and weight are, nearly a quarter of residents surveyed said the cost of healthy diet options.

“Most times the cheaper products are the unhealthy ones and people simply can’t afford the luxury of buying the more expensive healthy options.”



## Physical activity Environment

Under half agreed that it would be easy to walk or cycle to get to places needed in the local area.

Half of residents surveyed said that they had cut back or stopped exercise activities such as clubs, classes or leisure centres, due to costs in the last 6 months.

“We have an overall culture that encourages sedentary behaviour. The fact that we have to work into older age to survive makes it more difficult to continue to be as active as we should to prevent long term conditions, maintain a healthy weight and stay mobile...all while working 8 hours a day! Add to that poor pavements, poor public transport networks, insufficient affordable leisure opportunities (esp. during non-working hours), and a high cost of living that makes cheap processed foods the most affordable option.”

“Personally I like to walk and find the lack of safe walkways on many Essex roads a huge problem. Similarly the appalling public transport makes using a car when I’d prefer not to a necessity option.”

A lot of residents surveyed also commented on how they **didn’t feel safe** to exercise locally, e.g., walking or cycling, particularly women.

## Outcome 2:

# More people with excess weight effectively supported to be a healthy weight

Ensuring people can access effective weight management support from friends, family and professionals including both prevention and treatment in ways which are proportionate to need, personalised and part of holistic seamless pathways which cover weight and wider determinants.

Our insight recommends for effective weight management support to involve the following factors:

-  1. Non-stigmatising and compassionate
-  2. Tailored (support and associated Outcomes)
-  3. Accessible
-  4. Flexible
-  5. Building autonomy
-  6. Diverse
-  7. Integrated
-  8. Visible
-  9. Community Support (connection)
-  10. Optimal engagement points

## Data

Essex residents have benefited from locally available weight management services

**“It has put me in in the right frame of mind. It’s a long process. It sets you on the right course, being weighed and talking to someone is really helpful. I have lost weight and I am still going.”**

Essex weight management service client

**“I appreciate the support and somewhere to go. Trying to doing it on your own is really hard so I am pleased to have support and encouragement. I’ve lost 16lbs but hoping to lose a bit more.”**

Essex weight management service client

## System professionals

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

**“People may need support to change [their] habits and lifestyle. They may be unable to do this in isolation.”**

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

## Local people

Most residents surveyed haven't received any weight or lifestyle advice or support before but almost half would consider it in future.

**"I have been able to lose weight and maintain a healthy weight because I attended a free weight management course where I was taught what to look for in terms of a healthy balanced diet and given advice and support. Without this and my own self motivation I would not have succeeded. I am extremely grateful that that resource was available. It has changed my life and my health"**

**"I feel like that every time I try to loose weight after 1/2 months I only loose 1/2 kg max and find it really depressing so i give up."**

Nearly half of residents surveyed didn't know about local weight support services or healthy lifestyles opportunities available.

**"It can be really difficult to know where to begin - there's so much information out there, it's hard to work out what's right for you"**

Nearly a third disagreed that there are services they can easily access, like weight management or smoking cessation, that can enable them to have a healthy lifestyle or weight. Some people shared difficulties due to waiting lists/times to receive support, and some suggested support hasn't met needs.

**"Past experience has been of being judged and set goals that were not realistic or that i felt I owned. It was a waste of time and I felt worse than when I went in"**

**"No one takes serious weight issues as important."**

**"Most GPs are keen to give out pills when often talking or gym membership might be a better solution."**

**"All they do is tell you [to] exercise more and eat better. There needs to be support... instead of just telling people to do more when they can't."**

**"It's hard to access support services or doctors/hospitals for weight related issues"**

**"I have found health professionals judgemental and offer only one size fits all solutions. You should rather than you could..."**



## Outcome 3: Healthy Lifestyle behaviours are the easy choice

There is widespread confusion about what is healthy and it is highly personalised. However insight suggests the following aspects contribute to a healthy lifestyle and therefore should be encouraged:



1. Health literacy e.g. for food labelling



2. Time management e.g. work life balance



3. Resilience



4. Mental wellbeing



5. Habitual healthy food and drink intake and physical activity\*

\*This is a key outcome for other strategies, such as the Active Essex Fit for the Future strategy which is critical to our collective success.

## Data

“ There is a direct link between ultra processed food and 32 harmful effects to health including Type 2 Diabetes, heart disease, cancer and mental health...nearly 60% of UK diets now come from Ultra processed foods (UPF). For younger people from disadvantaged backgrounds this can be 80%. ”

Source: Lane, M. 2024

The following data highlights some of the current lifestyle behaviours in Essex:

### Breastfeeding

According to the World Health Organisation, breastfeeding can cut the chances of a child becoming obese by up to 25%.

### Percentage of infants that are breastfed at age 6 to 8 weeks



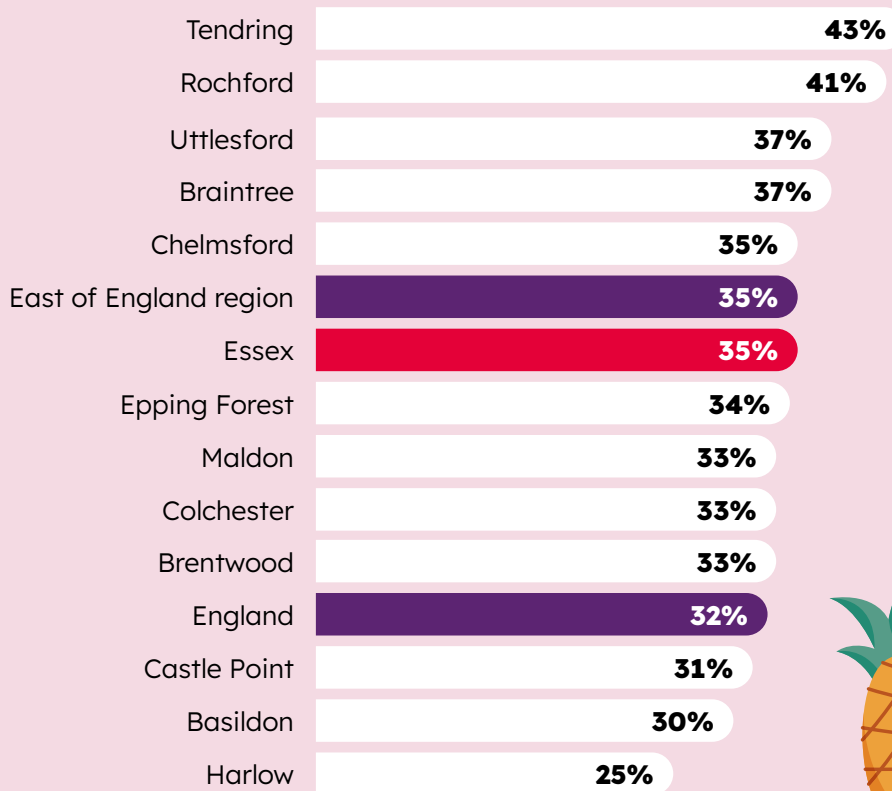
Source: Fingertips 2022/23



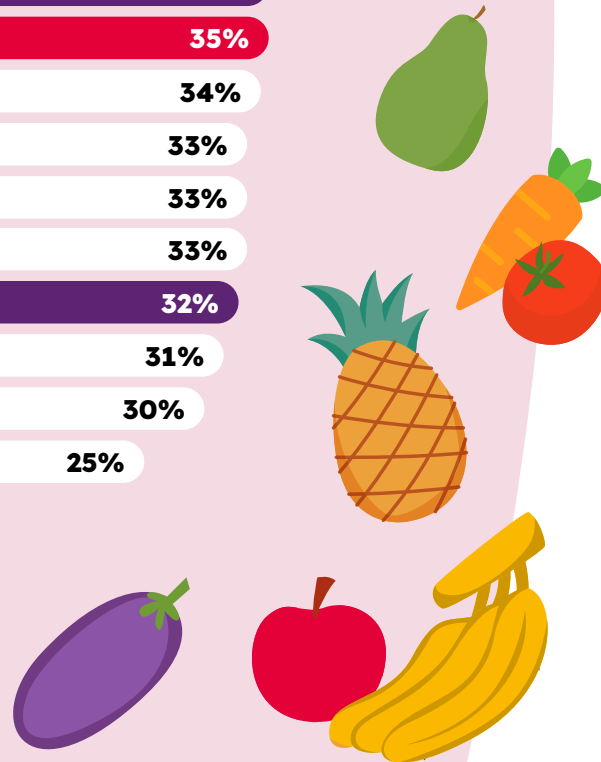
## Fruit and veg consumption

Increased fruit and vegetable consumption is associated with reduced risk of weight gain and may even contribute to weight loss.

### Percentage of adults meeting 5-a-day recommendation



Source: Active lives survey 2021/22



## Physical inactivity

Approximately **21.6%** of adults in Essex engage in **less than 30 minutes** of moderate-intensity physical activity per week.



While this figure is slightly below the national, it marginally exceeds the regional average. Among the districts in Essex, the highest percentages of inactive adults are observed in Harlow (29.6%), Tendring (25.5%) and Basildon (23.95).



Data indicates that **only half of Essex children** and young people aged 5-16 years, meet the **recommended 60 minutes** of Moderate to Vigorous Physical Activity per day across the week.

Source: Active lives survey 2022/23

## Oral health

Nearly a **fifth of 5 year olds** have visually obvious dental decay in Essex.



Source: Oral health survey of 5 year old children 2021/22

## System professionals

All system professionals also agreed that this outcome aligns with their strategic visions.

“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. 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.”



## Local people

The most common lifestyle goals amongst people surveyed were to be more active, have a healthier diet or manage stress or anxiety.

People told us they want to maintain or improve physical health and wellbeing, have more energy, maintain or improve emotional and mental health, and /or lose weight.

Our surveyed Essex residents told us that it's harder to reach a healthy weight than it is to adopt healthy lifestyle behaviours. They also said it's harder to sustain (healthy) behaviours than it is to sustain healthy weight.

“Create a culture of eating well and fitness in the country”

“An active social which usually involves drinking does impact on a healthy lifestyle. There is a strong drinking culture in the UK and when people socialise it usually is around drink.”

“I have tried dieting in the past but it is hard to know what is a correct path to follow and why. There is so much diet information out there that it is overwhelming to consume and understand.”

“My low self-esteem causes me to not believe I'm worth taking good care of, and the easiest coping strategy for anxiety and depression is to turn to junk food.”

“Being tired limits the enthusiasm I have for maintaining healthy lifestyle and eating habits.”

“It's hard to eat differently from friends and family. My work is sedentary and working from home now for the majority of time has resulted in even less movement on a daily basis.”



- there is a **strong desire** to reduce excess weight amongst partners and residents
- individual efforts have limited impact at scale and over time, but teams are **unsure how they can contribute** towards more meaningful collective action
- there are **gaps in vision and system leadership skills** which reduces opportunities for alignment and collaboration
- **resources are not coordinated** around local needs and causes in defined places
- programmes are more **focused on individual people's efforts** to lose weight than on wider causes of excess weight
- local environments across Essex **aren't supporting people** to sustain healthy lifestyles and healthy weight

...to where we want to be

- we have a **clear shared mission** and are taking collective action around the causes of unhealthy weight
- we have **shared accountability** to deliver and measure impact
- we recognise the **interdependency of effort**, and work together towards aligned outcomes
- we **align programmes and resources** to target local needs and causes
- we have tools and data that enable us to quantify the relative risk and **target our efforts** in Essex places
- we **influence local environments** to make healthy weight choices the easy option



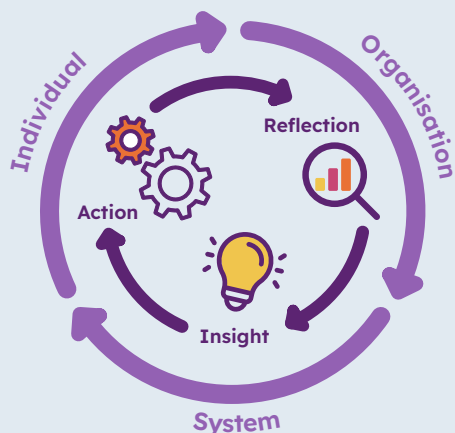
# Creating the right conditions for success – high level plan

**Achieving sustained results at the large scale needed requires more collective effort, organised in the right sequence, based on best evidence of the determinants of healthy weight.**

We propose to support collective Essex efforts in the following way. Some of these activities are already happening and will need to be run concurrently.

## Culture

**System leadership is key** – we need a shared understanding of the complexity of excess weight to deliver more collective, co-ordinated action, sustained over time and supported on the ground at the highest level of stakeholder organisations. Investing time in thinking deeply about what our best collective response is for maximum impact will be critical.



**The processes of reflection and gathering insight must inform action and these three components are iterative. There is still much we don't know about what is really driving excess weight in Essex. These leadership qualities are needed at individual, organisational and system levels.**

## Resource

**Workforce development / capability and capacity building** is essential to deliver and monitor co-ordinated place based healthy weight activities in the different way that we need to do it going forward.

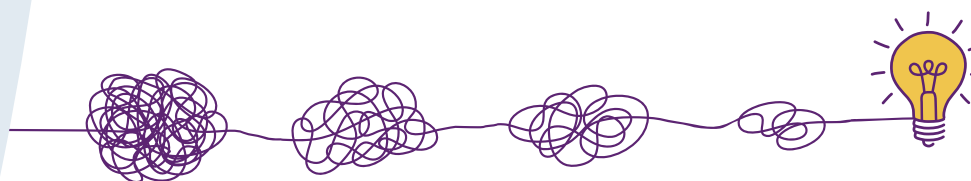
## Methods

**A place based approach is essential, working together across all the determinants of excess weight in the same target places.**

We must hold ourselves collectively to account in place based working to ensure delivery, measurement and impact of local efforts. There are huge interdependencies between any one project delivered and other healthy weight activity needed for the same people in the same places. Just doing lots of activity in a place will not work no matter how hard we try or how good our intentions. We must constantly refresh and evaluate what we do and we will continue to work with leading research partners to understand how our collective actions can give us best impact.

**System professionals** said:

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



# Strategy into action

**Committing to the approach described in this strategy, is essential for future work, but this must lead to delivery.**

Our next product after this strategy will be an Essex wide delivery plan which outlines all the things that **could** be done collectively to best impact on excess weight. But we must collectively measure how much potential action translates into practical action.

So after the Essex delivery plan which will show possible actions, we will work with local place partners to define what **will** be done on place-based delivery plans. These will be developed with residents and communities to reflect specific local circumstances and make best use of powerful local assets. We will continue to co-develop plans with system professionals and residents, and be informed by evidence, policy and expert consensus.



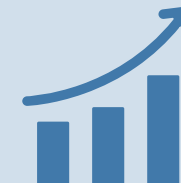
**High level strategy**



**Plan of potential actions across Essex**



**Detailed local place plans**



**Continued delivery and measurement of impact**

## We need your help!

The Essex Health and Wellbeing Board will have accountability for delivery of the Essex strategy. The Essex Strategic Coordination Group and Health Overview and Scrutiny Committee can also play a useful part in overseeing how partners across the county are working together on collective delivery. A Healthy Weight Steering Board will be established to monitor and inform delivery, with additional task and finish groups established as required.

Local place based groups such as District Health and Wellbeing Boards and Integrated Care System Alliances will have responsibility for delivering local plans.



# Growing our influence and organising our efforts in the right way

**We know that achieving healthy weight for the population is complex.**

Its causes and solutions are widely distributed - from central government legislation through commercial marketing of food and drink, and public and voluntary sector organisations supporting wellbeing, to Essex residents. So how we organise our collective efforts is critical.

There is no evidence that simply doing a large amount of activity, no matter how hard we try, will produce the outcome in something as complex as excess weight. **Collective effort must be aligned around the determinants of the thing we're trying to change.** We suggest two themes with recommended focus areas to deliver the three strategy outcomes.

These two delivery themes are:



Essex resident insight showed us that both of these themes are important for a healthy weight, and cannot be addressed separately.

**“It is an individual responsibility to be dedicated and disciplined in my routines but also the wider environment does influence my choices and it takes great will to not allow environmental pressures on choices.”**

# Theme 1: PLACES or changing the obesogenic environment

An obesogenic environment is an environment which enables and promotes obesity and excess weight. We must prioritise more **deprived** and **urban areas** as these areas are typically more obesogenic and have higher levels of excess weight. Our work could include: e.g. making planning or housing decisions which reduce rather than contribute to an “obesogenic” environment more than a healthy weight, such as more fast food outlets, poor housing quality, or unsafe streets, which could contribute to comfort eating of unhealthy foods and lead to excess weight behaviours.



Working in a coordinated way across settings which could include:



**School food & physical activity environment**

**Public estate**



**Green spaces and travel infrastructure**



**Food hospitality environment - cafes, restaurants, takeaway**



**Nurseries/early years settings**

**Businesses/Workplaces (inc. anchor institutions)**



**Supermarkets**





# Data

84% of the UK Population surveyed by The Food, Farming & Countryside Commission (2023) want **stronger standards for food** in hospitals and schools.

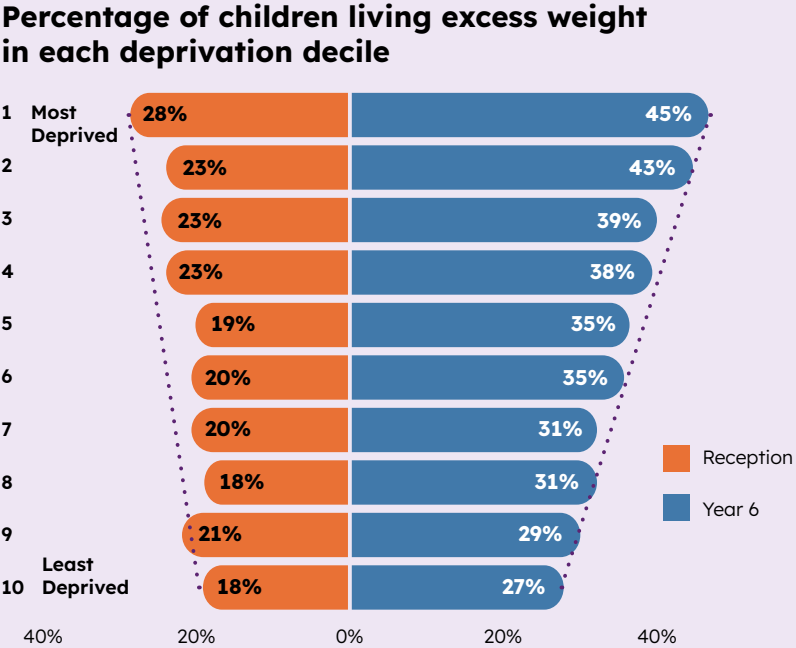
“ I feel bombarded with junk food everywhere I go, from adverts on my phone and across to my high street, to unhealthy options at my school canteen. Not only that, but I’m pretty sure it’s getting worse ”

Source: National youth activist, Bite Back chair & Food Foundation ambassador, 2022

“ Fast-food shops and advertisement of health-harming products cluster in more socioeconomically disadvantaged communities, correlating with the higher levels of harm seen in these communities ”

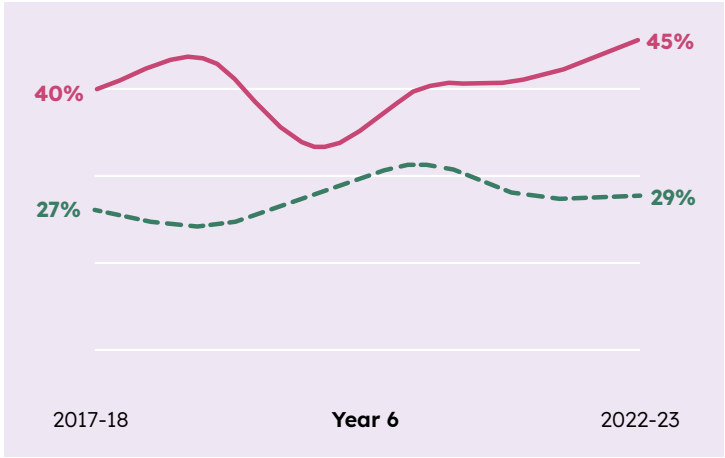
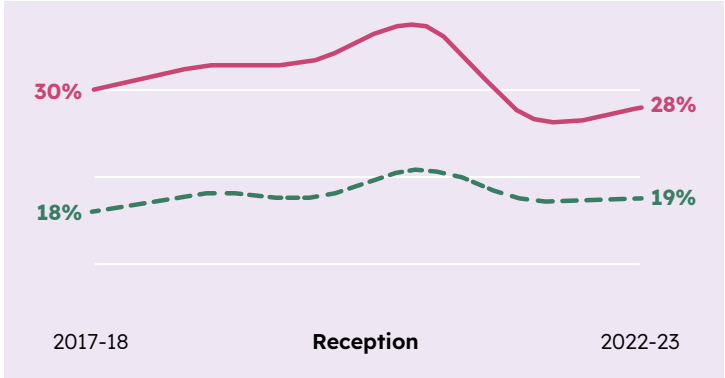
Source: Yau, A 2021

There is a greater prevalence of excess weight in areas of **deprivation**, and **urban areas**. In year 6 children, excess weight prevalence is increasing at a faster rate in areas of deprivation, compared to areas of least deprivation.



Source: National Child Measurement Data 2022/23

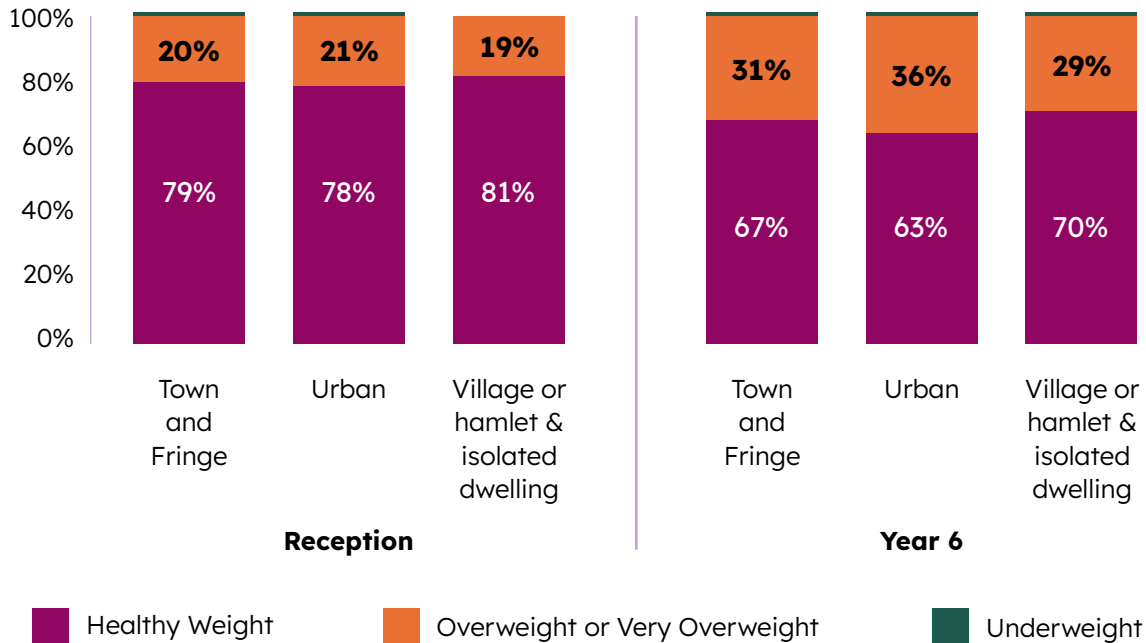
Percentage of most and least deprived decile overweight inc. obese in reception and year 6, time-series



— 1 (most deprived) - - - 10 (least deprived)

Source: National Child Measurement Data 2022/23

## Percentage of rurality type by BMI category and school year



Source: National Child Measurement Data 2022/23

## Local people

Residents highlighted key settings which might contribute to excess weight.

“Eating well is very expensive especially if you wanted a lot of fruit and veg not to mention the cost of organic food. **Work** takes too much of my time to then having to plan and cook healthy food everyday and go to a gym and I would prefer outdoor exercise but there are no safe cycling routes and also after work in the evening I don’t feel safe even more if dark outside”



## System professionals

“ 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.

We have seen some areas where progressive policies are in place with regard to fast food outlets.

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. ”

Comments related to the difficulty caused by their **work environment** and/or sedentary nature of their roles:

“It can sometimes be difficult to juggle work life balance. Part of that is time for exercise and finances to eat healthily.”

“Overwhelmingly sedentary workplaces and job roles”

“Work flexibility to allow for exercise would really help as my biggest barrier to exercising is the work hours.”

The **out of home sector** was highlighted as particularly unhealthy and unhelpful to manage excess weight. Most surveyed also outlined that there are too many places where unhealthy food is **advertised**, and available.

“There are plenty sources of information & help but having fat & sugar listed on ALL cafe & restaurant menus would help. There are far too many fast food outlets that serve the same product.”

“Many healthy options are not freely available in the supermarkets, general food shops, bakeries, restaurants etc. Cost of ingredients can be prohibitive for those on low income.”

“Too many lovely cafes selling cakes and advertising their cakes on FB! They sell the dream of popping out for chats and cake with friends.”

Residents also expressed how hard it can be to **travel** in an active way, and get to support services:

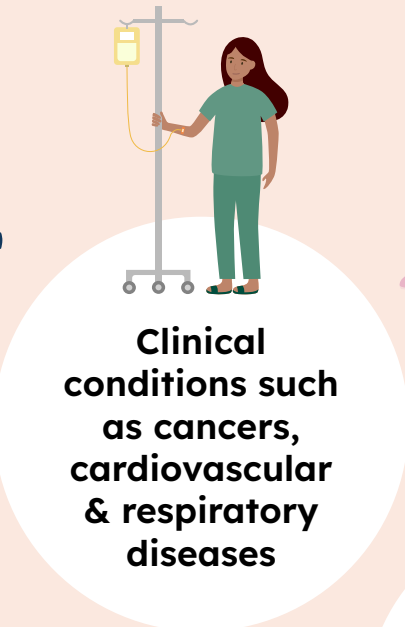
“I love walking and Essex can be a poor place to walk in, many roads with no footpaths and badly marked public footpaths”

“The easiest exercise for all is walking. Footpaths on streets are overgrown, poorly maintained. If using rural paths these are mud for significant parts of the year. All of which contributes to residents not going out - Good path and cycle networks would make a huge difference in each and every community.”



## Theme 2: **PEOPLE** or helping people start and keep healthy weight behaviours

Some people are at greater risk of excess weight and poorer health outcomes. We therefore need to target support and resources to specific cohorts, which could include:

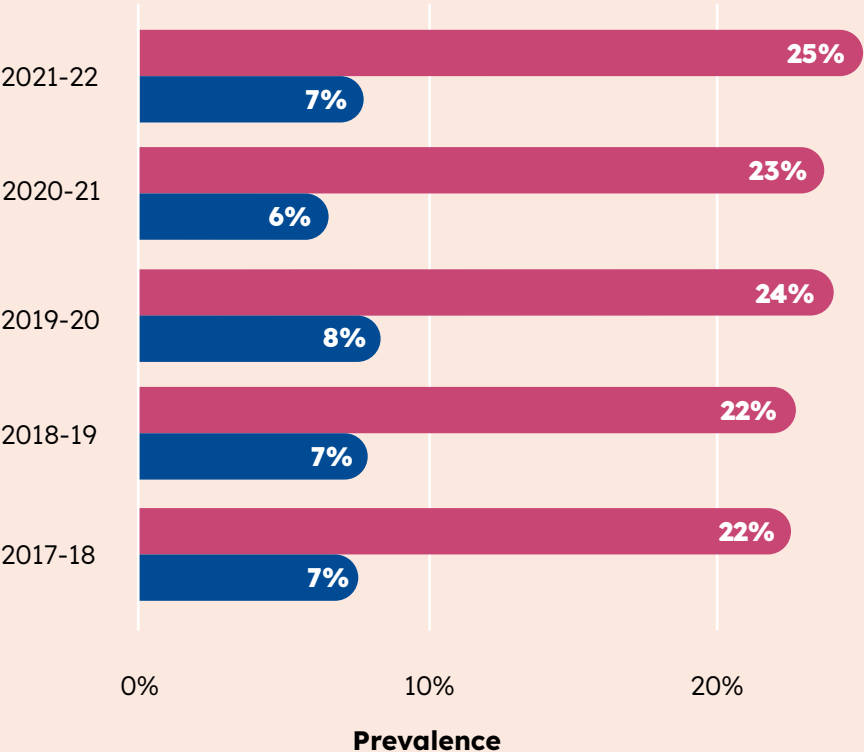


## Data

Excess weight is more common amongst people with a learning and/or physical disability, and amongst specific ethnic groups, particularly Black and Asian ethnicities.

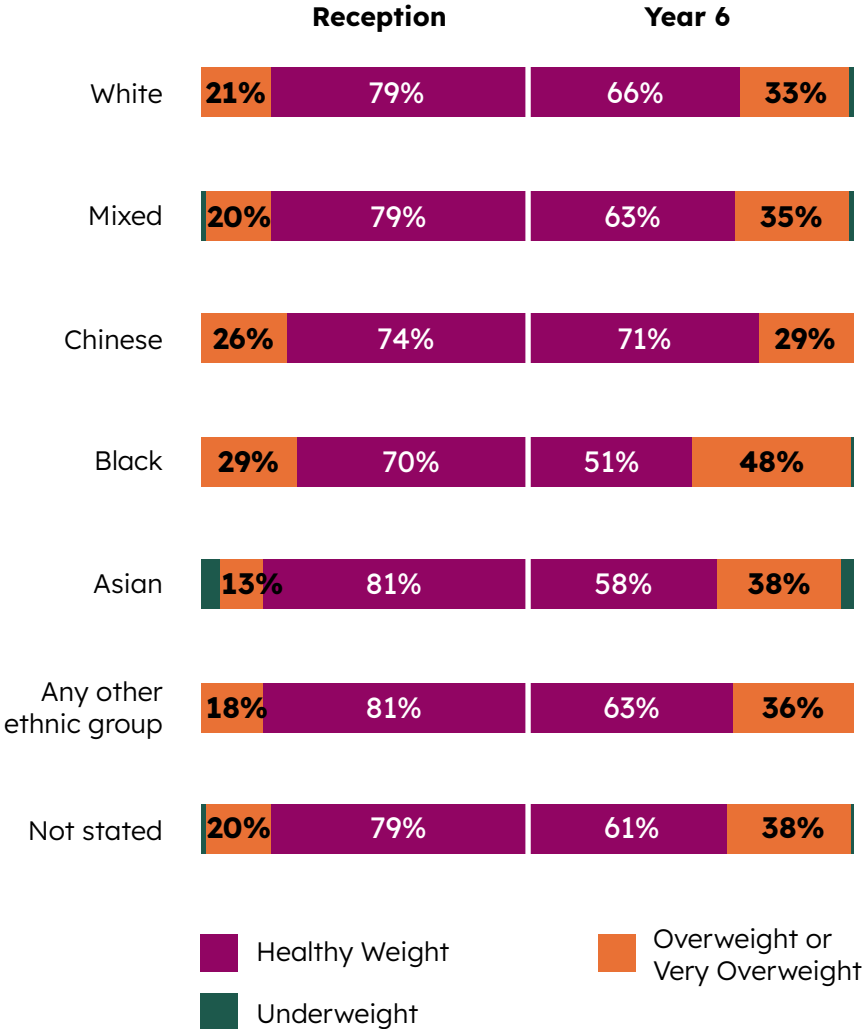
### Percentage of patients whose most recent BMI assessment classification (or downs syndrome centile classification), in the 15 months up to and inc 31 March, is obese

- Learning Disability
- Without Learning Disability



Source: NHS Digital 2021/22

### Percentage of ethnic group by BMI category and school year



Source: National Child Measurement Data 2022/23

## System professionals

“ 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. ”

## Local people

Certain groups of residents highlighted greater challenges of living with excess weight, suggesting that targeted support might be beneficial for them.

“Education on healthy eating should begin at the **age of 4** in schools and continue throughout the entire school journey and well into adulthood.”

“Working, running a household and being there for both my children’s every need unfortunately doesn’t leave a lot of time for exercise or anything much for my own well being.”

“I would love to take up swimming or martial arts but there are no women-only facilities in my local area. As a **Muslim woman**, I need access to segregated activities for sports.”

“Lack of motivation due to **depression and anxiety**, want to change but can’t find the effort to do so”

“My low **self-esteem** causes me to not believe I’m worth taking good care of, and the easiest coping strategy for anxiety and depression is to turn to junk food.”

“I struggle with my weight because I’m **disabled and autistic**, I get picked on about my weight from complete strangers but it is none of their business and I don’t like gyms I don’t like being surrounded by too many people it is too much for me I do try going for walks weather depending.”

“I have **cancer** so it can be hard to feel it is worth being healthy versus just thinking sod it!”



# What are good proxy measures of our outcomes?

**Our work is a marathon not a sprint and we must measure progress on how well we are working together as well as the action each stakeholder takes.**

We need the strongest possible link between the activities undertaken in Essex and the outcome of healthy weight. Here are some **indicative measures** which are likely to have an impact on healthy weight.

The real detail of local delivery will need to be defined with Essex based system professionals & residents, as well as precise measurement to monitor progress. We will work with partners to produce a technical annex of healthy weight related measures for our collective local workplans.

## 1-2 year measures

- All Essex Local Authorities signed up to healthy food advertising policy
- Essex partners have signed and are evidencing progress towards Food Active Healthy Weight Declaration criteria
- Increased uptake and capacity of healthy weight support across the Essex delivery system, including more support sourced from community assets
- Community supermarkets and food banks increase healthy food provision for worst off groups
- Medical treatment pathways evidence weight management as part of overall care for patients with excess weight

## 3-5 year measures

- Planning decisions which reduce rather than contribute to obesogenic environment are default
- Increased access to affordable fresh fruit and veg in target areas
- Essex food retailers sell more food with lower fat, sugar and salt content, especially in worst off places
- Population participation in regular physical activity has increased
- Essex has high profile and strong social movements to support a less obesogenic environment

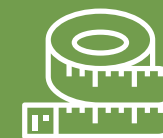
## 6-10 year measures

- Essex people have healthier diets with less sugar, salt, fat and ultra processed food content
- Quantified increase in 5 a day fruit and veg consumption
- Population participation in regular physical activity is sustained over time
- Quantified reduction in place based obesity risk for worst off places and people sustained over time
- Gap in obesity risk and prevalence between areas and cohorts of inequality has reduced
- Routine physical activity and healthy food provision is the default by design for newly built settlements

## Outcomes



**Healthy weight environment in Essex**



**More people with excess weight effectively supported to be a healthy weight**



**Making healthy weight behaviours the easy choice**

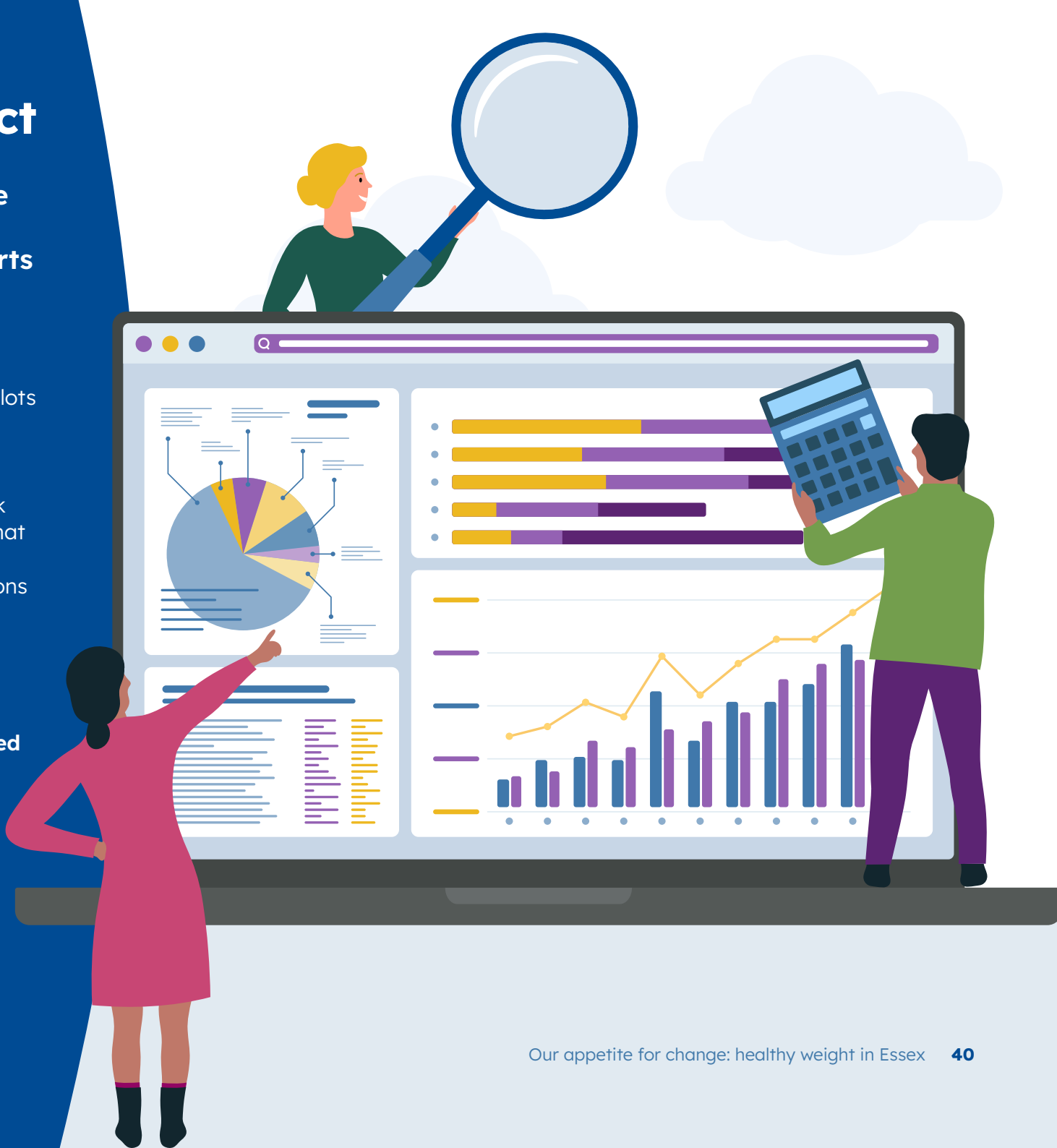
# Measuring our impact

**We need to create our own practice based evidence of what works in Essex, robustly evaluating our efforts over time.**

Improving the way we collectively measure our impact and better identification of those with excess weight is critical. Whilst many are doing lots of work to reduce excess weight, it is important that we are all more collectively sighted on our progress and impacts. This will help us focus on potential gaps to produce a more rounded work programme to address as many of the things that drive excess weight in Essex as possible. Excess weight is too complex for us to make assumptions of simple cause and effect for any one activity.

**We need to measure a number of different things to:**

- **Properly evaluate our collective place based efforts, and**
- **Give us clear data by which we can hold ourselves collectively to account**



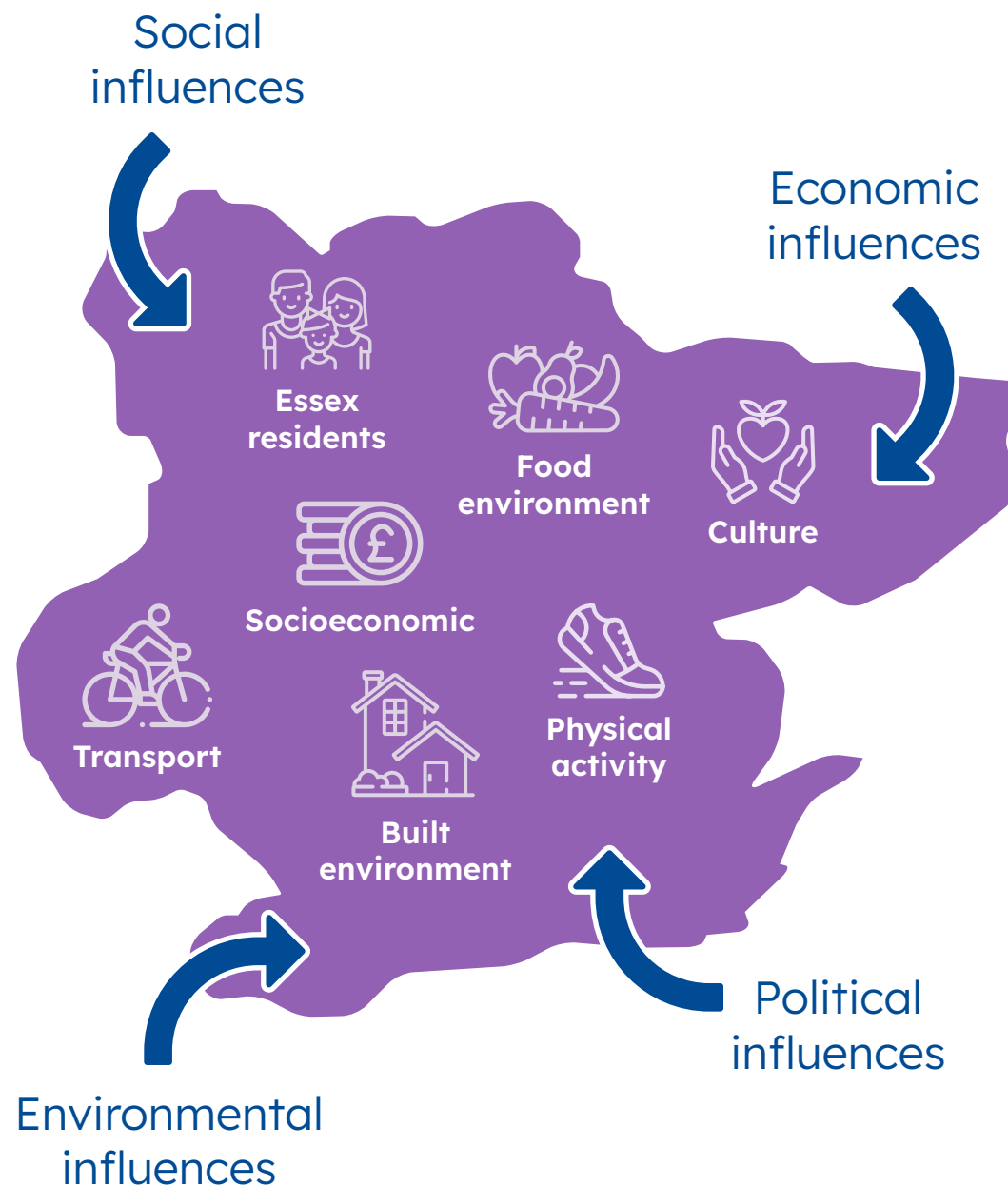


# Making our aspiration and influence match the outcome we want

## If anywhere can do it, Essex can.

The county of Essex and all the people, organisations, and businesses within it have the ability to mobilise influence and power at many of the levels necessary to get serious about tackling excess weight. But a good system approach means understanding how we could influence all forces, including those outside of Essex, which are impacting on excess weight for our places and people, such as environmental, social, economic and political influences.

As the Everyone's Essex strategy says, **“we will be as ambitious for the people of Essex as the people of Essex are for themselves and their families”**. This means, if we're serious about the outcome, that we must invest in understanding and responding to the wide ranging, potential contributors of excess weight from wherever they may come and wherever the necessary influence lies.



# Appendices

APPENDIX A: Evidence reviews

APPENDIX B: System professional engagement

APPENDIX C: Resident engagement

APPENDIX D: Data briefing

**The appendices can be accessed here:**

<https://data.essex.gov.uk/dataset/e61y9/healthy-weight-strategy-appendices>



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