

Promoting healthy weight for all – a health needs assessment for Torbay

April 2024

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Executive summary

Rates of overweight and obesity have been rising across the whole population over the last decade, both nationally and locally. The drivers of overweight and obesity are many and complex, working across multiple levels of people’s lives spanning their own biology, their household practices, social networks, and their local environments.

Media portrayal, social stigma, and framing of health messages, may overemphasise the role of individual agency on body weight, and go as far as blaming individuals for their choices. Such narratives are unhelpful and can be harmful. They can contribute to discrimination of those with a higher weight both in their daily lives, and as they access healthcare, but they may also lead to misplaced efforts to improve the health of the population. Access to nutritious and affordable food, safe and pleasant places to exercise in, and local active travel and public transport networks are the most influential factors to promoting healthy weight as well as broader health and wellbeing. Even more importantly, addressing these factors are most likely to result in whole population improvements to health and therefore are most likely to also improve health inequalities.

This health needs assessment (HNA) has drawn together a broad range of work currently underway in Torbay to support the promotion of healthy weight, both by improving the local environment and services to support individuals and groups. Importantly, this HNA points to significant differences in aims and motivations for these initiatives, highlighting both a direct interest in weight loss or maintenance, or, interests related to broader health and wellbeing, including mental health.

Purpose, aims and scope

A health needs assessment (HNA) is a way of understanding population need to identify priorities and inform how resources are used.

The main aims of this HNA are to:

1. Summarise the epidemiology of overweight and obesity nationally, and for residents of Torbay.
2. Draw together the broad range of activities and programmes of work already underway in Torbay which can support the promotion and maintenance of healthy weight either as a primary aim, or as a secondary benefit to other broad health and wellbeing outcomes.
3. Identify what is working well and where there are gaps in provision and opportunities to improve support, both for all residents of Torbay and for specific population groups.
4. Identify where further engagement is needed to ensure our work is informed by those with lived experience and responds to the needs of all.
5. Produce recommendations for action planning.

The focus of this HNA is on the prevention of overweight and obesity and the support available to those living with overweight and obesity to optimise their health. Therefore, needs and considerations specific to those living with underweight, malnutrition or eating disorders (defined as mental health condition using the control of food to cope with feelings and other situations) (1) are outside of the scope of this HNA.

Methods

Need is expressed differently by different people and therefore, this HNA will incorporate a variety of perspectives to draw its conclusions. Examples of data sources from different perspectives that will be used within the report are:

- **Expressed need** – gathered through engagement with local people through services and project consultations.
- **Corporate need** – gathered from service providers and other stakeholders regarding factors that impact their ability to conduct work that promotes healthy weight.
- **Epidemiological need** - using national data sources, locally compiled data, evidence-informed national guidance, and published literature.
- **Comparative need** - based on comparison of health needs between Torbay and the England average and comparable local authorities.

In compiling this HNA, we included expressed need both directly about weight and about dietary and physical activity factors that impact on people's overall health and wellbeing. This is to acknowledge that weight may not be the primary motivator for people's food or physical activity choices, and to ensure that our HNA encompasses the wide range of factors that are important to local people.

Definitions

How is overweight and obesity measured?

The most common tool used to assess weight is body mass index (BMI). For most adults, a BMI of 25 to 29.9 is classed as overweight and a BMI of 30 to 39.9 is classed as obese. For adults of South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean family background, a BMI of 23 to 27.4 is classed as overweight and a BMI of 27.5 or above is classed as obese (2).

Assessing weight in children is more complicated as BMI changes with growth. Children's BMI is calculated and compared to the BMI distribution of other children of the same age and sex from the UK90 grown reference tool. Obesity in children is classified as greater than or equal to the 95th percentile. Assessing weight in children is more complicated as BMI changes with growth. Children's BMI is calculated and compared to the BMI distribution of other children of the same age and sex from the UK90 grown reference tool. Obesity in children is classified as greater than or equal to the 95th percentile.

Weight stigma

As is demonstrated throughout this HNA, the determinants of overweight and obesity are complex. Individual agency is impacted by a wide range of factors working together across different aspects of people's lives and their environments. However, bodyweight is frequently framed as an individual responsibility and choice. Media portrayal, health policy, obesity strategies and cultural beliefs all contribute to negative and stigmatising views of those who live with overweight and obesity, framing bodyweight as a result of individual behaviour and choice alone. This can lead to stigmatising views about people living with overweight and obesity which can produce negative experiences with healthcare professionals, shame, social exclusion, low mood, increased stress, and low self-esteem.

These experiences highlight the adverse impact of weight stigma on overall health and wellbeing. Additionally, these experiences, particularly stress, low mood and low self-esteem can increase high calorie intake and reduce a desire to be physically active. Therefore, arguments that weight stigma can increase individual motivation to change are unfounded (3). This understanding and the principles that everyone deserves equitable support and opportunities to live healthy, full lives, regardless of body shape and size underpins this HNA and our future planned work in this area.

Figure 1 The impact of weight stigma

Source: Language Matters: Obesity, Obesity UK & Obesity4thought (4)



National context

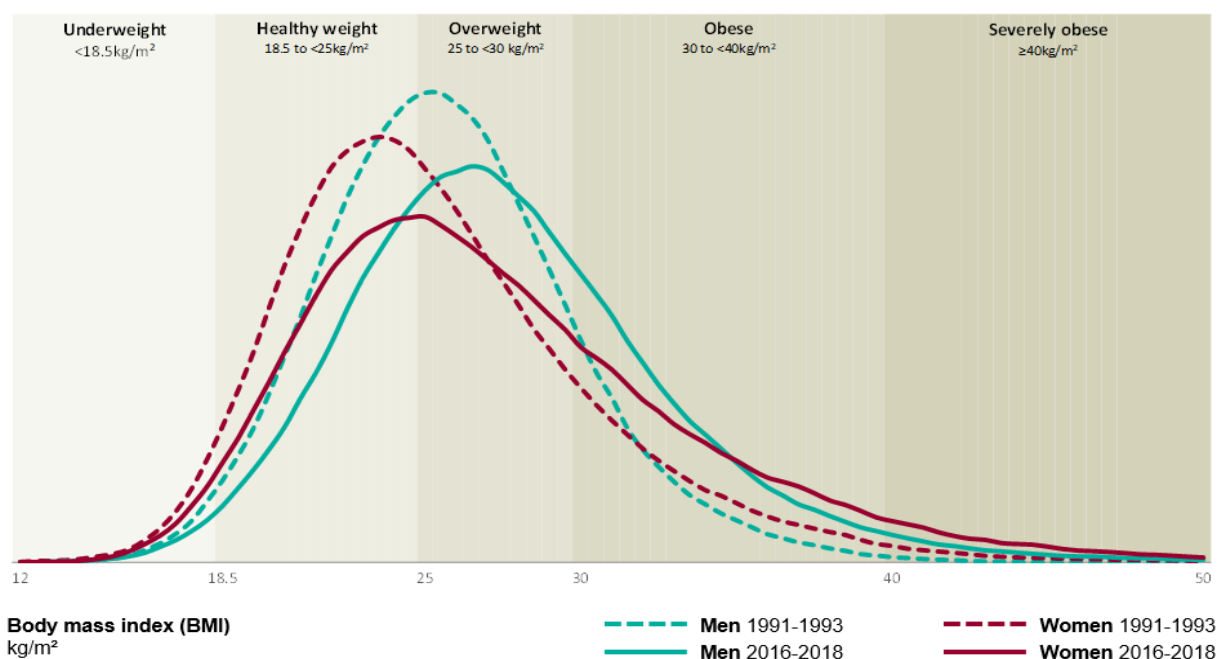
Overweight and obesity prevalence

Trends

Over the last two decades there has been a national upward trend in rates of both adult and child overweight and obesity levels. Prevalence of excess weight (percentage of those overweight or obese) has risen from 52.9% in 1993 to 64.3% in 2019, with men more likely to have excess weight than women (5) and an overall noticeable shift in distribution towards adults with higher BMI (Fig 2).

Figure 2 - Change in distribution of BMI in adults aged 18 and over. HSE 1991 to 1993 and 2016 to 2018.

Source: Office for Health Improvement and Disparities (OHID) (6)



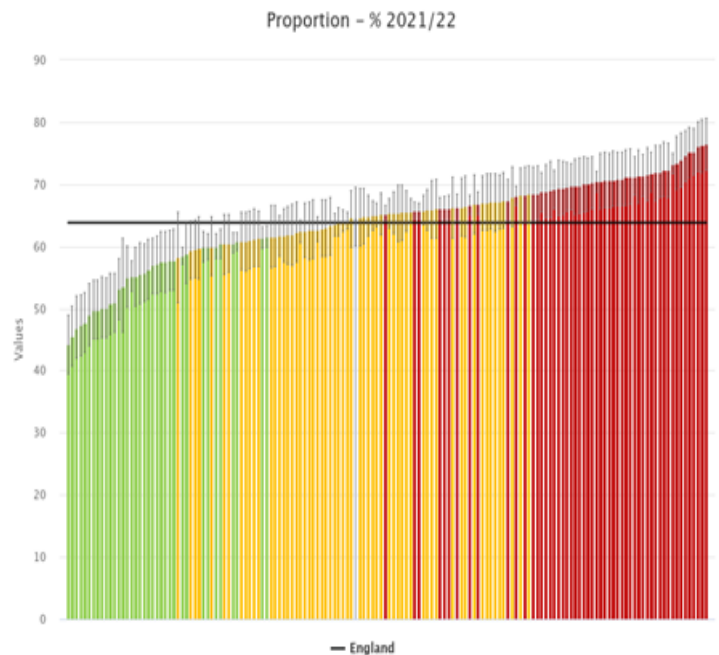
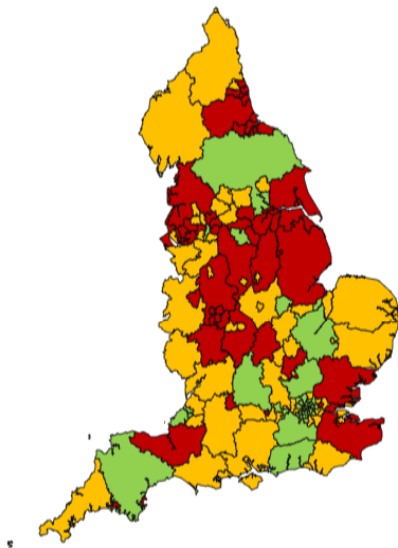
In terms of the Covid-19 pandemic, data from this period showed larger increases in childhood (7) and adult (8) obesity prevalence from previous years, albeit not as steep an increase in adults compared to children. However, due to methodological differences in data collection for both the National Child Measurement Programme (NCMP) (9) and the Health Survey for England (HSE) (10), data is not comparable with previous years, and may not be as robust due to data collection limitations that resulted from pandemic restrictions. Whilst post pandemic data such as the NCMP 2022/23 is now being reported, given the recency of the pandemic, its impact on longer term trends is difficult to currently draw conclusions on.

Nationally, there are large variations in England between local authority areas in the prevalence of child and adult obesity prevalence: 44.2% to 77.6% in adults, 14.4% to 29.6% in reception year children and 19.7% to 47.1% in year 6 children (11), with northern areas and coastal areas particularly affected (Fig 3). In coastal communities such as Torbay, the Chief Medical Officer's report in 2021 highlights that even after accounting for other influencing factors such as deprivation, there remains a 'coastal excess' of obesity (12).

Figure 3 - Adults classified as overweight or obese in upper tier local authorities in 2021/22

Source: OHID (13)

Map of Upper tier local authorities (4/21-3/23) in England for Percentage of adults (aged 18 plus) classified as overweight or obese (Proportion - % 2021/22)



Adults

Rates of adult overweight and obesity in England are indicated by the HSE, which collects heights, weights and BMI. The latest data from the most recent survey from 2021/22 (8) estimated;

- 63.8% of adults aged over 18 years were classified as overweight or obese. An increase of 0.5% than over the previous year
- Males (69.1%) had higher prevalence than women (58.4%)
- Those who identified as black (70.8%), or white British (65.2%), had the highest prevalence of overweight and obesity
- Adults aged 45 to 84 years had higher prevalence of combined overweight and obesity than the England average. However, in males' the highest prevalence was earlier in the life course between 45 to 54 years, compared to women between 64 to 75 years (Fig 4 and 5).

Figure 4 - Prevalence of overweight and obesity by age: men. HSE 2021
Source: OHID (6)

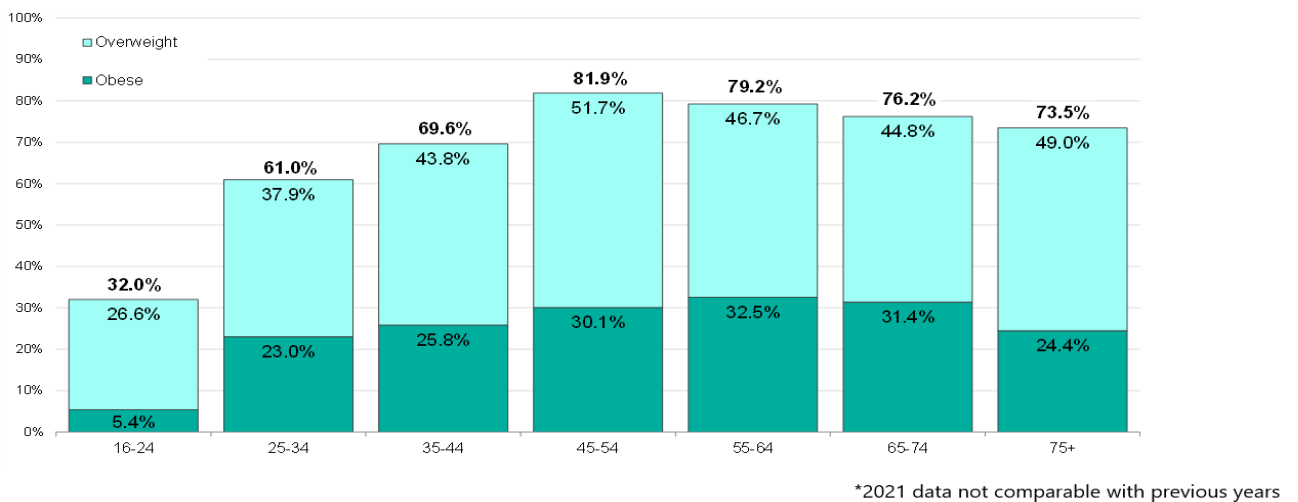
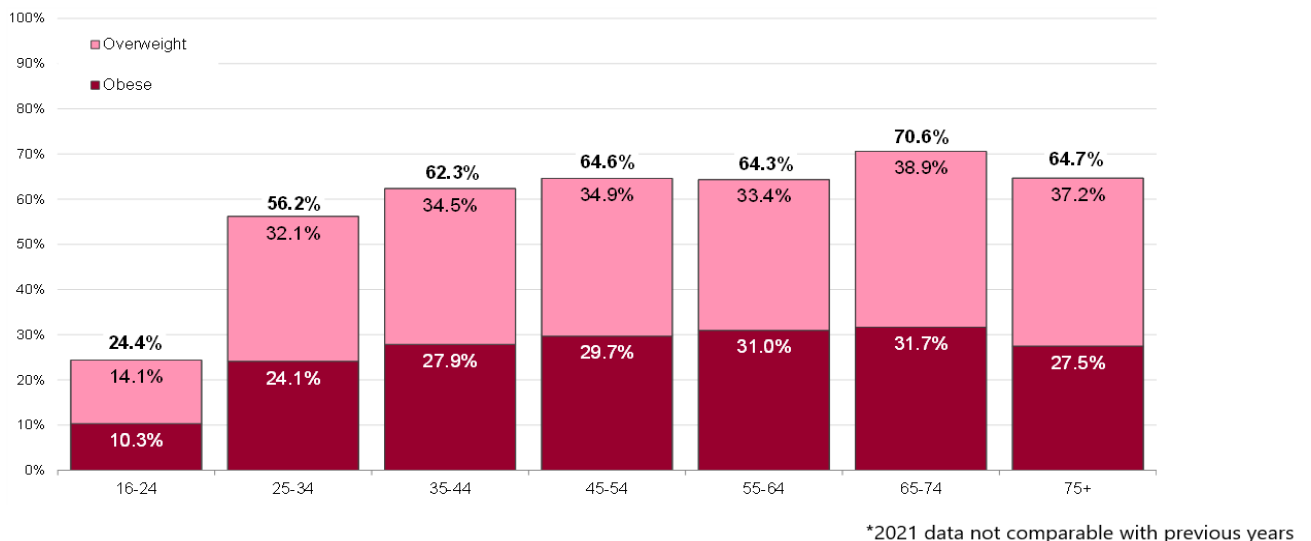


Figure 5 - Prevalence of overweight and obesity by age: women. HSE 2021
Source: OHID (6)



Children

In England, the National Child Measurement Programme (NCMP) is a mandated annual programme that measures the height and weight of school children aged reception year (aged 4-5) and year 6 (aged 10-11) and provides valuable national and local data to monitor weight status of children (14). Since its introduction in 2006/7 there has been a gradual increase in overweight and obesity in year 6 children. In comparison, prevalence has been relatively static in reception year children, with most the recent 2022/23 NCMP (15) reporting some of the lowest levels since its introduction (Fig 6 and 7).

Key findings from the latest NCMP 2022/23 (15) showed prevalence of overweight and obesity to be:

- 21.3% in reception aged children
- 36.6% in year 6 aged children
- Higher in boys than in girls, in both reception (0.3% difference) and year 6 (4.9% difference).

In both school age groups, a small decrease in prevalence was seen (1% in reception, 1.2% in year 6) compared to 21/22 data. For reception age children this is a return to pre pandemic levels (Fig 6), whereas for year 6 age children these levels remain above pre-pandemic levels (Fig 7), although due to the impact of the Covid-19 pandemic on data collection, future data will be required to draw firm conclusions around any sustained changes and trends.

Figure 6 NCMP 2006/07 to 2022/23. Reception year trends
Source: OHID (16)

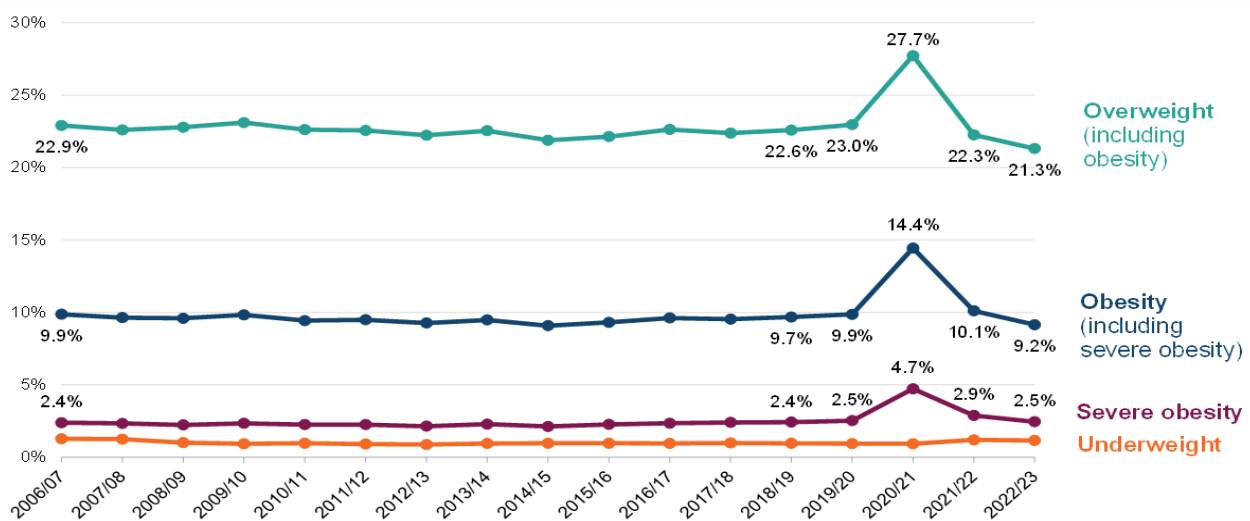
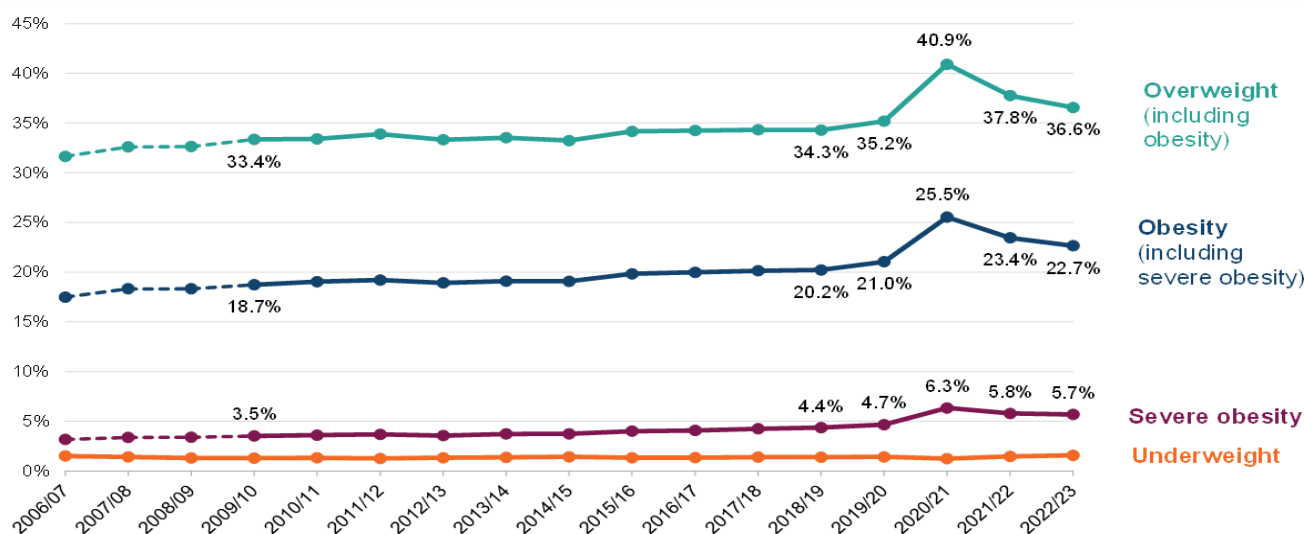


Figure 7 NCMP 2006/07 to 2022/23. Year 6 trends

Source: OHID (16)



Overall, across England, the trend in overweight and obesity levels over time is different between reception and year 6 aged children. Excluding the spikes seen in the 2020/21 data (pandemic period), the percentage of reception aged children measured as overweight (including obesity) has gradually reduced (Fig 6), in contrast to year 6 children, where levels have shown a gradual increasing trend (Fig 7). Considering obesity overall, similar trends are shown in both school age groups, however considering severe obesity, a greater increase is shown in year 6.

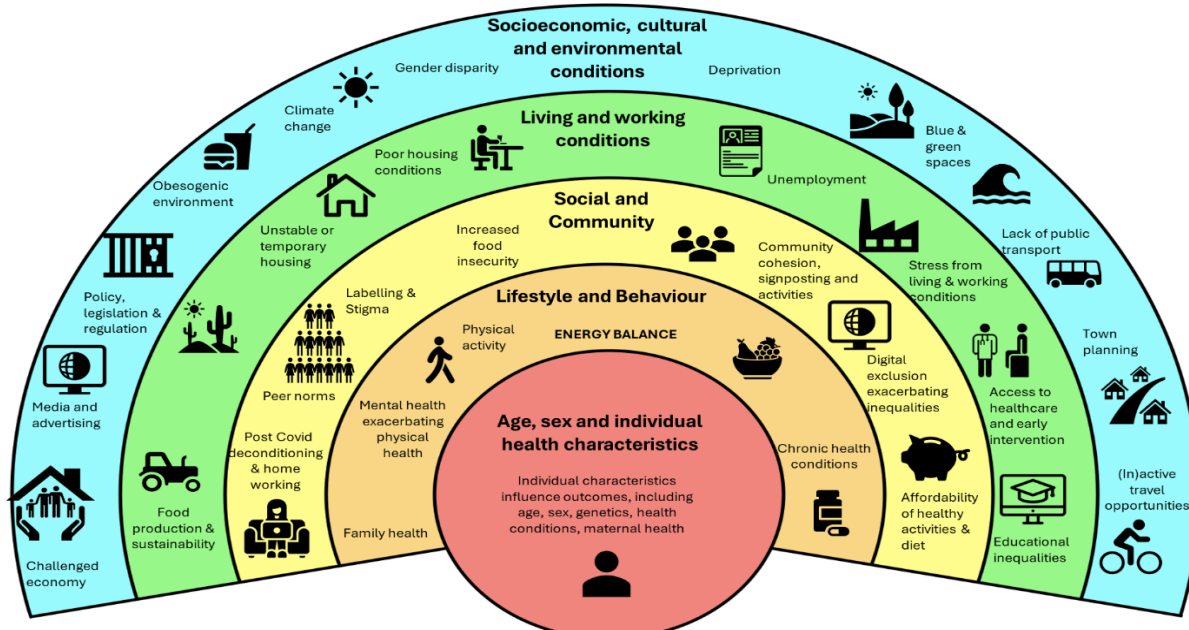
Epidemiology of overweight and obesity

Weight naturally fluctuates throughout the life course as our bodies grow from children to adults and change throughout adulthood into old age. The main driver for weight gain is where energy intake from diet exceeds energy expenditure which if sustained can lead to and maintain overweight and obesity (17) (18).

Overweight and obesity is understood across a range of existing literature as a complex health problem, with a multitude of determinants that influence energy balance, weight gain and the development of obesity (Fig 8). Health inequalities exist with some people more likely to become obese than others. Covid-19 has had an impact, and a collision of pandemics has been described in the literature (19) (20), with risk factors for childhood obesity development and risk of progression into adulthood likely further exacerbated (21) (22).

Figure 8 Wider determinants of obesity

Source: Torbay Council. Adapted from Dahlgren and Whitehead



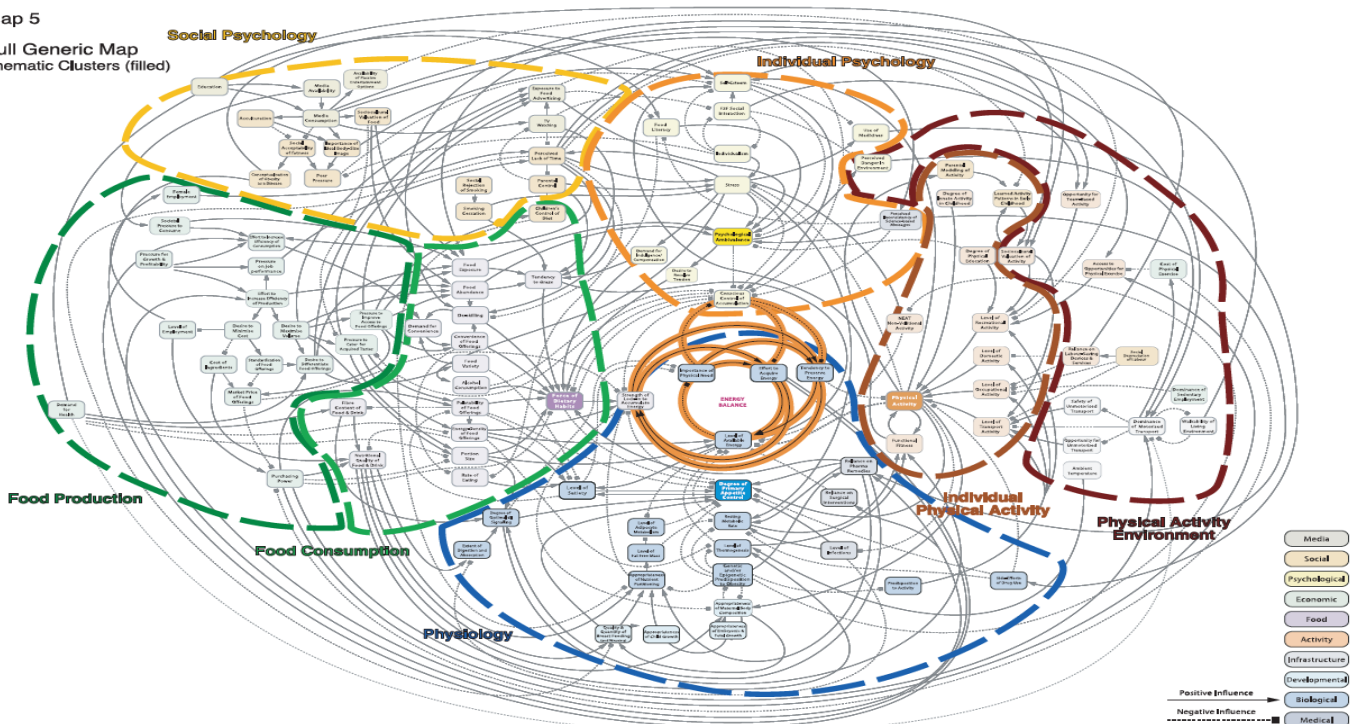
There is a rich picture of complex relationships between numerous factors, including wider determinants, that influence the development of obesity. The Obesity Foresight Map (23) provides a visual representation of this complexity and highlights the importance of a whole systems approach to healthy weight. Key areas of influence can be grouped on this systems map (24) (Fig 9), however when considering these as part of community-based obesity prevention, it is important to recognise that locally these influences may vary and it is vital to capture local perspectives (25).

Figure 9 - Foresight obesity systems map with thematic clusters

Source: Foresight project. Obesity System Atlas. Map 5 (23)

Map 5

Full Generic Map
Thematic Clusters (filled)



Determinants and their relationships over a life course

The multitude of determinants of obesity span the whole life course, and inter-relate at multiple levels from pre-conception, throughout pregnancy, childhood, adult hood and into older age. Younger generations are becoming obese at an earlier age (18). Children living with obesity more likely to be living with obesity through adolescence with this persisting into their adult years. However, childhood obesity does not always persist into adolescence, also, many adults classified as obese are not obese earlier in the life course (26). Overall, this highlights the importance of understanding the complexity of these relationships and influence of key determinants at different life course stages.

Biological / physiological influences

Genetic factors (such as sex, race and genes) alone are not a cause for rising obesity levels (27) however their exposure to other influencing factors along the life course, such as those that contribute to an 'obesogenic environment' is thought to play a role (28) (29) (30). Early in the life course, the intrauterine environment can also have influence on the development of childhood obesity through several pathways. These include smoking in pregnancy (31) (32), maternal obesity and weight gain in pregnancy (33) (34), gestational diabetes (35) (36) (37), and maternal stress (38).

Psychological influences

Maternal stress (38) during pregnancy, as well as psychological influences throughout childhood (17) are associated with the development of childhood obesity. The foresight map (Fig 9) highlights clusters and relationships of many individual and social psychological factors, such as the level of parental control and level of food literacy, and the impact stress on food choices (23).

Obesity can have psychosocial impacts on children, such as low self-esteem, low self-confidence, experience of bullying, and feelings of exclusion from physical activity with more time spent in sedentary activities (39). The societal stigmatisation of obesity can contribute to unhealthy eating and weight loss behaviours, such as binge eating, which impact on a child's ability to maintain a healthy weight and have a negative impact on weight control into adulthood (40).

Continuing throughout the life course, there is influence of mental health conditions on maintaining a healthy weight. Depression and obesity may often co-exist, and the influence of factors such as physical activity and diet may be complex; with the presence of one increasing the risk of developing the other (17) (41).

Deprivation

Nationally there is a stark difference in obesity levels between those least and most deprived. This is a significant driver of health inequalities. Marmot (2010) highlighted that social deprivation had an important impact on the likelihood of becoming obese; since then, the gap between the most and least deprived areas has widened (18), with adult overweight and obesity prevalence rates in England almost 1.25 times higher in the most deprived areas (58% in least deprived compared to 72% in most deprived) (5).

Large disparities in child obesity also exists, with reception and year 6 age children living in the most deprived areas in England more than twice as likely to be living with obesity compared to those living in the least deprived areas (5). This gap is greater in year 6 (Fig 10) compared to reception (Fig 11). In addition, in year 6 children this gap has grown slightly compared to 2019/20 (pre-pandemic), compared to reception year children where it has slightly closed, although future data is required to understand longer term trends in prevalence rates, and any potential differences.

Deprivation may associate with overweight and obesity through many different pathways. For example, living in a deprived area you are more likely to be exposed to an obesogenic food environment such as living near a greater density of fast-food outlets, and may be exposed to psychosocial factors, such as stress associated with financial and economic hardship. All of these can present barriers to accessing a healthy affordable diet and engaging in physical activity (42) (43).

Figure 10 - NCMP 2022/23 Year 6 age disparities gap in obesity prevalence
Source OHID (16)

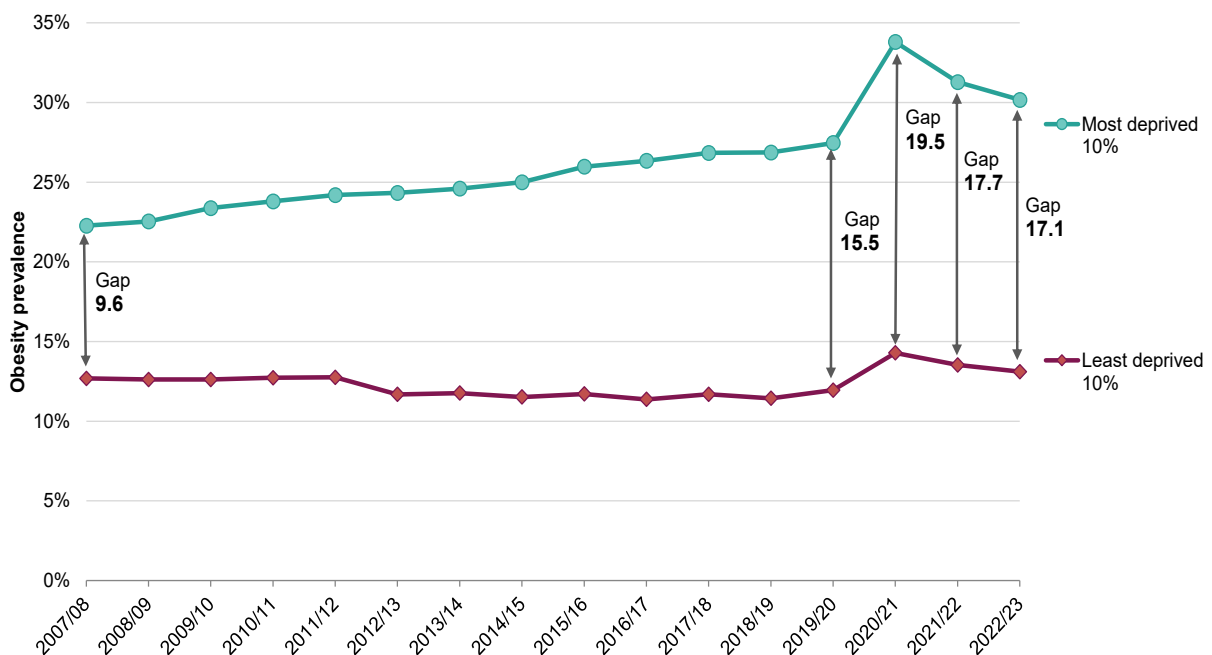
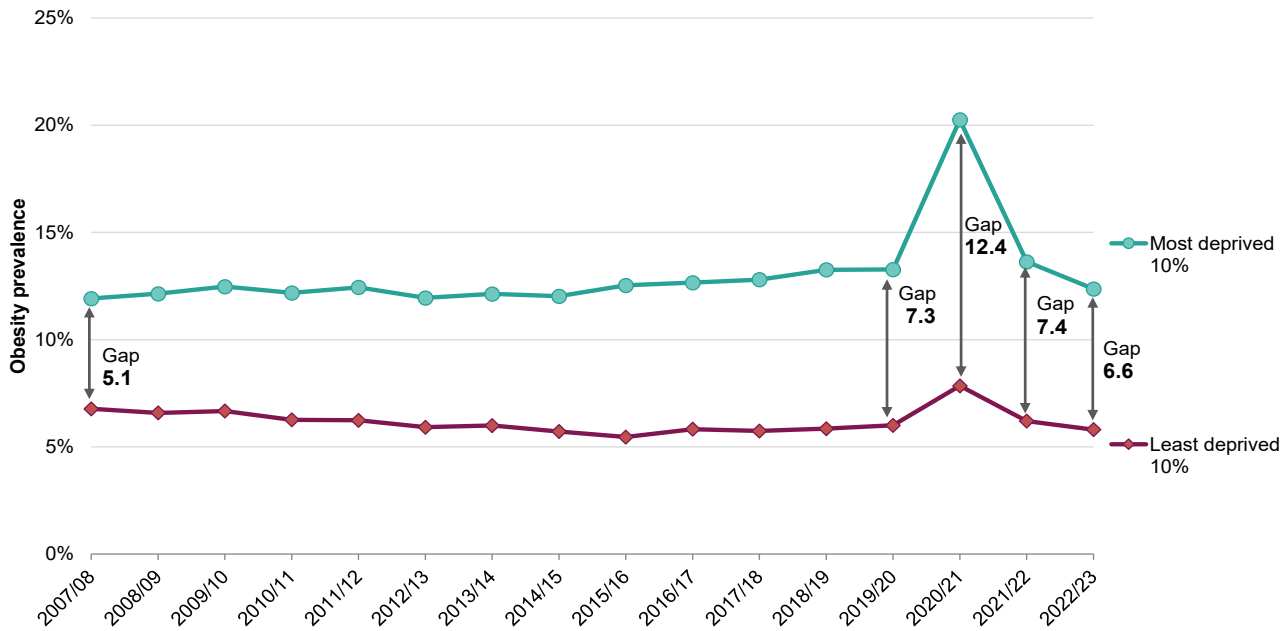


Figure 11 - NCMP 2022/23 Reception age disparities gap in obesity prevalence

Source: OHID (16)



Food security

Food insecurity refers to when an individual or household do not have enough money for sufficient amounts or quality of food, or the worry that this may happen in the future (44). Food insecurity has impacted an increasing number of households in the UK since March 2020 due to the COVID-19 pandemic, and, subsequently, the cost-of-living crisis (45).

In January 2024, 14.8% of households reported experiencing food insecurity. This equates to around 8 million adults (45). This is similar to the rate of households reporting food insecurity in March 2020 at the beginning of the Covid-19 pandemic (15.6% of households), but lower than the peak of 18.4% of households in August 2022. Importantly, the rate of households reporting food insecurity differs across the population. Of those households reporting food insecurity in January 2024, 20% of households had children, compared to 12.7% of households without children. This difference was also marked between single adult households with children where 35% reported experiencing food insecurity, compared to 17.6% multi-adult households. Furthermore, of households reporting food insecurity in January 2024, 45% were households in receipt of Universal Credit (a means tested benefit) compared to 17.4% of households who were not in receipt of Universal Credit. Black/African/Caribbean and Mixed/Multiple ethnicity households were also at higher risk of experiencing food insecurity (33.4% and 30.1% respectively) compared to White households (14.7%).

Those experiencing food insecurity reported being more likely to cut back on purchasing healthy foods such as fruit, vegetables, fish, dairy and eggs as more easily perishable goods and with a shorter shelf-life.

Access to food

Availability, affordability, and convenience of food can present both barriers and facilitators to maintaining a healthy diet along the life course. Growth and development early in life impacts on the risk of obesity both in childhood and later in life. Whilst some of the exact mechanisms by which a child's growth determines future obesity risk requires further exploration in research, parental factors including a mother's diet, how an infant is fed, and exposure to low-cost energy dense food or drink environments are all thought to influence the risk of obesity (46).

Exposure to food and drink that are high in sugar, salt or fat, and limited availability of affordable and accessible healthy food, often termed the 'obesogenic environment', can result in unhealthy food options becoming the main choice (47). Historically, the 'environment' has been defined by the presence of fast-food shops or takeaways in a particular geographic area. However, the introduction of apps like Deliveroo, Just Eat and Uber Eats has increased accessibility and convenience to fast-foods that go beyond the local area people live within.

Increasingly, terms like ultra-processed foods are being used in media headlines and in research to explore the impact of modern diets on health. A review conducted by the UK Scientific Advisory Committee on Nutrition found consistent reports in systematic reviews that increased consumption of processed foods was associated with negative health impacts (48). However, the evidence was deemed to be low quality, mainly based on observational studies and therefore unable to confirm a causal relationship. Also, of importance, the review found a variety of food processing classification systems with different limitations to accurately reporting the nutritional content of processed foods.

The portrayal of ultra processed foods in the media has been found to cause confusion amongst UK adults, and beliefs that processed foods cannot and should not be used in cooking or consumed as part of a healthy diet. This can lead to 'demonising' of food groups and in some cases, contribute to cutting out food groups or disordered eating patterns where people become fearful of what they are eating (49).

Food marketing

The exposure and power of marketing has been found to influence children's food intake, choice, and preferences (46). The impact of food marketing may be explicit such as through advertising campaigns on broadcast media and social media. In January 2023, new legislation came into effect restricting the advertisement of unhealthy foods online and on TV before the 9pm watershed (50). Modelling performed suggests that this initiative could reduce the rates of children living with obesity by 4.6% and the rates of children living with overweight including obesity 3.6%. This equates to around 40,000 fewer children with obesity and 120,000 less children with overweight (51). As the introduction of this legislation is still relatively recent, empirical evidence is not yet available reporting the extent to which these modelling predictions have been realised.

Whilst initiatives and policy recommendations to limit food marketing are often referenced as beneficial to children's health (52), food marketing also impacts adults. Research conducted on food advertising restrictions by the Transport for London found a reduction in household weekly purchases of fat, saturated fat, and sugar. However, the total reduction in household energy consumption from unhealthy foods was lower than predicted and the trend of purchases of unhealthy foods increased over the 10 months of the experiment (53). This suggests restrictions in food marketing may be associated with a smaller increase in purchases of unhealthy foods, instead of reducing them.

It is also important to note that food marketing is not just explicit advertising, but consumer choice can be influenced by more subtle forms of marketing including product placement within shops and packaging that uses cartoon or TV characters.

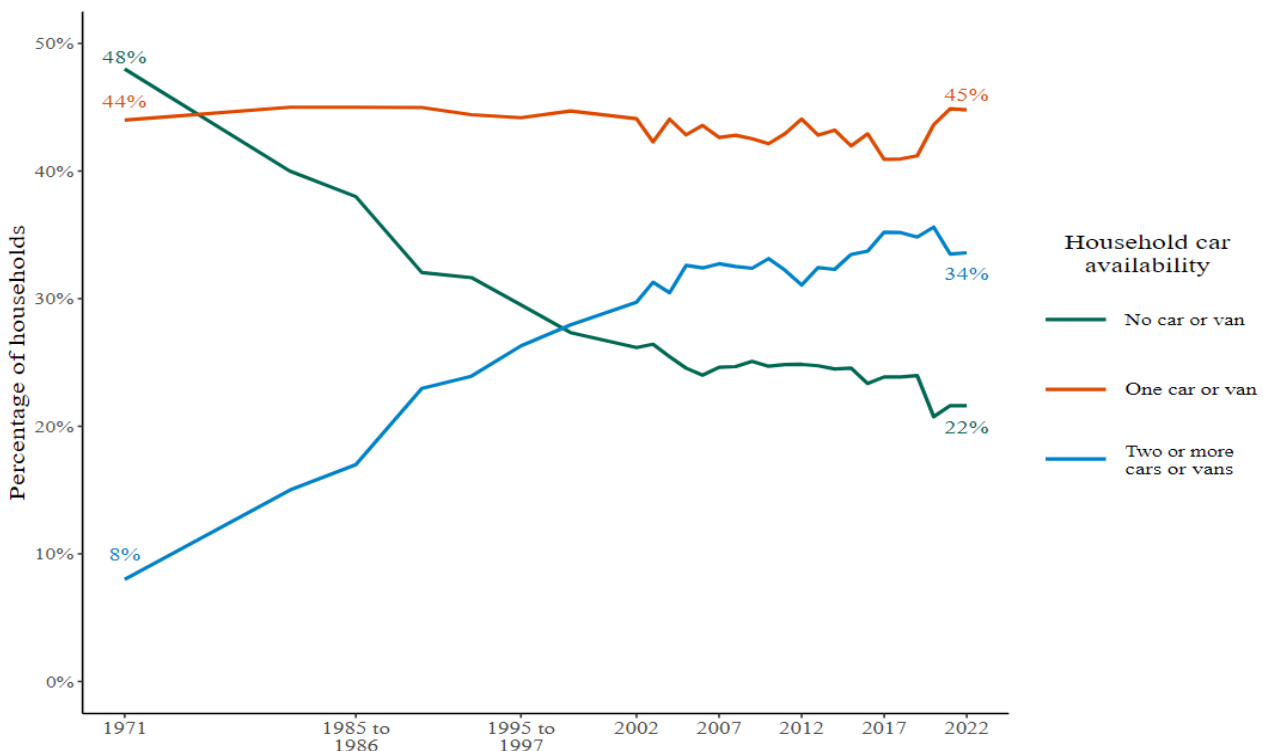
Transport and the built environment

In addition to the food environment, it is also important to acknowledge other aspects of the local environment that can impact physical activity levels which can contribute to overweight and obesity.

There have been significant changes in households with access to a car from 1971 to 2022. A decline in households with no cars and an increase in households with access to two or more cars or vans indicates an increased reliance on private vehicles (54).

Figure 12 - Percentage of households by car access: Great Britain (1971 to 1988) and England (1989 to 2022)

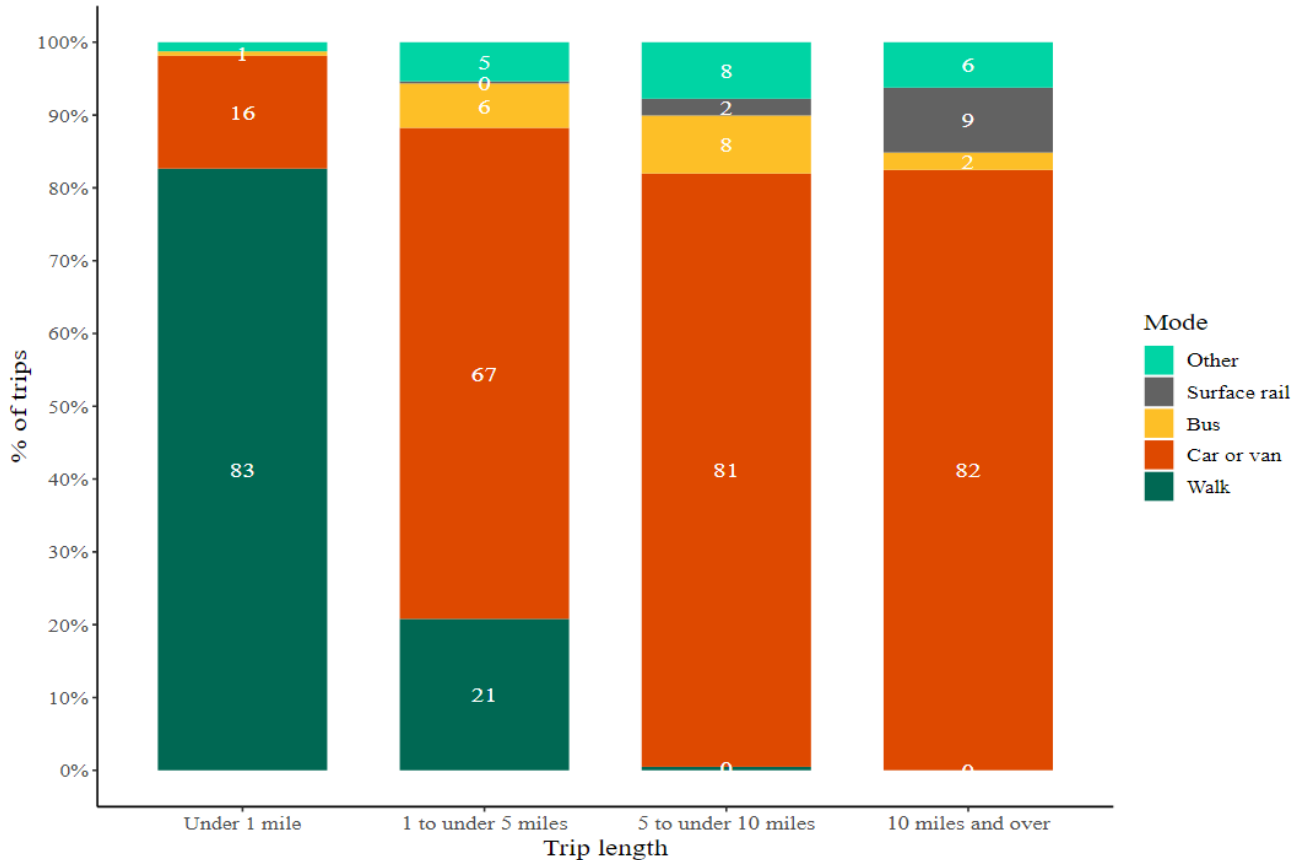
Source: National Travel Survey 2022



In England in 2022, use of a car or van increased significantly between trips that were under 1 mile (16%) and those between 1 and 5 miles (64%) (54).

Figure 13 - Mode share of trips by main mode for different trip lengths: England, 2022

Source: National Travel Survey 2022



The number of trips in England made by bus reduced from 46% in 2002 to 23% in 2022 (54). The increased use of private transport is important to overweight and obesity as public transport is associated with active travel because generally, people need to walk or cycle to access public transport networks compared to use of private vehicles that are available 'door to door' (55).

The increased use of cars encourages the development of the built environment towards the needs of drivers and therefore may reduce the perceived need for and importance of investing in cycling, walking, and wheeling routes. This can reinforce the need for households to use cars as their main mode of transport. Additionally, this reduces demand for public transport leading to reduced services and timetables leading to longer wait times and higher fares which can act as barriers and demotivators to using public transport (56).

Availability, quality, and perceived safety of green spaces can impact people's ability to engage in physical activity more generally. Whilst access to green space offer both physical and mental health benefits to everyone, this is particularly important to those living in economically deprived areas who are more likely to have less available good quality greenspace (57).

Policy

Addressing the multitude of determinants of overweight and obesity has presented challenge to government policy development (58). In England, the promotion of healthy weight and reduction in obesity has been identified nationally as a priority for over three decades with multiple strategies and policies published to address the problem (Fig 14).

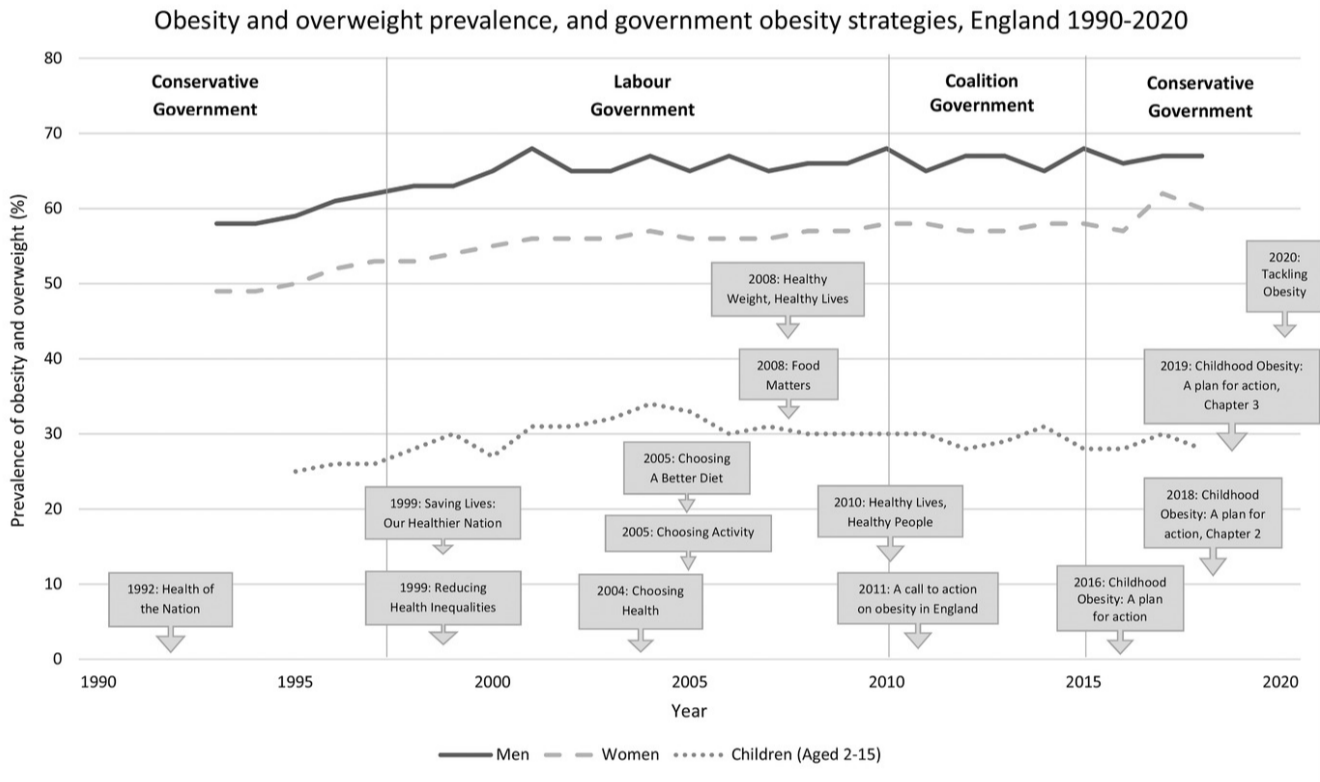
Over recent years, focus has been on reducing childhood obesity with policy set out in the childhood obesity plan published in 2016, 2018 and 2019. A Soft Drinks Industry Levy (SDIL), known often as the 'Sugar Tax' was introduced in 2018 aiming to the reduce sugar content of drink as part of the government's plan to reduce obesity. Between 2015 and 2020, a decrease has been seen in household purchasing of sugar from drinks subject to the SDIL across all socioeconomic groups, although the significance of this is uncertain (59). Current research and evaluation is being undertaken however conclusive long-term impacts on obesity levels are not yet known.

Most recently, in 2020, a tackling obesity in adults and children policy paper was published; Tackling obesity: empowering adults and children to live healthier lives (60). This outlined proposals to reduce high fat, salt or sugar foods (HFSS) through legislation. In April 2022, legislation was introduced that now requires large food businesses (and encourages smaller businesses), including cafes, restaurants, fast food outlets, supermarkets, home delivery services and pubs, to display calorie labels of non-prepacked food and drinks. The policy also outlined plans to restrict HFSS by location in both online and store locations and plans to restrict HFSS by volume price (e.g. 'buy one get one free').

After delays due to the insufficient time to prepare following industry feedback (58), restriction on HFSS location came into force in October 2022 (61). The restriction of HFSS products by volume price is yet however to be implemented. After a number of delays to date, cited by the government due to the global economic situation, commencement is now planned for October 2025 (62). Plans were also outlined that aimed to reduce the amount of HFSS advertising that children are exposed to, however as for volume price restrictions, these have been similarly delayed until October 2025 (63).

At a national level, policies have often focused on single initiatives, and the need for a whole systems approach to obesity was set out in 2019 (64). This aims to support local action to address obesity in England through 'systems thinking' and does not specify particular local policies that an area should include.

Figure 14 Timeline of government obesity strategies and prevalence of obesity and overweight in England from HSE data
Source: (65)



Consequences of overweight and obesity

Living with overweight and obesity can impact people's day to day lives, including, back and joint pain, breathlessness, fatigue and difficulty undertaking physical activity. It can also increase the risk of developing other long term health conditions, including high blood pressure, high cholesterol, stroke, coronary heart disease, liver and kidney disease and some types of cancer (2). Living with overweight and obesity and can also affect quality of life more broadly, including through low confidence and self-esteem, increased risk of depression and experiencing social isolation (2).

There is a strong association between overweight and obesity with developing type 2 diabetes. Diabetes is a lifelong health condition that causes the body to be unable to break down glucose into energy causing blood sugar levels to become too high. Around 90% of diabetes cases in the UK are type 2 diabetes and the likelihood and severity of type 2 diabetes is closely linked with body mass index. However, it is unclear why not all people who are obese develop type 2 diabetes. Eating a balanced diet, regular physical activity, stopping smoking and limiting alcohol consumption are all factors that can reduce the risk of developing type 2 diabetes and manage the progression of the condition (66).

Overweight and obesity is therefore a key contributor to the risk of developing cardiovascular disease (diseases of the heart or blood vessels). Cardiovascular diseases cause around 1 in 4 deaths in England and is a leading cause of morbidity (67).

Health inequalities

Overweight and obesity can impact anyone in the population, however, there are groups of people who experience a disproportionate impact of these health conditions. Health inequalities are defined as “avoidable, unfair and systematic differences in health between different groups of people” (68). Health inequalities can occur through a variety of pathways, including differences in the access to healthcare services, individual health conditions, individual behaviours, and the wider determinants of health, including the social, economic, and environmental conditions people live and work in. Often, these factors overlap, creating multiple and reinforcing relationships that reinforce inequalities.

Addressing health inequalities is a key priority in national policy and guidance related to overweight and obesity, including Childhood Obesity, a plan for action (2018) (69) and Fair society, healthy lives: the Marmot Review (2010) (70). Population groups known to be at higher risk of overweight and obesity include (71):

Adults with learning disabilities – have high rates of obesity, at 31% and 45% for men and women respectively.

Adults with disabilities – the prevalence of obesity is 20% higher among disabled adults than among those not reporting disabilities.

Adults with a serious mental illness – the prevalence of obesity in adults with severe mental illness is almost double that for other adults aged 15-74 years.

Ethnic disparities - compared with people from a White British family background, obesity prevalence is higher in adults from a Black family background and lower among groups of people from some other ethnic family backgrounds, being lowest in people from a Chinese family background.

Socio-economic position – is one of the strongest associations with overweight and obesity. The gap in obesity between least and most deprived areas is 8% for men and 17% for women.

Local context

About Torbay

Torbay has a population of 139,322 (2021 census). Torbay has a rich history, natural beauty and a reputation as a popular tourist and retirement destination. However, with a predominantly low-wage, low-skill economy reliant on seasonal tourism, Torbay’s economy is amongst one of the weakest in the Country. Pockets of significant deprivation and poverty exist, and inequalities continue to widen. 27% of Torbay residents now live in the 20% most deprived areas in England (72).

Torbay has a significantly older age profile than England. In Torbay, around 27% of residents are aged 65 years and over, and based on current population projections, one in three residents will be aged 65 years and over by 2033 (72).

Children and young people

Smoking and breastfeeding

Smoking during pregnancy is associated with increased risk of low birth weight and preterm birth, both of which are risk factors for overweight and obesity as well as other long term health conditions in both childhood and adulthood (73). In Torbay, smoking at time of delivery (SATOD) has historically been significantly higher than the England average. However, progress has been made to reduce these rates over the last decade. In 2022/23 SATOD in Torbay was 10.2% which was statistically similar to the England value (8.8%) (72).

Breastfeeding is associated with reduced risk of infants becoming obese in childhood (74). In 2022/23, 49.8% of babies born in Torbay were breastfed at 6-8 weeks after birth. This is in line with the England average of 49.2% (72). Whilst this data has not been frequently published due to significant data issues, this latest data suggests an improvement in breastfeeding rates in Torbay compared to prior years where Torbay rates have been significantly lower than the England average.

National Child Measurement Programme

The 2022/23 NCMP data shows the prevalence over overweight and obesity in reception and year 6 Torbay to be broadly in line with England, but higher than the Southwest. Whilst there has been a significant fall in rates of overweight and obesity in reception in 2022/23, there has been a general upward trend in rates since 2016/17.

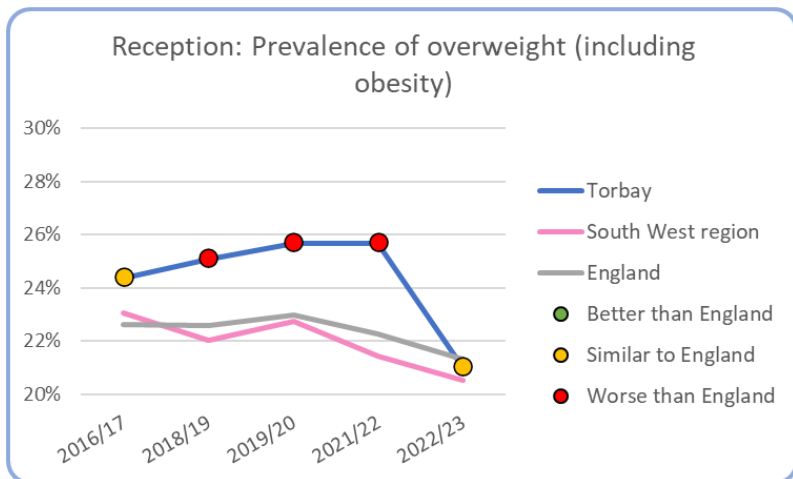


Figure 15 – Overweight (including obesity) in reception aged children, 2016/17 – 2022/23
 Source: adapted from NCMP, England, 2022/23 School Year.

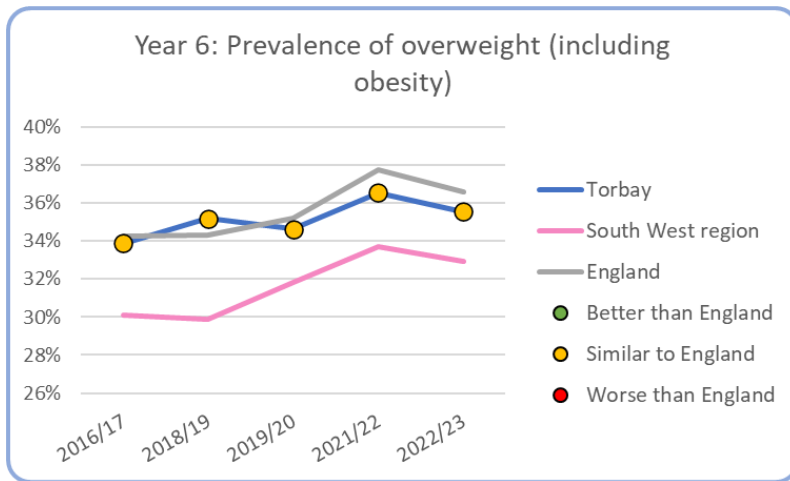


Figure 16 - Overweight (including obesity) in year 6 aged children, 2016/17 – 2022/23

Source: adapted from NCMP, England, 2022/23 School Year.

As observed in the national data, rates of overweight and obesity are patterned by deprivation.

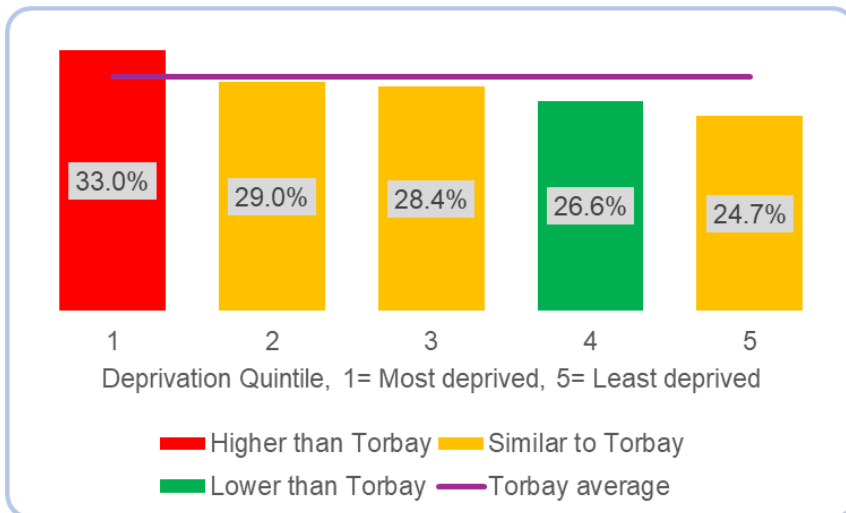


Figure 17 - Reception and Year 6 combined by deprivation quintile (2015/16 to 2022/23, no data available for 2017/18 and 2020/21) – Overweight or obese

Source: National Childhood Measurement Programme

Further analysis shows similarity of Wards with the highest and lowest proportion of overweight and obesity across both Reception age and Year 6 children. The majority of Wards are similar to the Torbay average, however the proportion of Year 6 children living with overweight and obesity is significantly higher in Ellacombe and Roundham with Hyde than the Torbay average.

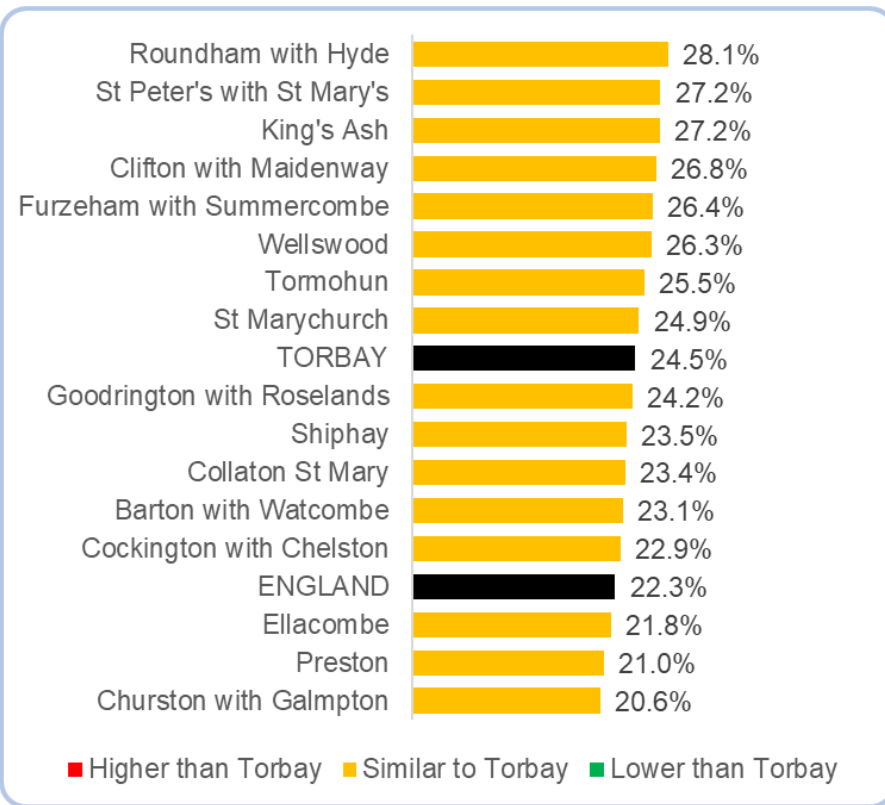


Figure 18 - Reception by ward (2015/16 to 2022/23, no data available for 2017/18 and 2020/21) – Overweight or obese

Source: National Childhood Measurement Programme

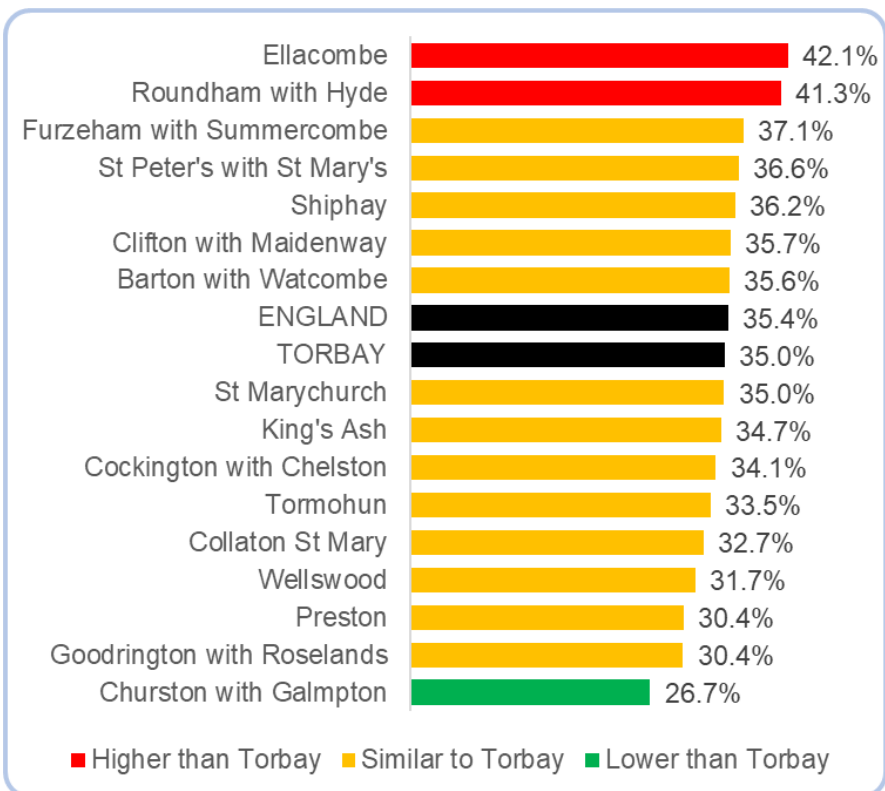


Figure 19 - Year 6 by ward (2015/16 to 2022/23, no data available for 2017/18 and 2020/21) – Overweight or obese

Source: National Childhood Measurement Programme

Type 2 diabetes

Although type 2 diabetes was formerly known as adult-onset diabetes, there has been a growing number of children diagnosed with type 2 diabetes in recent years. Nationally, there were 90 cases of type 2 diabetes in children under the age of 12 in 2017/18. This rose to 150 cases in 2021/22 (75). A similar pattern was observed in those 12 – 18 years where cases increased from 1,500 in 2017/18 to 1,850 in 2021/22 (75).

Locally, rates of children with type 2 diabetes are higher than other Integrated Care Board footprints across the Southwest of England. In 2021/22 there were 13 children with type 2 diabetes in the Devon Integrated Care Board footprint (Devon, Torbay and Plymouth) (76). This number is expected to rise when the 2022/23 data is published. Initial data analysis suggests a recent and sharp increase in cases in Torbay, likely totalling 13 cases of type 2 diabetes in children (77).

Adults

Rates of overweight and obesity

Data regarding rates of overweight and obesity within the adult population (those aged 18+) are taken from the Active Lives Survey which is a nationally representative sample. Data from 2021/22 shows that 68.9% of Torbay adults are classified as overweight (including obese). This is significantly higher than the England value of 63.8%. Historically, Torbay's rates have been similar to the England value. However, the change in trend in 2021/22 appear starker due to the small incremental increase in the England value and a more volatile set of rates in prior years in Torbay (72).

Physical activity

Amongst Torbay adults, the percentage of those walking at least 3 times a week is significantly higher than the England average. However, the percentage of adults cycling at least 3 times a week is lower than the England average (72).

Type 2 diabetes

Rates of type 2 diabetes in Torbay adults has been consistently higher than the England average since 2015/16 (72). The number of patients on GP records (aged 17+ years) as having diabetes has risen from 7,327 in 2011/12 to 9,679 in 2021/22 (72). 92% of the cases in 2021/22 are type 2 diabetes.

Adults with learning disabilities

There is estimated to be 2576 adults with some form of learning disability living in Torbay. Torbay has higher prevalence rates than the Southwest and England of people on the learning disability register in GP practices.

Research indicates that people with learning disabilities are more likely to be severely overweight than people in the general population (women are even more likely to be overweight). This risk factor puts the population at greater risk of other health problems such as heart disease, high blood pressure, stroke, diabetes, and mobility difficulties. People with learning disabilities are less likely to do regular exercise and eat a balanced diet with enough fruit and vegetables.

Cardiovascular Disease

The Quality Outcomes Framework gives prevalence for rates of factors such as Hypertension but whilst these rates are higher for those practices with higher average ages, we are unable to ascertain from the publicly available data, any deprivation link. There are deprivation links in relation to preventable mortality in relation to cardiovascular disease in those aged under 75 years.

In line with other areas of preventable death, rates of cardiovascular disease are significantly higher than the Torbay average in the most deprived areas (Fig 20). Rates in the least deprived area are in line with the Torbay average because of the relatively small size of that population. 41% of cardiovascular disease deaths amongst those aged 75 and under in Torbay, for the last 5 time periods, were considered preventable, this is broadly in line with England. Almost 7 out of 10 of the preventable cardiovascular deaths in Torbay during 2017 to 2021 had an underlying cause of coronary (ischaemic) heart disease.

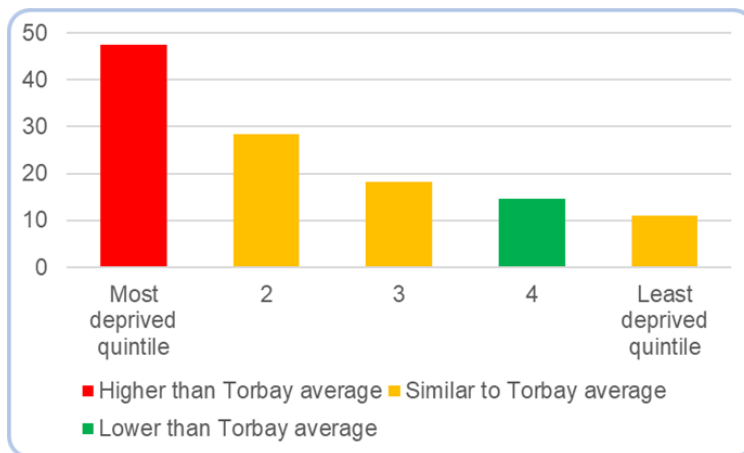


Figure 20 - Under 75 mortality rate with an underlying cause of cardiovascular disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2017 – 2021)

Source: Primary Care Mortality Database

The rate of emergency hospital admissions is significantly higher among the most deprived areas of Torbay when compared to the Torbay average (Fig 21).

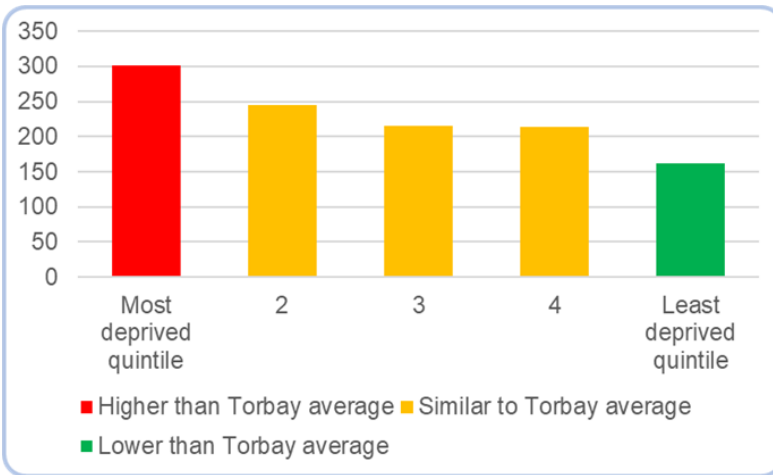


Figure 21 - rate of emergency hospital admissions for coronary heart disease per 100,000 (Age Standardised) – Torbay (2016/17 to 2021/22)

Source: Hospital Episode Statistics

Over the last 10 years, those aged under 75 years who live in the most deprived areas of Torbay have had a significantly higher mortality rate from coronary heart disease than those who live in the less deprived areas of Torbay. Those in the most deprived quintile are more than twice as likely to die from coronary heart disease before the age of 75 than those in the middle quintile of deprivation (Fig 22). Overall, there were 123 female and 444 male deaths over the 10-year period 2012-2021 of Torbay residents under the age of 75 from coronary heart disease.

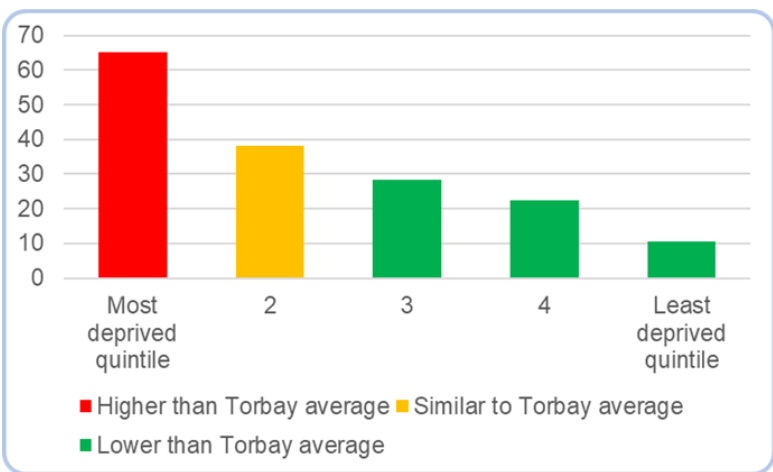


Figure 22 - rate of under 75 mortality for coronary heart disease per 100,000 (Age Standardised) – Torbay (2012 to 2021)

Source: Primary Care Mortality Database

Access to food

Fast food outlets

Data from December 2023 showed 152 businesses classified as takeaways or sandwich shops in Torbay (78). Of these, 65% (99) were in the most deprived deprivation quintile (Fig 23). The least deprived quintile is rated as similar to Torbay because of the small population size within that quintile for Torbay.

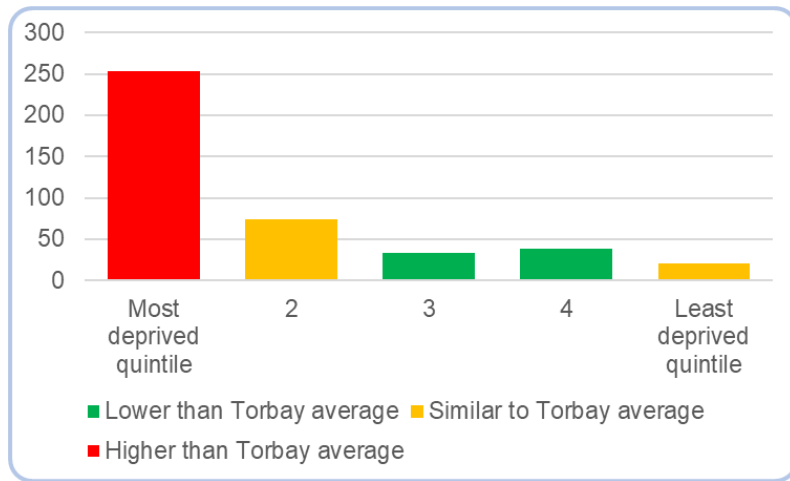


Figure 23 - Torbay Takeaway and Sandwich shop's location by deprivation quintile (Rate per 100,000 population)

Source: Food Standards Agency

Supermarket Proximity

Figure 24 shows the proximity of supermarkets (that is a grocery store with a defined floor space of more than 1,400m²). Measure relates to average distance to nearest large grocery store and the average count of these stores within 1km. The quintile relates to the Torbay area rank against England as a whole, those in the darkest blue are amongst the areas in England rated in the lowest 20% of proximity and average count. The most economically deprived areas of Torbay tend to be in areas that have good proximity to supermarkets when compared to the average, however the data makes no judgement about the quality of food available at the supermarket.

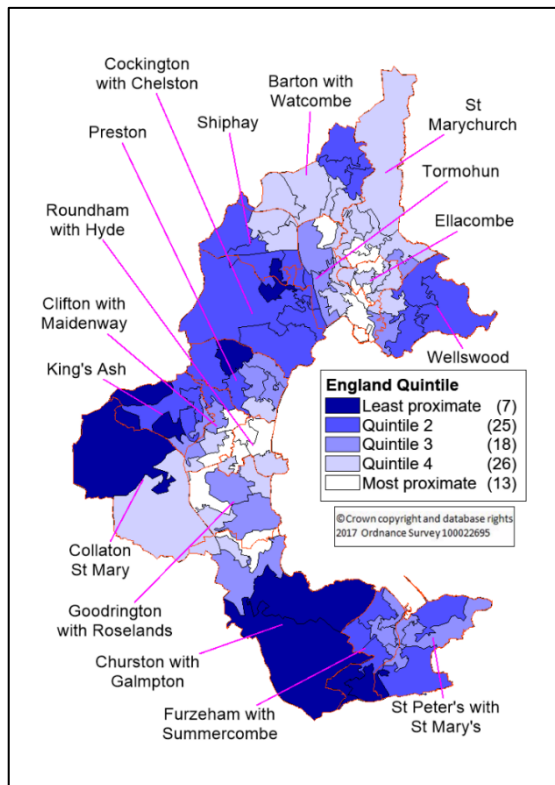


Figure 24 - Proximity of supermarkets to different areas of Torbay (as compared to England)

Source: Priority Places for Food Index

Figure 25 shows the average travel distance to a supermarket combined with being able to travel to the nearest supermarket via public transport, with this measure Torbay fares significantly better than just a measure of proximity to the nearest supermarket. It should be noted that these are snapshots and new supermarket, and public transport facilities may open over time. It should be noted that the availability of food types within supermarkets may differ significantly. For example, Hele is predominantly served by Farm Foods which carries only small amounts and varieties of fruits and vegetables, therefore restricting choice to mainly processed goods.

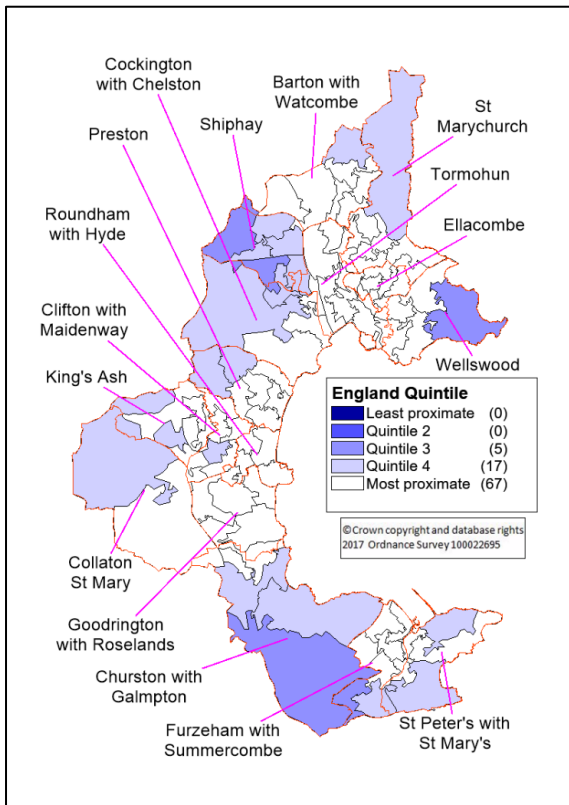


Figure 25 - accessibility to supermarkets to different areas of Torbay (as compared to England)

Source: Priority Places for Food Index

Access to green space

Torbay's population is on average closer to the nearest park, public garden or playing field (Fig 26) than the South West and England, with 305.89 metres distance in Torbay, 417.17 metres in England and higher again in the South West at 528.78 metres. Parks and public gardens are very likely publicly accessible, but it is possible that playing fields may be private. The data does not include other types of publicly accessible greenspace. The data is weighted by population.

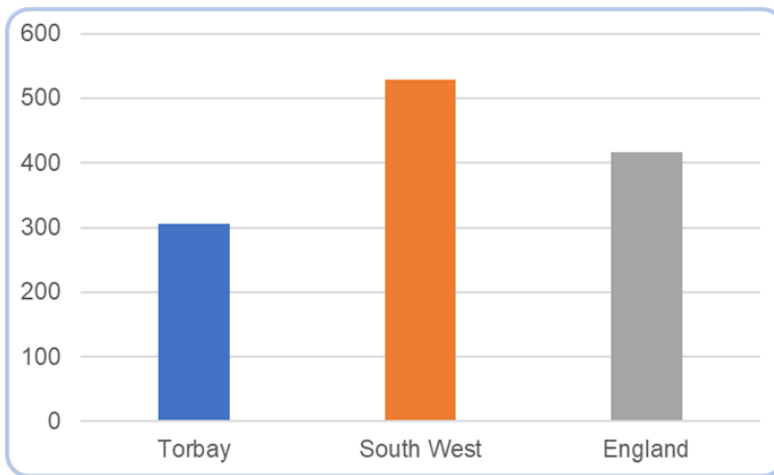


Figure 26 - average distance to the nearest park, public garden or playing field (metres), 2020

Source: ONS (Ordnance Survey Greenspace)

Per park, public garden or playing field the average population is 5,308 people in Torbay compared to 9,077 in England. The average number of parks, public gardens and playing fields within a 1,000-metre radius is higher in Torbay at 6.34 (3.69 in the Southwest and 4.43 in England). However, the average combined size of these greenspaces within 1,000 metre radius (Fig 27) is smaller in Torbay at 174,326 metres² compared to the 395,568 metres² England average. Within Torbay, more deprived areas are more likely to be nearer to and have more parks, public gardens and playing fields within a 1,000-metre radius, however the average size of these areas is considerably smaller than less deprived areas.

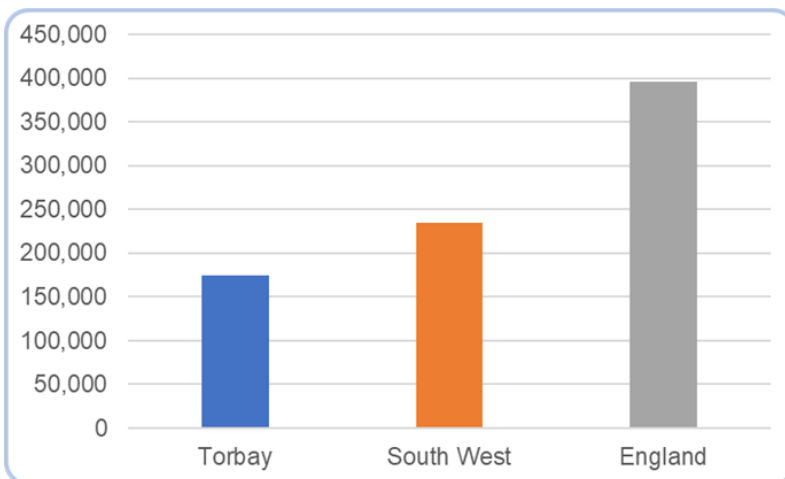


Figure 27 - average combined size of parks, public gardens and playing fields within 1,000 metre radius (metres²), 2020

Source: ONS (Ordnance Survey Greenspace)

Current work and initiatives in Torbay

Work can broadly be split into three categories – system working, service provision, where there is distinct, tangible provision of programmes or projects to individuals or groups and built environment initiatives, where changes are made to local infrastructure which impact on individual behaviour.

Systems working

Current work related to promoting healthy weight

Since April 2023, One Devon, who are a collaboration of NHS, the voluntary and community sector (VSCE), and the councils of Devon, Plymouth, and Torbay have been working with the national Innovation Unit to develop a deeper understanding of the complex, systemic challenges in regard to weight, and to design improved, person-centred non-stigmatising responses.

Work undertaken by this programme, known as *Healthy Devon Learning Labs*, has so far included:

- Convening key interest groups to be part of strategic and operational development.
- Conducting ethnographic research to better understand professional and lived experience perspectives.
- An Evidence Review & Horizon Scan to identify key drivers, lessons, and case studies
- Mapping interdependencies across the Devon system & identifying areas for intervention
- Delivering a shared learning conference.

By end April 2024 the programme will look to establish a set of principles and ways of working, both evidence based and innovative, that will inform joint strategic direction, commissioning and methods of future community engagement through One Devon

What's working well?

There is a history of strong collaboration between the Public Health teams in Devon, Plymouth, and Torbay Councils with respect to sharing learning and approaches to promoting a healthy weight. The connection and collaboration facilitated across the wider system through this work has already improved the momentum and shared understanding of the complexity of this work.

What needs are being expressed?

Throughout the work conducted so far, there are several themes that have emerged:

- The tensions that exist in complex, systemic thinking, especially between a focus on prevention versus treatment and a focus on weight compared to overall health.
- An increasing level of need for weight management services, coupled with a decline in health budgets and shortage of capacity across medical personnel.
- Widespread recognition that to go beyond addressing symptoms of an 'obesogenic environment' there is need to prevent ill-health at a population level by widening access to healthy food, physical activity, active travel routes and green spaces.
- For those with lived experience of living with higher weight, a dominant narrative of 'lacking willpower' to manage their body weight and blame being put on individual decision-making.

- A call for a greater focus on health gains and access to health and away from focussing on weight, centring on compassionate approaches.

What are the opportunities to develop support further?

Recommendations from this work are currently being finalised, however broad themes include:

1. Taking a more joined up approach to children and adult support – using the developing family hubs and enhancing the support to children/families identified through the National Child Measurement programme
2. Improving triage for those referred for weight management services – broaden range of support for people as alternatives to a medical starting point, avoid shaming prompts like talking about 'your lifestyle'.
3. Improve access to services - improve awareness of what services and support is available across our system, especially for those with co-morbidities.
4. Improve access to healthy food – improve the coverage of food partnerships and support Local Authorities to put in place advertising and sponsorship policy to address high fat, sugar, and salt foods.
5. Support people to be more physically active – influence use of green space, support active travel initiatives, connect physical activity and social isolation initiatives.
6. Improve links with Education – advocate for free school meals for all children, create strong relationship between schools and locally producing farms.

Service provision – children and families

Current work related to promoting healthy weight

Maternity Treating Tobacco Dependence pathway

Smoking in pregnancy increases the risk of preterm birth and low birthweight, both of which are associated with higher risks of overweight and obesity in childhood and into adulthood. Torbay and South Devon NHS Foundation Trust provide support to pregnant smokers and their partner or supporter to stop smoking in pregnancy, including through an offer of behavioural support and through access to e-cigarettes or short-acting nicotine replacement therapy.

Early years – Infant Feeding

Torbay's Family Hubs Start for Life offer incorporates an Infant Feeding workstream that promotes breastfeeding but aims to support all mothers with their breastfeeding choices. The programme offers infant feeding support by peers and health care professionals across the NHS and wider community antenatally,

immediately after birth and throughout the months after birth. The programme acknowledged that breastfeeding can be hard, but support is made available for women at the times they need it most.

Torbay is also currently rolling out “No Rush to Mush” as part of the Family Hubs Start for Life Infant Feeding Programme. This evidence-based NHS programme supports families to delay the introduction of solid foods. When the baby is six months, or older, parents are encouraged to introduce vegetables and fruits slowly, avoiding sugary foods. The programme provides recipe ideas and aims to build confidence in introducing the correct solids at the right time, resulting in a positive start to food introduction.

Finally, Torbay is pursuing UNICEF’s Baby Friendly Initiative (BFI) accreditation. The programme supports health systems and children’s centres to transform their infant feeding care through standard setting, training, and assessment of progress. The Public Health Nursing team (within the 0-19 service) is approaching Action for Children, aiming for silver accreditation.

Early Years – Henry Weight Management

The HENRY (Health, Exercise and Nutrition for the Really Young) is a childhood obesity prevention programme that supports families with young children. Torbay has commissioned a HENRY research project that supports the whole family to optimise their health through diet and physical activity. The research will investigate the efficacy of the HENRY intervention, the results of which will be used to define and implement healthy weight and activity programme for babies and very young children.

School aged children

The NCMP is delivered to reception aged and year 6 children in Torbay. The process was recently changed to include a more supportive approach to communicating the child’s measurements with parents, avoiding stark labelling that has historically been reported as stigmatising and concerning. Additionally, leisure cards have also been made available to some families following measurement to support families to increase their physical activity as a means of supporting healthy weight in their children. Finally, the Public Health team have developed a range of content on diet, nutrition and food which is shared on the Torbay Healthy Learning platform to support schools in their delivery of PHSE lessons and more broadly in health promotion efforts.

What’s working well?

As indicated above, rates of breast feeding in 2021 were in line with the England average, a changed position from previous years when rates in Torbay were significantly lower. Additionally, the latest NCMP data (2022/23) for Reception age children shows Torbay to be similar to the England average. Again, historically, Torbay has had significantly higher rates than England. Whilst we cannot claim these to be improving trends based on one year of data, they do offer some indications of the impact of the work being undertaken in early years.

Parental feedback about Family Hubs has been very positive. They are reported as safe, welcoming, non-judgemental spaces where parents can access trustworthy professional advice. Parents can socialise and

share experiences and challenges. The Hubs are reassuring, inclusive and informative, providing a community which reduces parents' isolation. Mothers reported that their own mental health and their children's development both benefits.

Parents report that the Start for Life Infant Feeding programme enable trusted professionals to dispel common myths and help parents make sense of the multitudes of conflicting advice they receive from different sources, including social media. Groups at the Hubs never feel rushed, and parents are never made to feel stupid in their interactions with professionals leading groups.

Finally, the change in structure and approach to NCMP locally appears to have been positive with no complaints received in 2023/24 and parents reporting the letter detailing their child's measurements being more supportive and inclusive.

What needs are being expressed?

Activities that take place in the Family Hubs are not accessible for all families; poor transport links as a barrier to attending groups is a common theme from parents. Infant feeding activities should expand to the wider community, where those who do not want to or are restricted to attending a Family Hub have equal access to programmes.

What are the opportunities to develop support further?

Children's Services not delivering training on awareness of healthy weight. Social care focus on neglect (socioeconomic gradient).

Recent discussions with some teachers and those working in education have highlighted the complexity being faced in schools of promoting healthy eating, particularly in secondary schools. This is in relation to both high fat, sugar and salt foods being brought into school, or ordered via food delivery apps, but also in relation to fear about unhealthy foods leading students to refrain from eating. Whilst information and support is available via Torbay Healthy Learning we know that capacity in Education is challenged. Therefore, there could be potential to build capacity to support the implementation of some of the recommendations, such as through brokering partnerships with local food growers and advocacy and leadership to support the transformation of procurement of school meals to focus on local produce and a broader range of food options with a more nutritious profile.

Service provision – adult weight management programmes

Current work related to promoting healthy weight

Tier 2 weight management programmes for adults are delivered by ABL Health Ltd. as part of the Your Health Torbay Service which is commissioned by Torbay Council Public Health. Tier 2 weight management

programmes provide diet, nutrition, physical activity, and behaviour change advice and support, usually in a group setting. Programmes tend to last around 12 weeks and are offered in a range of locations through Torbay. Access to the Service is either through a professional or self-referral. This service is available to all adult residents in Torbay but is commissioned to develop new approaches to supporting groups who are at higher risk of overweight and obesity, including adults with learning disabilities, adults with serious mental illness, those living in areas of deprivation, pregnant people and those working in routine and manual occupations.

Tier 3 and 4 services are also available, commissioned by the Integrated Care Board and delivered by Torbay and South Devon NHS Foundation Trust. A tier 3 service provides a specialist, clinician-led multidisciplinary approach to weight management. A tier 4 service provides bariatric surgery including pre-operative assessment and post-operative care and support.

What's working well?

Those who engage with tier 2 services have good weight loss outcomes and report positive feedback on their experience, including broader outcomes related to self-esteem, socialisation, energy, and mood.

What needs are being expressed?

The following themes have been identified by those attending and providing tier 2 weight management services:

- Access to affordable leisure activities and experiencing stress were noted consistently as barriers to regular physical activity and food choices.
- For women in particular, caring responsibilities both for children and/or parents can impact on the time they have and the priority they feel they're able to give to themselves. This can result in prioritising planning and providing nutritious meals for those they are caring for, often leading to limited capacity and energy to plan and cook meals for themselves.
- Due to the age profile of many of the participants attending tier 2 services, there is need for specific understanding and support regarding the impact of the menopause on diet and physical activity.
- There has been a recent increase in people seeking support from tier 2 services who are also living with long-term complex health conditions, such as fibromyalgia. Specific support is needed to assist and advise on the management of food and diet alongside these other medical needs.
- For those caring for adults with learning disabilities, there is a concern of being seen to control, restrict or dictate food choices as undermining the promotion of independence and choice.

Nationally, we understand that there are delays in access to tier 3 and tier 4 services, however we have been unable to ascertain how many people are accessing tier 3 and 4 services in Torbay, or the presence or length of any waiting list. Therefore, there is need to continue pursuing this information to identify opportunities for improvement and development.

What are the opportunities to develop support further?

Men are currently underrepresented in referrals and enrolment to tier 2 weight management services. Those who do engage tend to favour virtual sessions and their attendance may not be frequent due to factors such as shift working. Therefore, there is need to understand more about the barriers to engagement for men and to address these in the development of the service.

Attrition rates between referral and uptake of tier 2 services continues to be high. This needs to be explored to understand the reasons why, ensure that appropriate support is available, and to reduce potential barriers to engagement.

Based on this information, what do you think are the short-term priorities (deliverable within 6 months) and longer-term priorities (deliverable within 2 years)?

In the short term, the priorities are to:

- Understand the attrition rates between referral and take up of tier 2 services and develop a plan to address this, to promote better understanding and engagement with the service.
- Improve links with the ICB to understand the demand for tiers 3 and 4 to support system planning.
- Roll out weight management programmes tailored to specific population groups to improve available support and engage a broader range of people in support.

Over the longer term, the priorities are to:

- Evaluate tailored weight management programmes and different delivery approaches to tier 2 weight management services to improve our understanding of 'what works' for different groups.
- Continue to build our understanding of the lived experiences of those accessing weight management services to inform future developments to the system and to services, and to evaluate the impact of the service on weight management and broader health and wellbeing outcomes.

Physical activity initiatives

Current work related to promoting healthy weight

Torbay on the Move; *'More people, more active, more often.'* The Torbay on the Move strategy aims to support and encourage residents to be active in a way that works for them and at a level that provides significant benefits to physical and mental wellbeing. Although not directly linked to healthy weight services or with the primary aim of weight management, a number of activity programmes contribute towards the vision statement of getting more people, to move more across the Bay:

- **Active Travel** - Healthy Selfie Trail, Community Cycling Network, BayWalks, Walking Festival, Workplace Challenge, Torbay Bike Library Pilot

- **Active for Health** - Mental Health & Physical Activity programme, Active Hospital work, Back to Sport 2, Live Longer Better, Man vs Fat, Couch to 5k programmes, Player Tackles Weight Programmes
- **Active Places** - Park Tennis, Free Movement, Park Yoga, Back to Sport 2, Playing Streets Programme, Libraries Unlimited Together Fund activities, Love Sport at Upton Park
- **Active Environments** - Smoke Free Playgrounds, Connecting Actively to Nature, Back to Sport 2, Park Yoga
- **Active Clubs** - Torbay Leisure Card, Back to Sport 2
- **Active Schools** - Opening School Facilities Programme, Creating Active Schools Programme, Holiday Activity Fund, School to Club link programmes, School Streets, Bikeability, Learn to Ride, Balancability
- **Active for All** - Back to Sport 2, Walking (sport) programmes, SPACE funding, Learning Academy Partnership, Eat that Frog Together Fund
- **Active Workforce** - Physical Activity Champions Training, Walk Leader Training, Mental Health Awareness Training

What's working well?

Delivering against an ambitious strategy requires extensive collaboration between the Council and Community organisations. There has been significant engagement and contribution from a range of partners and moving into delivery has shown a clear opportunity to capitalise on this engagement and build on the positive energy that has been created.

Each strategic outcome theme identified a set of initial actions that requires capacity and or investment to progress. The Strategic oversight group are successfully prioritising actions, managing progress and ensuring ongoing focus on the most vulnerable groups within Torbay. There is a strong commitment to working differently, which is needed to ensure that this strategy contributes to sustained improvements in activity levels across Torbay.

What needs are being expressed?

One of our Torbay on the Move focus groups is children and young people, and we are currently working with the Youth Sport Trust who are doing some deep-dive work within local schools. A full report is due but important narratives are emerging about having space to play and concerns over children's mental wellbeing. Healthy weight isn't currently being expressed as a key concern or priority for those involved in the focus groups.

More broadly, the following emerged from our Torbay on the Move consultation process:

Helping children and young people have more access and opportunities to be active will be critical to Torbay being a healthy, happy, and thriving place. 1 in 4 children are currently inactive, and children from the poorest

income groups are twice as likely to become obese. Embedding activity into schools, creating daily movement opportunities will give a greater chance of normalising active behaviour throughout their lives. Working with schools in Torbay will help children and young people thrive physically, emotionally, socially, and academically.

Torbay has seen rising levels of mental health concerns in children and young people following the Covid-19 pandemic and physical activity is a key tool to support and address this mental health crisis. There is already a strong commitment from Torbay via the 'Child Friendly Torbay' initiative and networks such as the Imagine This partnership that put the heart and voice of children and young people at the forefront of everything that they do. Collaborating with the physical activity sector and co-designing initiatives that improve the provision will strengthen this shared vision.

“Embedding physical activity and movement into a child’s every day, normalises active behaviour and sets them up for life” (Torbay Sports Partnership)

“Schools can be used as a massive strength as part of the long-term strategy. If you can capture interest and involvement for children in Sport and activity now it creates lots more young adults involved in activities in 10 years’ time” (Torbay Sports Partnership)

“That school facilities are open and shared with the local community outside of school hours. Local clubs can support with this. We can create a community hub within the school site” (Torbay Sports Partnership)

What are the opportunities to develop support further?

Active for Health:

Physical activity has a key contribution to make to population health and can support outcomes for physical and mental health. Prioritising health and wellbeing are aligned with wider corporate objectives. Deepening partnership working between the health and physical activity sector can support delivery of successful prevention and rehabilitation programs.

Torbay and South Devon NHS Foundation Trust has commenced work to adopt the Active Hospital model; part of Moving Medicine, a resource designed to support healthcare professionals to integrate physical activity conversations into clinical care. Torbay and South Devon (NHS Foundation Trust) are seeking to change the physical activity culture within the Trust to encourage staff to hold better conversations around physical activity and to support patients to move more. The benefits are significant when supporting patients to increase activity levels pre- and post-surgery. Hearing directly from Consultant’s within the Trust, opportunities have been identified to support referral pathways between the Trust and community offers.

The consultation benefited from direct input from a number of health care professionals from across the public, voluntary and community organisations. This theme will support individuals who are below the Chief Medical Officers’ (CMO) guidelines for physical activity (32.2%, inactive and fairly active) in Torbay and

those with longer-term health conditions (24%). Exploring the clear link between health and increasing activity levels.

“There are opportunities for different organisations and people within their roles to be more joined up in the way they work to avoid the duplication effect.” (Torbay Healthy Lifestyles Team)

Strengthening the knowledge and ability of health care professionals to prescribe physical activity, supporting patients to improve their well-being and recovery, will reduce the pressure on the primary care services and help people age well.

“Mapping the physical activity referral offer and the community offer. What is out there for people to be involved in and is it suitable for their ability and needs?” (Torbay Healthy Lifestyles Team)

Based on this information, what do you think are the short-term priorities (deliverable within 6 months) and longer-term priorities (deliverable within 2 years)?

Our Torbay on the Move initial actions include (ST = short term, LT = long term):

Active Environments:

- Review the accessibility and inclusivity of green and blue spaces, such as those living with disabilities and older people that are more at risk of long-term health conditions (ST)
- Increase the opportunities for informal and formal activity to happen within the natural spaces within Torbay (ST)
- Co-design community spaces to influence and impact the physical environment, bringing together internal departments, community partners and residents to create a shared purpose (LT)

Active Travel:

- Establish and apply behaviour change principles to the design and delivery of active travel initiatives and programmes including engagement programmes across the Bay (ST)
- Explore initiatives such as E-bike's to help support more people to cycle in Torbay and reduce known barriers such as the topography, long term health conditions and fitness level (LT)
- Create opportunities for collaboration between sector partners and the Active Travel teams to enhance the provision and strategic plans for walking and cycling in Torbay (LT)

Active Schools:

- In partnership with Community Providers, map physical and mental wellbeing provision for local schools. Identify the existing need and support currently being provided (ST)
- Create opportunities to hear directly from Children and Young People and ensure their voice is at the heart of delivery (ST)

- Creating opportunities/pathways for Sports and PA providers to link with schools to increase participation at grass roots level (ST)

Active for Health:

- Provide training and development to strengthen skills relating to activating individuals to lead more active lifestyles (ST)
- Improve the connections and pathways between healthcare and physical activity provision. Map and identify gaps of the provision of physical activity for our targeted audience (LT)
- Invest in capacity and leadership to co-design the physical activity-based programmes with social prescribers, hospitals and other services that reach our target audiences (LT)

Active Clubs:

- Focus on increasing volunteers within the sector to support Torbay clubs. Provide training, learning and development opportunities for the workforce to provide positive and inclusive experiences (link to Active Workforce supporting theme) (ST)
- Increase the collaboration between built facilities and community groups to utilise spaces to help provide more active options (ST)
- Working with the Active Schools theme to develop relationships with local schools and local club pathways (ST)
- Improve the communication and promotion of active opportunities with local communities (ST)

Active Places:

- Reinvigorate existing small grant pots of funding which provide a focus on tackling inequalities, prioritising the audiences identified and to be codesigned and delivered from ideas that will support people to move more and more often in that community. (ST)
- Collaborative approach – work in partnership with a variety of organisations across sectors who know and understand the specific audiences we want to target, including partners who have traditionally not engaged or worked with the physical activity and sport sector (ST)

Focused provision - adults with learning disabilities

Current work related to promoting healthy weight

There is currently a lack of direct focussed provision on promoting healthy weight for adults with learning disabilities in Torbay. Various work is undertaken by providers of social care services (enabling, day care,

hubs, supported living) and community and voluntary groups around increasing independence with a focus on cooking skills (this includes all aspects such as shopping, meal planning and meal preparation).

There is some provision of healthy weight and lifestyle advice within providers of services and community activities. This is delivered through a variety of methods including:

- From 1:1 support /enablers
- Group work activities within day services / independence hubs (cooking, meal planning and preparation)
- Talks to people from specialist services (such Your Health Torbay) about healthy lifestyle behaviours (including diet and exercise)
- Community Sports provision (such as Waldon FC) where there is a focus on being physically active and improving diet to support this

GP based Annual Health Checks for people with a Learning Disability cover weight and BMI measurement. However, the data for this is not collected separately. There is a One Devon Dataset where BMI data can be drawn from, but this does not include Torbay based GP's who currently use EMIS data system, which is not currently compatible with the One Devon dataset.

What's working well?

As part of a commissioning review into daytime services for people with learning disabilities in Torbay in 2023, Living Options Devon ran listening & feedback events with a wide range of stakeholders in Torbay. Whilst not a core theme and not possible to quantify, advice regarding diet and nutrition was highlighted as a positive aspect in the report.

What needs are being expressed?

As part of the same listening & feedback events both good nutrition advice and support in cooking meals from scratch were seen as areas that need improving for people with Learning Disabilities in Torbay. Hence the report identified a varied response indicating that whilst there are pockets of good diet and nutrition advice/guidance available this was not widespread or consistent amongst all stakeholders.

Quality assurance of keyworker training regarding nutrition was also widely highlighted as an area for improvement. This fits with wider feedback gathered throughout engagement and co-production events over the past 12 months regarding the skills of the workforce in being able to effectively support and guide people with learning disabilities in respect of diet and nutrition.

Anecdotally, concerns have been raised in forums about the use of food as a 'reward' for behaviour – this area of concern needs more investigation and analysis. Alongside this we have seen repeated concerns raised about the use of energy drinks within people with learning disabilities and autistic people.

What are the opportunities to develop support further?

1. Weight loss interventions work better if support workers are included. They can help to provide motivational and practical support. There should be a consistent approach from everyone who supports the person who needs to lose weight (including family, friends, and carers). Support workers can:
 - Help individuals to plan and cook healthier meals
 - Encourage people to be more active and find things they like doing
 - Support engagement with local resources such as weight management groups
 - Be good role models for healthy choices
 - Support people to attend their annual health checks

2. Gaining a greater understanding of what activity is taken across providers and services to support people with all aspects of diet, nutrition, cooking and being more active would help construct a more accurate picture of current delivery and identify any potential gaps.

Training and access to good information about buying and cooking healthy food should be available to support staff. An audit of staff training in respect of diet & nutrition would help identify whether any skills gap exists within the workforce that need addressing.

3. Universal access to materials that would support individuals to eat more healthily and become more active need to be more accessible to people with learning disabilities. This means more information about local provisions needs to be available in easy read formats and also via alternative routes (reasonable adjustments) than just online – this is currently not available on the ‘Your Health Torbay’ website.

4. Further exploration of what digital support tools could be made available to support people with learning disabilities with their diet and nutrition could be explored – for example the use of QR codes to help with cooking instructions in different formats such as easy read and video.

5. Work with the Social Care Provider market to have an increased focus on combining meaningful activities with benefits to weight and other lifestyle factors as part of their regular offer to people with learning disabilities.

Based on this information, what do you think are the short-term priorities (deliverable within 6 months) and longer-term priorities (deliverable within 2 years)?

Six months (unable to currently be undertaken due to lack of capacity);

- Mapping of current activity within provider, community & voluntary groups in relation to supporting people with learning disabilities in improving their diet, weight, nutrition, and physical activity

- Audit of social care support staff skills and training in relation to diet & nutrition.

Two years;

- Training and resource programme for support workers (no current capacity to implement)
- Include requirements for staff to have appropriate skills, training, and qualifications for providing support in diet and nutrition within provider contracts.
- Research and business case development in relation to the use of digital technologies to support people with learning disabilities with diet, nutrition and increasing activity (no current capacity to implement).

Focused provision – families experiencing food insecurity

Current work related to promoting healthy weight

Work to address food insecurity is currently being undertaken through multiple sectors and is connected to the financial wellbeing agenda. A central tenet of the work is to increase access to healthy food, including the work of Local Motion Torbay. This is a community development trust with a 10-year plan to create a more connected Torbay – where citizens and all sectors work together to address deep rooted systemic issues. One of these issues is food insecurity. Progress to date has focused on:

- The development of a **Strategic Food System** – specifically using the outputs and structure of Local Motion Torbay to enable application and Torbay membership of the national Sustainable Food Places Network – a 90+ Local Authority based network encouraging and facilitating the supply and demand of fresh, healthy, local, seasonal, and sustainable food.
- Engaging households and communities to help address immediate food challenges through answering the central question ‘how can people move from food insecurity to sustaining themselves’ and how can the community sector, local authority, NHS and other well-placed agencies assist this process? This includes existing and new initiatives as outlined below.
- Developing **Torbay Food Strategy 23-28 ‘Food for Good’** with the following central principles:
 - Opportunities for people to connect through food, including growing, cooking, and eating together
 - Availability of space for community food growing projects that promote health and community connections
 - A diverse and vibrant, sustainable, low-carbon food economy
 - Ethical food businesses that prioritise social value

It is anticipated that this strategy will provide a framework for activity to combat food insecurity and further strengthen the aims and objectives of Local Motion.

What's working well?

The outputs of small, community-based food banks such as **YES Brixham** - an independent food bank where food parcels are available to collect, as well as a self-serve community fridge and larder. Also, **Eat that Frog** – a Paignton based community interest company (CIC) operating much as above enabling a help yourself traditional shop front. These are indicative of the food bank network, all of whom obtain food from a variety of sources including supermarkets (end of life produce), local suppliers and private donations.

Turning Heads – a Torquay based CIC addressing food insecurity through affordable meals for free delivery or collection, alongside supporting recipes and 'how to cook and prepare' videos. Turning Heads also runs a membership based social supermarket where points are purchased and exchanged for food items once a week.

What needs are being expressed?

Food insecurity, exacerbated by the cost-of-living crisis, is impacting the whole of Torbay. However, our poorer neighbourhoods will be affected more. Needs identified include:

- Reduced access to regular, healthy nourishing food due to available income. This affects families and adults of all ages
- Lack of knowledge of core food groups and poor nutritional awareness
- Lack of cooking skills
- Lack of awareness of where to buy foods, especially grown foods, and meat-based products
- Lack of access to cooking utensils, appliance, and white goods

What are the opportunities to develop support further?

Torbay Neighbourhood Growing Programme is aiming to make unused council owned land – owned/managed by Highways and Torbay Development Agency available for growing by community groups. Initial work is underway. Jointly led by Public Health and Spatial Planning to develop a system of access and development in line with the national 'right to grow' movement championed by Incredible Edible. The aim will be to make several pilot sites available in 2024 in the Foxhole area of Paignton, while developing a Torbay wide approach and system. This programme will include aligned workstreams around cooking skills and utensil, appliance and white goods access.

Based on this information, what do you think are the short-term priorities (deliverable within 6 months) and longer-term priorities (deliverable within 2 years)?

6 months:

- Sign off Torbay Food Strategy and development of an initial action plan - linked strongly Local Motion and the principles of delivery previously outlined.

- Membership of the Sustainable Food Places Network, identification of funding and partnership opportunities and national/regional best practice regarding food insecurity.
- Delivery of more community identified priorities within Local Motion, including a clear plan for potential growing and healthy food access via the People's Parkfield site.
- Embedded Neighbourhood Growing pilot in Foxhole.

2 years:

- Established Neighbourhood Growing system, improved healthy food access and improved cooking ability within communities most in need.
- Ongoing delivery and monitoring of the Local Motion and Torbay Food Strategy outputs.

Built environment – active travel

Current work related to promoting healthy weight

Torbay has a strategic, long-term plan which has been drawn up according to a national methodology as a 'Local Cycling and Walking Infrastructure Plan' (LCWIP). The need to improve the active travel network to enable increasing physical activity levels in Torbay is recognised as part of the strategic case for the plan.

The LCWIP identifies the priority strategic interventions which will deliver a joined-up network for active travel across the three towns of Torbay, responding to local needs and opportunities. There are currently several schemes which are at various stages of delivery relating to the LCWIP, such as:

- America's Lane, Brixham (just completed)
- The Strand, Torquay – walking, wheeling, and cycling improvements (under construction)
- Shiphay Lane Hospital Trail link crossing (preparing for construction)
- Marine Drive (pavement widening and two crossings completed, further crossing and 20mph zone in preparation for construction)
- Torquay, Paignton and Brixham (various extensive sections of Beaches Trail) – design and visualisation preparation before engagement during Summer 2024

In addition to schemes within the LCWIP, there are a number of other schemes being carried out according to local evidence of need and budget availability, including various highway works which are aimed to support active travel such as crossing, footpath improvements and alterations to maintenance regimes.

There is also a strategic target to expand 20mph zones across areas of Torbay, particularly around areas of the network where schools are located. Progress is being made in this regard and the Council has two 'school streets' in Torbay (Curledge Street in Paignton and Furzeham in Brixham) where there are road closures in place at the beginning and end of the school days. 20mph zone and road closures support increased physical activity, safer infrastructure for walking, wheeling, and cycling and contribute to reducing carbon emissions.

What's working well?

The Council has continued to improve its relationship with Active Travel England and has been successful in gaining recent funding to deliver some projects in relation to the LCWIP. Wider corporate projects relating to town centre regeneration are also contributing to improving the active travel environment, such as through the Strand regeneration which incorporates improved walking/wheeling links and a segregated cycleway.

Torbay On the Move, a Council and partner initiative to support and encourage the population to be more active, has placed 'Active Environments' and 'Active Travel' as key strategic themes. This initiative is helping to generate further stakeholder support and partnership working for the delivery of the LCWIP and opportunities to join active travel funding alongside other funding to deliver more impactful projects – such as the Active Workplace Challenge under way during March 2024. Torbay on the Move, together with the Council's Active Travel Group (cross departmental officers working on active travel) are key elements of getting more joined-up work across project delivery and integrating infrastructure and social interventions so they are mutually supportive.

What needs are being expressed?

Public consultation has shown that existing infrastructure has tended to act as the biggest barrier that prevents people from undertaking more journeys by active means. A need to make routes safer, more accessible/inclusive, and maintained to a higher quality, feature heavily in responses. There has been consistent support from the public for the principle of improvements to active travel in Torbay, with health and wellbeing acknowledged as being significant attractions, however the sense of one being 'fitter' or 'happier' features more prominently than achieving or maintaining a healthy weight.

Other needs expressed relating to active travel include the social aspect (opportunities to connect with people) and, but not expressed as strongly, the need for upskilling people in relation to maintaining bicycles and providing better access to bicycles.

What are the opportunities to develop support further?

Improve engagement with young people, as this is an underrepresented group within public engagement exercises in relation to active travel to date. An opportunity to work with the Family Hubs has been identified as one potential avenue to explore in this regard.

Based on this information, what do you think are the short-term priorities (deliverable within 6 months) and longer-term priorities (deliverable within 2 years)?

Shorter-term priorities

1. Deliver key built environment projects relating to the LCWIP which have existing funding.
2. Develop the design and engagement of a number of earlier stage projects to position them ready to receive funding (the pipeline of future projects).

3. Torbay on the Move becomes a key strategic vehicle for the evolution of active travel projects and funding bids (including capital and revenue schemes).

Longer-term priorities

1. Position active travel as a central component of the revised Local Transport Plan, which is to be conducted jointly between Devon and Torbay Local Authorities and ensure the potential benefits of devolution are maximised in terms of project delivery/funding

Built environment – green infrastructure

Description of work currently underway related to promoting healthy weight

There is a strategic piece of work underway to produce a new green infrastructure plan for Torbay. It is still in the early stages of preparation, but the aim is to create a new map, audit, and catalogue of Torbay's green infrastructure, integrated into GIS mapping software, that can form the basis for analysing the environment in Torbay and planning for its management and change. This will help to answer very specific questions (including in the context of the issue of healthy weight) such as '*which specific population areas in Torbay have the least access to accessible green space that is suitable for physical activity for the needs of older people?*' Or '*which patches of green infrastructure in Brixham are suitable for community foraging/growing schemes?*'

What's working well?

There are good working relationships at an officer level between Spatial Planning and SWISCO, aided by recognition of the benefits to strategic green infrastructure delivery.

What needs are being expressed?

The process is still in its relative infancy, but stakeholder engagement is planned to inform this going forward.

What are the opportunities to develop support further?

Interrogate use of green space from a range of 'lenses', this can and will include understanding what elements of the network are contributing to healthy lifestyles and act to better target and build the case for interventions.

Based on this information, what do you think are the short-term priorities (deliverable within 6 months) and longer-term priorities (deliverable within 2 years)?

Short-term priorities

- Build and agree the methodology, mobilise resources, secure senior officer, and political agreement for timetable for delivery

Long-term priorities

- Complete and adopt new Green Infrastructure mapping and delivery plan
- Embed new plan within green infrastructure service delivery

Built environment – planning policies

Current work related to promoting healthy weight

The Torbay Local Plan has local policies which require new development to contribute to improvements to health and wellbeing, including making a ‘contribution to improving healthy lifestyles’. Supplementing this strategic policy ‘hook’ the Council adopted a separate policy guidance document called the Healthy Torbay Supplementary Planning Document (SPD) which contains separate guidance related to promoting healthy weight, including controls on the proliferation of hot food takeaways.

What’s working well?

The local planning policy framework in Torbay has public health aims and best practice woven into its principles in a number of key documents which are used as the basis to inform decision-making on planning applications and influencing how development proposals are made. There are positive working relationships between Public Health and Spatial Planning teams with a ‘link officer’ supporting policy formulation and development management.

What needs are being expressed?

We have a higher proportion of older people engaging in planning consultations generally. However, links are being made with schools and a key part of the new Local Plan process will be to improve engagement with younger people.

Change in access to online ordering may also change the ability of planning officers to challenge ‘built’ coffee shops and takeaways.

What are the opportunities to develop support further?

The current Torbay Local Plan (2015) and the Healthy Torbay SPD (2017) are becoming increasingly out of date. The focus of review work is currently centred on updating the Local Plan but some scoping work on updating the Healthy Torbay SPD has also been undertaken and the plan is to dovetail the update of that document with the timetable for the adoption of the updated Local Plan. There is opportunity to take the significant learning which have happened in the planning and health field over the past 7 years and our local experience of policy implementation to update policy and guidance to better target creating the conditions for positive healthy weight outcomes.

Possibility to access younger families through family hubs and their engagement network? Also, participation workers engagement with young people, including those with learning disabilities and the youth council.

Based on this information, what do you think are the short-term priorities (deliverable within 6 months) and longer-term priorities (deliverable within 2 years)?

Short-term priorities

- Within the new Local Plan update, build and embed latest public health evidence as part of updating Local Plan policies
- Integrate health impact assessment elements as part of Sustainability Appraisal of the Local Plan

Long-term priorities

- Adopt an updated Local Plan supported by refreshed supporting guidance, which maximises opportunity to fully support the healthy weight agenda in Torbay, including through influencing the food environment, active travel, and green infrastructure.

Built environment – food advertising

Current work related to promoting healthy weight

Advertising unhealthy foods and drinks has long been associated with poor health, in particular, child obesity and health inequalities. Local government have been calling for powers for several years to shift the balance in what is advertised on council land and highways.

Now with the inception of Local Authority **Healthier Food Advertising Policies**, there is a tried and tested means to hold the food industry to account. This involves the use of the Nutrient Profiling Model to assess food and drink the industry wishes to advertise and refuse the products deemed unhealthy. It is important to mention that this will not apply to a brand, but to the products that brand wishes to promote.

Sustain (alliance for better food and farming) have produced a toolkit to guide local authorities through the process from exploration to implementation, including:

- Case studies from each of the local authorities that have implemented a Healthier Food Advertising Policy, as well as those working towards signing a policy off.
- How to build the case for a local policy including references to academic papers and other local governments' council papers.
- Detailed explanation of the policy process including example Nutrient Profiling Model questions.
- Challenges to the policy and how to overcome them.

Public Health have begun the process of scoping what is required and the timeline to establish a Torbay Healthier Food Advertising Policy.

What needs are being expressed?

HFSS (high fat, sugar, and salt) adverts make these products more appealing and influence young people particularly to make less healthy food choices (79) (80). A 2018 Cancer Research UK study estimated that seeing just one extra HFSS advert per week led to the consumption of 350 additional calories (81). Unsurprisingly, there are associations between outdoor HFSS advertising and obesity (82) (83)). The advertising spends for cakes, biscuits, confectionary and ice creams is twenty times that of healthy food (84). Children and families living in the most deprived areas are exposed to more HFSS advertising (85) (86) (87). Alongside barriers to affording and accessing healthy food, HFSS advertising magnifies the problem. It does so by normalising unhealthy diets and contributes to a strong link between child obesity and deprivation (88).

What are the opportunities to develop support further?

Emerging Issues Report to Senior Leadership Team, Torbay Council.

Based on this information, what do you think are the short-term priorities (deliverable within 6 months) and longer-term priorities (deliverable within 2 years)?

- 6 months – Emerging Issues Report and wider Council discussion.
- 2 Years – pending council ratification, establish and implement a Torbay Healthier Food Advertising Policy.

Conclusions

This health needs assessment (HNA) sought to draw together a broad range of work currently underway that can play an important role in promoting healthy weight in Torbay. Compared to the previous HNA undertaken in 2016, this HNA has found a shift towards a greater focus on initiatives to create environments that support people's general health and wellbeing through physical activity, active travel, and food environments. As we have highlighted, these initiatives are likely to have the greatest impact on population health. However, unlike services delivered directly to individuals, it can be harder to measure the impact of these initiatives on weight related outcomes in the short-term. Additionally, this shift poses some tensions in how we maintain a clear view on how all aspects of this work are developing and where future gaps and opportunities arise given the disparate nature of the work being undertaken over different organisations and departments. It will therefore be important to develop forums and mechanisms to facilitate discussions and ongoing collaboration which producing this HNA has sparked.

Finally, this HNA has also highlighted a difference in the narratives who have engaged in consultations across the different workstreams set out. It was interesting to note that engagement with members of the public around physical activity and active travel reflected motivators related to general physical and mental health benefits and did not name impact on bodyweight explicitly. This should be noted for any future engagement work planning around healthy weight to ensure that we are engaging in a relevant way.

Recommendations

The following broad recommendations are proposed; however, we intend to sense check these against the Healthy Labs principles and recommendations due to be released before we finalise them. These principles and recommendations will inform the OneDevon ICB wide Healthy Weight Strategy, and therefore it is important that there is consistency and coherence between the ICB and Local Authority plans. We will then transfer these recommendations into an action plan with timescales and leads set against them.

System and partnerships

- Embed the recommendations and principles from the Healthy Labs work around shared language across the local system.
- Align work with the new cardiovascular disease (CVD) prevention partnership in Torbay.
- Develop a new network/steering group to cover the range of work areas within this HNA to share progress, identify gaps and new opportunities to develop initiatives and approaches and to oversee progress against the action plan.

Support

- Through contract management mechanisms for the tier 2 weight management service, improve our understanding of who the service is reaching and develop insights of the specific needs and experiences regarding diet, nutrition, and exercise for those living with long-term medical conditions, adults with learning disabilities, women experiencing the menopause, working aged men and those with caring responsibilities.
- Improve links and partnership working with the ICB around the commissioning and delivery of tiers 2, 3 and 4 weight management to ensure effective triage and to support system planning.
- Identify capacity to undertake mapping of current activity within provider, community & voluntary groups in relation to supporting people with learning disabilities in improving their diet, weight, nutrition, and physical activity and to undertake an audit of social care support staff skills and training in relation to diet & nutrition.
- Over the longer term, identify capacity to implement training and resource programme for support workers of adults with learning disabilities, including identification and use of digital technologies.
- Include requirements for staff to have appropriate skills, training, and qualifications for providing support in diet and nutrition within provider contracts for adults with learning disabilities.
- Undertake further engagement with schools regarding barriers and challenges to identify what skills, capacity and resources maybe required. Collaborate with colleagues in Devon and Plymouth Public Health teams to understand their schools offers and learning which could also support improvements in Torbay.
- Work with colleagues at the ICB to understand more of the emerging data and evidence regarding type 2 diabetes diagnoses in children in Torbay. Collaborate with colleagues at the Office for Health Improvement and Disparities and at the University of Bristol to support research and a root cause analysis to determine lessons learned from existing cases to improve the quality and timeliness of interventions to prevent future incidents.

Environments

- Implement and evaluate local food growing initiatives aligned to the Torbay Food Strategy.
- Implement and evaluate a Torbay Healthier Food Advertising Policy.
- Support the action plans for Torbay on the Move, active travel, planning policies and green infrastructure initiatives through ongoing communication and coordination as part of the new proposed network/steering group.

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