

## HEALTH AND SOCIAL SERVICES DEPARTMENT

### GUERNSEY AND ALDERNEY HEALTHY WEIGHT STRATEGY 2016-2023

The Chief Minister  
Policy Council  
Sir Charles Frossard House  
La Charroterie  
St Peter Port

6<sup>th</sup> January 2016

Dear Sir

#### **1. Executive Summary**

1.1 In 2009, the States of Guernsey adopted a five-year Obesity Strategy, (“the 2009 Strategy”) to reduce obesity-related premature deaths and avoidable ill-health caused to Guernsey and Alderney residents of all ages (see Billet d’État XXXI November 2009 Volume 2).

1.2 The 2009 Strategy has enabled the States to:-

- maintain and improve monitoring of levels of overweight and obesity in adults and children in Guernsey and Alderney;
- monitor progress towards achievement of recommendations in a cross-department officer level group ensuring an integrated approach;
- provide dietetic expertise and a clinical care pathway in relation to obesity for adults by employing a Community Dietitian;
- provide an adult weight management service on referral;
- develop a clinical care pathway in relation to obesity and a lifestyle referral scheme to help overweight and obese children, through employment of a specialist School Nurse;
- provide a community-based Guernsey Health Trainer service, assisting people to redefine behaviour issues and put change into practice;
- contribute to the provision of increased opportunities for the Sports Commission to deliver an enhancement to the Physical Education (PE) in Schools Programme; and
- provide health promotion campaigns directed at tackling obesity and to increase awareness of current and planned facilities and interventions.

1.3 This evidence-based approach, aligned to national and international action, has contributed to preserving the health and wellbeing of Islanders. It has also contributed to meeting the States’ government objectives to maintain a healthy Guernsey and Alderney population and a capable workforce. This has been

achieved utilising only 37% of the original requested budget: not all recommendations of the 2009 Strategy have been implemented and a range of National Institute for Health and Care Excellence (NICE) guidelines for treatment of severe obesity remain unmet; for example there is a lack of Tier 3 services (a specialist multi-disciplinary team) and Tier 4 services (including obesity surgery).

- 1.4 This Policy Letter proposes the continuation of the 2009 Strategy for the period 2016-23 (“the New Strategy”), setting out the new and appropriate principal priorities during this period. It has been formulated with key partnership agency representatives at strategic and operational level in the Healthy Weight Strategy Group (HWSG) but with more specific initiatives to deliver improved outcomes. This followed examination of the most recent research (Appendix 1) and initial engagement with the public, political representatives and other States Departments.
- 1.5 The proposed draft New Strategy was then made widely available to the public, partner Departments and other interested parties in a final comprehensive consultation exercise in autumn 2015. The consultation report appears as part of Appendix 2 and shows a high level of public support for the measures that were proposed.
- 1.6 The following are the areas of outcome focus in the New Strategy:
  - Reducing obesity-related preventable mortality and prevalence of type 2 diabetes;
  - Reducing the numbers of adults and children who are obese and overweight;
  - Increasing the number of people eating a healthy diet;
  - Increasing the number of people who are regularly physically active; and
  - Increasing the number of overweight and obese people moving successfully to appropriate weight goals and maintaining them.
- 1.7 The New Strategy will aim to achieve this through three, co-ordinated, pillars of work:
  - Making healthy eating choices easier and normalising healthy eating for adults and children;
  - Making active lifestyle choices easier and normalising an active lifestyle for adults and children; and
  - Helping adults and children to achieve and maintain appropriate weight goals.
- 1.8 Just over half of local adults, 29% of Year 5 children, and 15% of Year 1 children are overweight or obese. Over 5% of local adults have type 2 diabetes, which is largely caused by obesity and of the 11 to 17 amputations a year over the last five years at the Princess Elizabeth Hospital in people with type 2

diabetes, many are thought to have been attributable to obesity. Furthermore, there are an estimated 70 preventable cancer or cardiovascular premature deaths a year in Guernsey and obesity is considered an important causal factor too. Internationally, obesity is now on a par with tobacco smoking as a cause of premature death and preventable ill health. Premature preventable death from circulatory disease (heart disease, stroke), non-alcoholic liver disease, cancers (endometrial, breast and colon) and avoidable illness caused by obesity and overweight can also adversely affect mental as well as physical health and wellbeing in the lives of individuals and their families.

- 1.9 With such a high prevalence of obese and overweight people, the islands clearly have a large scale problem to tackle. In a climate of austerity for public funding, the Health and Social Services Department (HSSD) believe the situation requires a new approach. HSSD will investigate, with its third sector parties, setting up an independent body, which will bring together partners in the voluntary, commercial and public services to oversee the delivery of the Healthy Weight Strategy. Such a body will have the advantage of enabling non-public funding to be attracted to augment the existing States provided budget allocations to help deliver the Strategy, and for engaging the wider community to help find innovative and creative solutions to the current crisis. The independent body would report to the new Committee *for* Health and Social Care via its Members and officers who will be jointly responsible for overseeing the independent body.
- 1.10 If people are motivated to adapt and change their behaviours, the implementation of the Healthy Weight Strategy, if successful, could be life-changing for many in our community, especially children at the beginning of their lifestyle journey. In supporting healthy lifestyles, the Strategy will help islanders to help themselves enjoy a longer, healthier life.
- 1.11 The proposed Action Plan has 18 areas for action, under the three pillars of the Strategy - healthy eating; physical activity; and services to help achieve appropriate weight goals.
- 1.12 HSSD intends to kick-start the New Strategy, building on the 2009 Strategy, to get real momentum across the range of proposed initiatives, for example by;-
  - Reviewing the food provided in its facilities to ensure we are an exemplar for our community. Likewise the Education Department is currently reviewing the food sold in its schools;
  - Stopping the sale of unhealthy sugary drinks from its facilities; and
  - Investigating the provision of electric bicycles for its staff. This would have the dual purpose of encouraging active transport, with the associated benefits for the health of the Department's staff and of reducing CO<sub>2</sub> emissions, while at the same time freeing up car parking spaces at the Princess Elizabeth Hospital for the more vulnerable members of our community.

1.13 The New Strategy fully supports the ten year transformation objectives which the HSSD Board has committed to.

## **2. Context**

2.1 HSSD is mandated to advise the States on matters relating to the mental, physical and social wellbeing of the people of Guernsey and Alderney. This mandate gives HSSD responsibility for:

- promoting, protecting and improving personal, environmental and public health; and
- preventing or diagnosing and treating illness, disease and disability.

2.2 Overweight and obesity (defined as excessive or abnormal accumulations of fat that presents a risk to health) are global issues, with prevalence doubling amongst the world's population between 1980 and 2014<sup>1</sup>. The success of integrated tobacco control and increased worldwide obesity means that obesity is now close to exceeding tobacco smoking as a cause of premature ill health and death in developed countries.

2.3 Overweight and obesity are recognised as an increasingly important cause of early death and avoidable ill-health in Islanders. Obesity is a major risk factor for a range of chronic diseases, including type 2 diabetes, circulatory disease (heart disease, stroke), non-alcoholic liver disease and a number of cancers (including endometrial, breast and colon). The top two leading causes of deaths in Guernsey and Alderney over the three-year period 2010-12 were cancers and circulatory diseases (when sorted by the age-standardised rate). These causes accounted for 30% and 31% of deaths respectively.<sup>2</sup> Between 2010 and 2012, there were an estimated average 43 preventable cancer deaths each year and 23 preventable cardiovascular deaths each year in Guernsey and Alderney. These figures, in conjunction with others, should be viewed as a baseline for onward indicative monitoring of the success of the new Healthy Weight Strategy. In addition, type 2 diabetes is associated with a range of other illnesses, e.g. in residents with type 2 diabetes, there have been 11 to 17 amputations per year at the Princess Elizabeth Hospital over the last 5 years, many of which are thought to be attributable to diabetes associated with obesity.

2.4 The States of Guernsey has supported the development of Bailiwick Healthy Weight (Obesity) strategies since 2006, and this is essential to continue to maintain and improve the health of the population. Such strategies make an important contribution to the States Strategic Plan:

- Meeting government objectives through coordinated service delivery;

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<sup>1</sup> World Health Organization (2015) Obesity and Overweight – Factsheet 311, updated January 2015 <http://www.who.int/mediacentre/factsheets/fs311/en/> accessed 6<sup>th</sup> December 2015

<sup>2</sup> Public Health and Strategy Directorate, HSSD. 2014. Health Profile for Guernsey and Alderney 2010–2012. Guernsey: States of Guernsey.

- Sustainable long-term finance (through reduced healthcare costs for obesity related disease);
- Encouraging individuals to take personal responsibility and adopt healthy lifestyles;
- Equality of opportunity, social inclusion and social justice; and
- Maintaining a healthy, capable workforce.

2.5 In Guernsey and Alderney, control of obesity would reduce both direct healthcare costs and indirect costs. For example, the medical treatment of type 2 diabetes alone, much of which is caused by obesity, is estimated to be approximately £12 billion a year in the UK.<sup>3</sup> Additionally, the indirect costs, e.g. from absenteeism, early retirement or social benefits are estimated to be a further £10 billion a year for the UK<sup>3</sup>. Extrapolated to Guernsey and Alderney these figures would equate to around £12 million and £10 million a year respectively. Since obesity is associated with broader social and economic consequences, including stigmatization and reduced productivity, the World Health Organisation has identified reduction of population levels of obesity as one strategic objective that, if successful, will reduce societal costs from treating its complications. Control of obesity is likely to improve both public and private health and wealth. A healthy diet, regular physical activity, and maintaining a normal body weight can prevent or delay the onset of type 2 diabetes.<sup>4</sup> As much as 80% of type 2 diabetes is avoidable through lifestyle changes and obesity prevention.<sup>3</sup>

2.6 The Healthy Weight Strategy underpins and supports other States of Guernsey strategies, and vice versa, such as the On-Island Integrated Transport Strategy, Disability and Inclusion Strategy, and Children and Young People's Plan.

### **3. Obesity Strategy 2009-2015**

3.1 The Bailiwick has been successful in developing, agreeing and implementing a multi-system Obesity Strategy, an achievement in itself. The principal aim of the 2009 strategy was to reduce the burden of death and ill-health that obesity-related disease causes in the islands of Guernsey and Alderney. Guernsey life expectancies at birth for men and women have improved by 4-5% over the last 15-20 years and are now among the highest in Europe.

3.2 The 2009 Strategy (2009-2015) has been driven forward by HSSD with partners. The multidisciplinary Obesity Strategy Group, now known as the Healthy Weight Strategy Group (HWSG), was tasked with implementing the local strategy and £395,850 was requested to fund that implementation. Phase 1

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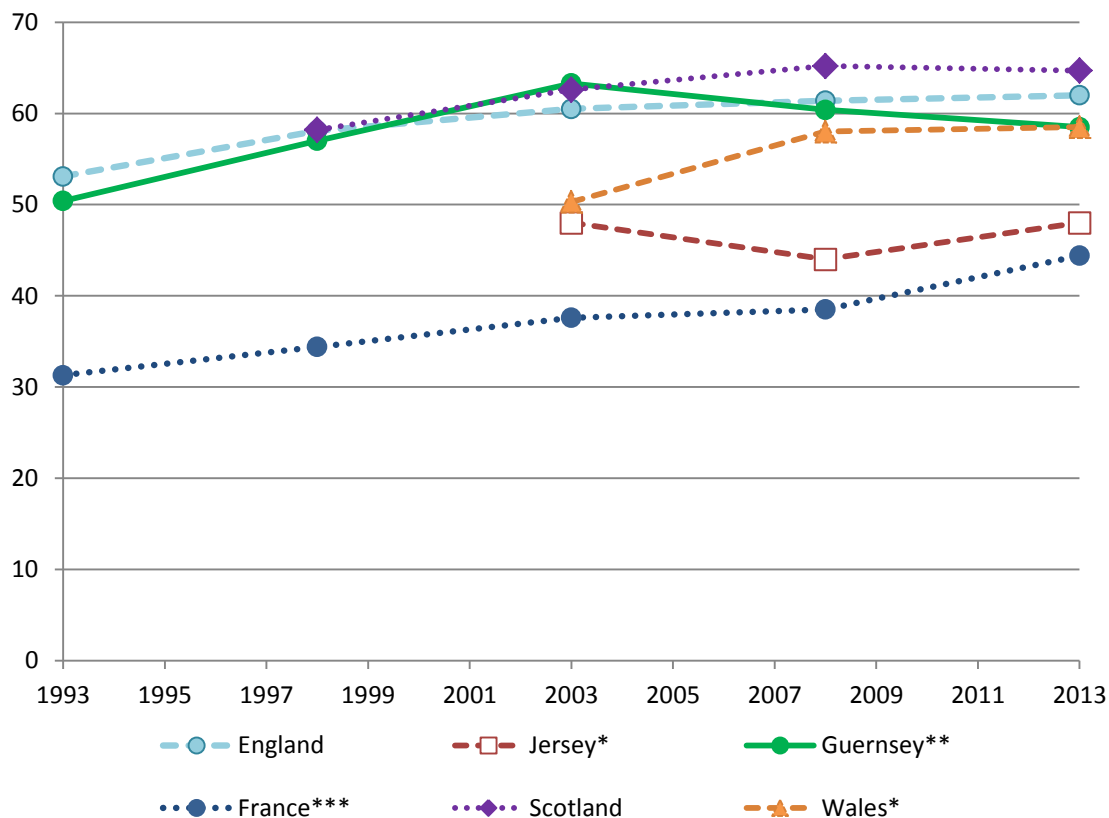
3 Kanavos et al, London School of Economics (2012). Diabetes, expenditure, burden of disease and management in 5EU countries. <http://www.lse.ac.uk/LSEHealthAndSocialCare/research/LSEHealth/MTRG/LSEDiabetesReport26Jan2012.pdf>

4 WHO (2015). Diabetes factsheet 312, updated Jan 2015  
<http://www.who.int/mediacentre/factsheets/fs312/en>

funding of £145,840 was allocated, however, despite a high priority scoring, the funding for Phase 2 of the Strategy was deferred during the States of Guernsey prioritisation process for the 2011-16 States Strategic Plan<sup>5</sup>. There has been no additional funding to achieve all the original objectives for action. Work has nevertheless continued into 2015, refining and reviewing initiatives.

3.3 There have been changes in levels of overweight and obesity in the Bailiwick (shown below as ‘Guernsey’) since 1993. A general indication of changes in overweight and obesity prevalence in Jersey, England, Scotland, Wales and France for comparison are shown in Figures 1 and 2 below. It must, however, be noted that data that are self-reported (Guernsey, Jersey, Wales and France) are likely to underestimate levels compared with data collected by trained staff (England and Scotland)<sup>6</sup>.

**Figure 1: Change in prevalence of overweight (including obesity) in adults in Guernsey and comparison jurisdictions 1993-2013**

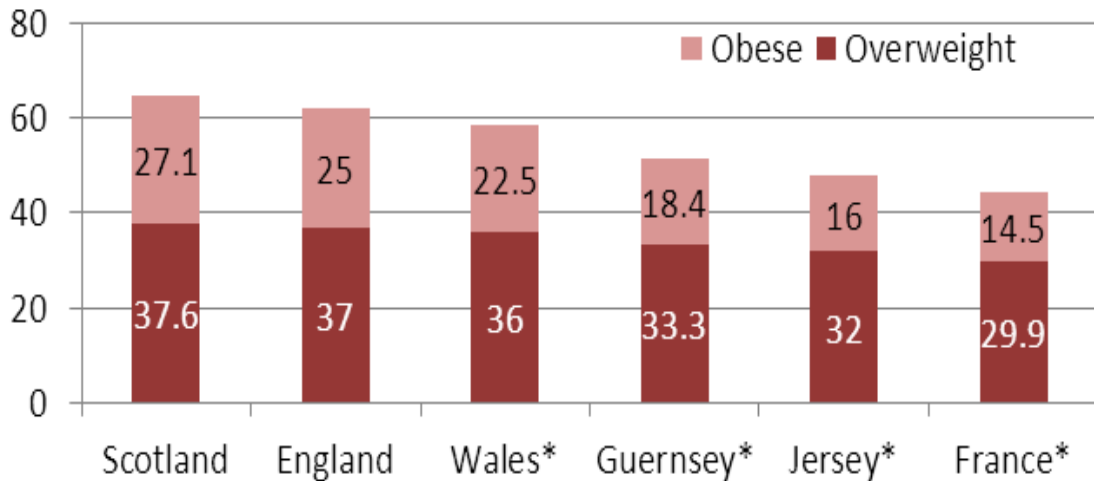


<sup>5</sup> 2011 October 11<sup>th</sup> Billet d’État, XVI (para 4.93, p. 1923) accessed on 6<sup>th</sup> December 2015 at <http://theoldsite.gov.gg/article/1780/Search?q=States+Strategic+Plan+2011-2016&searchmethod=ANY&numresults=500&history=1%2C11%3A1%2C11&next=Next>

<sup>6</sup> Akhtar-Danesh N et al. (2008) Validity of self-reported height and weight for measuring prevalence of obesity. *Open Medicine* 2 (3): E14-19

- \* self-reported data
- \*\* self-reported data and use of pre-2008 BMI cut-off points
- \*\*\* self-reported data and from closest year

**Figure 2: Prevalence of overweight and obesity in 2013 (or closest year) in adults in Guernsey and comparison jurisdictions**



\* self-reported data

- 3.4 The data reflect the broadly accepted fact that, whilst a number of developed countries have managed to slow the rate of increase in overweight and obesity levels, none has managed to report significant decreases over the past thirty years<sup>7</sup>. Current figures show just over half of the Bailiwick's adult population (51.7%: 56.8% male and 46.6% female) are reported to have a Body Mass Index (BMI) of 25 or more (indicating overweight or obesity, depending on level). If we apply these estimates to the 2013 adult (18+) population for Guernsey and Alderney then this equates to about 27,500 overweight and obese adults (17,700 overweight; 9,800 obese).
- 3.5 Data collection concerning levels of overweight and obesity in children in the Bailiwick has vastly improved over the course of the 2009 Strategy with the implementation of the annual Guernsey Child Measurement Programme. It is too early to demonstrate sustained trends in levels, but 2015 data show overweight and obesity prevalence to be similar to 2013 rates, with 15.1% of Year 1 students and 28.5% of Year 5 students being either overweight or obese and with the drop in levels amongst Year 1 students between 2014 and 2015 being small, but enough to be statistically significant.
- 3.6 The Guernsey Young People's Survey (2010) contained questions on Health and Weight. 28% of boys and 34% of girls in Year 6 responded that they ate five or more portions of fruit and vegetables the previous day. By Year 12, this had

<sup>7</sup> Lancet (2015) Rethinking and reframing obesity. The Lancet 2015 Feb 18. [http://dx.doi.org/10.1016/S0140-6736\(15\)60163-5](http://dx.doi.org/10.1016/S0140-6736(15)60163-5) accessed 6<sup>th</sup> December 2015

fallen to 22% and 14% respectively. In the 2013 Survey report, 75% of boys and 85% of girls in Year 6 exercised three times a week or more and 66% of boys and 58% of girls in Year 10. The latest Young People's Survey 2013 (Schools Health Education Unit report) indicates that secondary school-age participation rates in physical activity have "*increased since 1997 and exceed those recorded in England*" but subsets continue to show variation, with levels of physical activity falling away as students age, particularly in respect of girls.

- 3.7 Obesity levels are not evenly spread across the population of Guernsey and Alderney. The Guernsey and Alderney Healthy Lifestyle Survey 2013<sup>8</sup> showed that a higher percentage of men (57%) were overweight or obese than women (47%). The age-gender group with the highest prevalence of overweight and obesity combined (74%) were 65-74 year-old men, with 26% obese. There are also issues concerning individual perception of this problem; the survey showed that over a quarter of those adults who were overweight reported themselves as being about the right weight, and of those who were obese, 59% thought that they were only overweight.
- 3.8 While health services may treat the consequences of obesity, many of the causal factors are part of the wider determinants of health, for example poverty, environment and commerce. The analysis of data in the Healthy Lifestyle Survey (2013) relating to income groups and housing status showed no significant correlation between these groups and overweight and obesity. Results from other jurisdictions strongly indicate a correlation between lower incomes and levels of overweight and obesity and effective monitoring should continue to take place within the Bailiwick to identify this trend, should it become apparent. Obese adults had lower mental wellbeing than other weight groups.
- 3.9 The Healthy Lifestyle Survey (2013) also showed only one in five Islanders eating the recommended five or more portions of fruit and vegetables a day; reasons given for not eating healthy foods were lack of willpower and high cost. Further, only 30% met the recommended levels of moderate physical activity five times a week. Higher physical activity was associated with lower stress and greater mental wellbeing.
- 3.10 An Adult Dietetic Weight Management Service has been established, which had received 785 referrals from its inception in October 2011 until June 2015, with 466 (59%) taking up referral. The longer clients remain with the Service, the greater the weight loss, with those remaining for two years or more losing 19%+ of their original body weight. The Adult Dietetic Weight Management Service, provides a 'Tier 2' service, which is appropriate for only a proportion of the client referrals it receives (i.e. those with BMI 30-40kg/m<sup>2</sup>, without complex obesity-related co-morbidity). Referrals ranged in BMI from 30-67.5kg/m<sup>2</sup>,

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<sup>8</sup> <http://theoldsite.gov.gg/publichealth> accessed 6<sup>th</sup> December 2015



with 65% of those referrals being 35kg/m<sup>2</sup> or above and, therefore, many of whom require a Tier 3 or Tier 4 service.

- 3.11 The NICE guidelines for treatment of severe obesity currently remain unmet; there is a lack of Tier 3 services (a specialist multi-disciplinary team) and Tier 4 services (for example, obesity surgery). The Treatment services for children and adults, which have been carefully researched for maximum local effect, have been implemented with success, but are currently reaching a very small percentage of the people (both children and adults) who need help. Further, 88% of referrals to the Adult Dietetic Weight Management Service have at least one co-morbidity (averaging 2 per client), and approximately 1 in 5 has impaired mental health and wellbeing.
- 3.12 In summary, the previous obesity strategy has enabled Guernsey and Alderney to make some progress in improving the health of its populations, but has not been as fully successful as had been anticipated. The New Strategy will continue to build on the progress made.

#### **4. New Healthy Weight Strategy**

- 4.1 The long-term vision of the New Strategy is for “*The Bailiwick of Guernsey to be an environment where healthy eating and regular physical activity are accessible, affordable and normal, for all in the community*”. The New Strategy covers actions and initiatives from 2016 to 2023, as steps towards achieving this vision.
- 4.2 The New Strategy uses evidence-based initiatives to slow the increase in, and eventually reduce prevalence of, obesity and overweight. This will be achieved by coordinating and focusing government, public services, voluntary and business partners’ efforts to encourage more healthy eating: more physical activity: and increased access to effective services to further achieve healthier weight status for patients and the public in the Bailiwick. This will be progressed in ways appropriate to the Guernsey and Alderney setting. The New Strategy (appended as Appendix 3) has been developed through public engagement and working with key partnership agency representatives, together with a comprehensive public consultation on the final draft document in autumn 2015, following which a small number of refinements to the draft Action Plan (appended as Appendix 4) were agreed by the Board of HSSD.
- 4.3 The New Strategy is aligned to the States Strategic Plan, aiming to support and encourage individuals to take personal responsibility to adopt healthy lifestyles: achieve equity of provision of services: and achieve a healthier workforce. The New Strategy has been designed to achieve the following strategic outcomes for individuals and the wider community:
- Reducing obesity-related preventable mortality and prevalence of type 2 diabetes;

- Reducing the numbers of adults and children who are obese and overweight;
- Increasing the number of people eating a healthy diet;
- Increasing the number of people who are regularly physically active; and
- Increasing the number of overweight and obese people moving successfully to appropriate weight goals and maintaining them.

4.4 The New Strategy will aim to achieve this through three pillars of work:

- Making healthy eating choices easier and normalising healthy eating for adults and children;
- Making active lifestyle choices easier and normalising an active lifestyle for adults and children; and
- Helping adults and children to achieve and maintain appropriate weight goals.

4.5 Our objectives are intended to contribute to the achievement of the strategic outcomes. All objectives will have an “end milestone”, or an indication of how we will know the objective has been achieved. These objectives will be shown within our Action Plan and will be monitored on an annual basis. The current draft Action Plan is included as Appendix 4. Work-streams shown will require further development and consultation in order to ensure that the manner of work reflects local concerns, local needs and evolving trends and developments.

4.6 The Strategy commits to ongoing review, as other priorities may emerge during the term of the Strategy, and service delivery may need to be refined as more high quality research becomes available. In addition, other jurisdictions’ activities may enable progress on local actions which would be best achieved in tandem with others.

4.7 The key work-streams that the New Strategy will look to progress under the three pillars of work are described below:

**Making healthy eating choices easier and normalising healthy eating for adults and children**

4.8 The prioritisation and improvement of food served within schools has seen progress through the Food in Guernsey Schools (FIGS) group and this work will continue under the New Strategy in partnership with providers and school communities. HSSD welcomes commitment from the Education Department to revisit and extend the healthy food guidelines currently in operation. The Early Years quality standards framework will also help to ensure that children receive varied and nutritious food which meets appropriate healthy eating guidance. Advice about food and nutrition will be sought from the Community Dietitian, as necessary.

- 4.9 The Education Department also commits to the overarching implementation of the Strategy by working closely with partner organisations such as the Guernsey Sports Commission and food suppliers to ensure provision of a collaborative approach to healthy lifestyle opportunities for young people and their families within schools and their educational establishments.
- 4.10 The New Strategy recognises that increasing the cost of Sugar Sweetened Beverages (also known as SSBs) has an emerging international evidence base of effectiveness in contributing to the control of the prevalence of obesity. Therefore, HSSD will instigate a working party to investigate the potential for the introduction and administration of a tax on Sugar Sweetened Beverages. In addition to HSSD representation, the working party will include the Home Department (Guernsey Border Agency), Treasury and Resources and the Law Officers. Mindful of the responses to consultation, the working party will give consideration to concerns about artificial sweeteners, and also consider the use of tax revenue raised. This is not likely to be a policy that is implemented early, but may be something that is required if sufficient progress is not being made through the other strands of the Strategy. Government should, and will, prioritise educational and behavioural initiatives first, and only look to fiscal measures as a last stop option.
- 4.11 In partnership with States business partners for Human Resources and Estates, and by engaging with States employees, the New Strategy proposes to audit and plan for a phased approach to introducing healthier food options on all States premises for employees and visitors, acting as a role model for healthy workplaces.
- 4.12 The New Strategy will work pro-actively with café owners and restaurateurs through the development of a Healthy Eating Forum to explore ways of enabling customers in those establishments to make healthier choices. The Strategy will also engage with food retailers, and in collaboration with them, will explore and implement initiatives, such as a healthy eating award scheme, to help customers to make better informed choices: a voucher scheme to promote fruit and vegetable consumption: and ‘Eat well for less’ promotions. This is informed by response to the consultation that healthy food should be made more affordable.
- 4.13 The HSSD Health Promotion team, guided by the Dietetics Service will continue to promote healthy eating and raise awareness in adults and children of the benefits of meeting healthy eating guidelines. Applying best available evidence, they will use both population-level campaigns, and campaigns tailored to local conditions and to specific settings and demographic groups.
- 4.14 These initiatives will contribute to achieving the following outcomes in the New Strategy:
- An increase in the number of people eating a healthy diet by 2023;

- A reduction in the numbers of adults and children who are overweight or obese by 2023; and
- A reduction in obesity-related preventable mortality and prevalence of type 2 diabetes by 2023.

### **Making active lifestyle choices easier and normalising an active lifestyle for adults and children**

- 4.15 The prioritisation and improvement of levels of physical activity within schools has seen progress. Education establishments are increasingly developing the active curriculum and initiatives such as the PE in Schools Programme have enhanced provision in primary schools. This work will continue under the New Strategy in partnership with the Committee *for* Education, Sport and Culture, Guernsey Sports Commission and school communities, further improving the options to be physically active in schools. Furthermore, HSSD welcomes commitment from the Education Department to establish a physical literacy strategy as part of a review of the curriculum framework and to establish a robust evidence-base for the measurement of children's physical activity levels and dietary habits.
- 4.16 Strategy partners, the Culture and Leisure Department have committed to support increased access to preventive initiatives and weight management services, including potential access to satellite community facilities outside of Beau Sejour or Footes Lane, for example, parks, school halls, or community centres. This will also include the Leisure Services Team working with external agencies to promote physical activity. The States of Guernsey resolved, in November 2015, that the Committee *for* Education, Sport and Culture must report to the States of Deliberation by no later than July 2017, setting out a comprehensive sports strategy, including the funding requirements necessary to achieve the objectives set out in the strategy. There is a clear link between sport and physical activity and it is envisaged that the development of such a strategy will align closely with the physical activity pillar of the New Strategy.
- 4.17 In partnership and in accordance with the Integrated On-Island Transport Strategy, the New Strategy aims to promote active travel and planning strategies that support physical activity to develop evidence-based projects to support the work of the Active Travel Unit, and to promote active travel amongst children and adults. Officers will work together with the Environment Department to give input, as appropriate, where planning and land use strategies are likely to make physical activity choices easier. HSSD will embrace this approach with the aim of benefitting the health of the 2,200 colleagues within the Department.
- 4.18 In partnership with States business partners for Human Resources and Estates, and by engaging with States employees, the New Strategy proposes to audit and plan for a phased approach to increasing opportunities for physical activity on all States premises for employees and visitors, acting as a role model for healthy workplaces.

- 4.19 The HSSD Health Promotion team, in partnership with the Committee *for* Education, Sport and Culture, the Guernsey Sports Commission and a range of other community providers, will continue to promote regular physical activity and raise awareness in adults and children of the benefits of meeting physical activity level and frequency guidelines. Applying best available evidence, they will use both population-level campaigns, and campaigns tailored to local conditions and to specific settings and demographic groups, with particular emphasis on targeting the most inactive. Training and support for individuals and groups that have contact with the public in respect of health issues will be provided to help broaden the effectiveness of awareness raising efforts and ensure consistent messaging.
- 4.20 These initiatives will contribute to achieving the following outcomes in the New Strategy:
- An increase in the number of people who are regularly physically active by 2023.
  - A reduction in the numbers of adults and children who are overweight or obese by 2023.
  - A reduction in obesity-related preventable mortality and the prevalence of type 2 diabetes by 2023.

#### **Helping adults and children to achieve and maintain appropriate weight goals**

- 4.21 The NICE guidance for the treatment of severe obesity currently remains unmet; there is a lack of Tier 3 services (a specialist multi-disciplinary team) and Tier 4 services (for example, obesity surgery). The New Strategy will set up a clinical working group to review adult weight management service provision, and redesign as necessary. The group will map by tier against NICE guidance, identify gaps in provision and recommend services to respond, together with associated referral and care pathways, including for binge eating disorders. Supported by Public Health to ensure application of evidence of best practice and cost-effectiveness, this group will produce a business case for change (likely to include provision for limited bariatric surgery and for appropriate psychological support).
- 4.22 In partnership with others, including Primary Care and Health Visitor and School Nursing Service, a working group will review child / family weight management service provision, and redesign as necessary. This work will include mapping by tier against NICE guidance, identifying gaps in provision and recommending services to respond, together with associated referral and care pathways, including binge eating behaviours in young people. Supported by Public Health to ensure application of evidence of best practice and cost-effectiveness, this group will produce a business case for change.

- 4.23 A multidisciplinary “task and finish” group will work with local women to explore ways of enabling them to achieve and maintain an appropriate healthy weight before, during and after pregnancy. Alongside this engagement, the group will map services against NICE guidance, identify gaps in provision, and make recommendations for services to respond. They will assess new evidence of effectiveness and implement new initiatives where they are appropriate to the Guernsey context, designing associated referral and care pathways and testing acceptability and local effectiveness through regular evaluation.
- 4.24 The New Strategy will provide support for those people who want to change their eating habits, levels of physical activity and weight management behaviours, through further development of the Health Trainer Service. This Service is based on a community-based workforce model<sup>9</sup>; Health Trainers are trained to use “*specific psychological techniques of engagement and support*” aimed at assisting people to “*redefine their behaviour issues and put change into practice*”.
- 4.25 The 2013 Healthy Lifestyle Survey analysis was designed to establish which demographic groups were disproportionately represented as overweight or obese, in order to provide services that best meet those people’s needs and reduce health inequalities. The New Strategy intends to plan for delivery of services in the way that is most helpful and effective for such groups, responding to the needs of a diverse community while maintaining professional, evidence-based practice. Success in this regard will be monitored by audit of equity of access to weight management services, identifying those groups who are under-represented in services and developing and delivering interventions to meet their needs. The New Strategy will also seek to obtain feedback from service users in order to ensure that provision best meets the need of the individual and is fit for purpose.
- 4.26 The New Strategy will research and design tailored training provision for health professionals both directly involved in weight management support, and those in a position to ‘signpost’ people towards action to manage their weight. Plans will be put in place to provide training for health professionals in relation to weight management support.
- 4.27 These initiatives will contribute to achieving the following outcomes in the New Strategy:
- By 2023, an increase in the number of overweight and obese people moving successfully to appropriate weight goals and maintaining them.

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<sup>9</sup> Bagnall AM et al (2014) “Health Trainers End of Year Review 1<sup>st</sup> April 2013 – 31<sup>st</sup> March 2014” Institute for Health and Wellbeing, Leeds Metropolitan University [www.leedsbeckett.ac.uk/healthtogether/health-trainers-report.pdf](http://www.leedsbeckett.ac.uk/healthtogether/health-trainers-report.pdf) accessed 6<sup>th</sup> December 2015.

- A reduction in obesity-related preventable mortality and the prevalence of type 2 diabetes by 2023.
- A reduction in the numbers of adults and children who are overweight or obese by 2023.

4.28 A feature of the New Strategy is to regularly monitor key performance indicators, assessing the success of the New Strategy locally, and linking into States Strategic Plan outcomes. Ongoing health surveillance through the Health Profile for Guernsey and Alderney, the Healthy Lifestyle Survey for Guernsey and Alderney, the Guernsey Child Measurement Programme, and the Guernsey Young People's Survey allow these indicators to be used for benchmarking health outcomes and New Strategy effectiveness both nationally and internationally. It will also measure performance against those of other jurisdictions, not only across the Crown Dependencies, nor simply the UK, but making comparisons where appropriate, across Europe. Key performance indicators for each areas of outcome focus are detailed in the proposed New Strategy (Appendix 3, pages 15-21).

4.29 Progress on the New Strategy will be reported as a minimum annually to the Healthy Weight Strategy Group, the new Committee *for* Health and Social Care, and other States Committees as appropriate. Engagement with the community will also be undertaken to help ensure commitment to the strategy and that outcomes are achieved.

## 5. Consultation

5.1 In addition to reviewing the best evidence for effective actions, HSSD undertook preliminary engagement exercises to gather and test public views before responses were carefully considered and incorporated as appropriate to prepare the draft New Strategy. HSSD then undertook a full extensive consultation with stakeholders including partners and the public in autumn 2015 on this proposed New Strategy.

5.2 In the final consultation of autumn 2015, the New Strategy received three States Department responses from the Education Department, the Culture and Leisure Department, and the Home Department. These were in addition to the constructive and supportive responses to the earlier engagement exercise from Education, Social Security, Culture and Leisure, Environment, Home, and Public Services Departments. (All these States Departmental responses appear as Appendix 5). A positive peer-review' response was received from Simon Sebire, Senior Lecturer in Physical Activity & Public Health, Centre for Exercise, Nutrition and Health Sciences, School for Policy Studies, University of Bristol. The Guernsey Sports Commission gave support to the Strategy and confirmed that they were committed to help the delivery of active lifestyle choices and the broader Strategy.

5.3 In addition, the Strategy consultation received 343 responses from a range of organisations and individuals, including GPs, hospital clinicians, Deputies and

charities. The consultation showed strong support for the vision of the New Strategy (93% of individual respondents and the majority of the corporate responses who commented).

All six objectives of the New Strategy were supported by 89% or more of respondents. These were:

1. A reduction in obesity-related preventable mortality and prevalence of type 2 diabetes by 2023;
2. A reduction in the number of adults who are obese and overweight by 2023;
3. A reduction in the number of children who are obese and overweight by 2023;
4. An increase in the number of people eating a healthy diet by 2023;
5. An increase in the number of people who are regularly physically active by 2023; and
6. An increase in the number of obese people moving successfully to appropriate weight goals and maintaining them by 2023.

5.4 The consultation showed three overarching views expressed repeatedly by respondents. The first was that while a general aim of encouraging healthy behaviour is acceptable, the government should stay out of people's personal lives and allow them to choose for themselves. The second was that more funding is needed for this strategy given its huge health impact: and the third opposite view suggested that initiatives should not be a burden on the tax payer. In an appended draft 'Action Plan', actions proposed under the Strategy, which would form the basis of an implementation plan overseen by the Healthy Weight Strategy Group, were also consulted on, under the three pillars for action previously agreed by the HSSD Board. Once again, these reflected partner and public ideas, where these were also supported by national and international public health research evidence. The majority of actions were supported by 85% of respondents or more. As a consequence of the consultation, HSSD Board decided to delete one action, and modify several others.

5.5 HSSD recognises the importance of engaging with individuals and organisations across the Island in preparing a multi-agency social policy of this kind and is pleased that the New Strategy has received the support of so many stakeholders. The full consultation report is appended as Appendix 2.

5.6 The Law Officers will be consulted, as appropriate, relating to any proposals for legislation.

## **6. Resources and Governance**

6.1 As a consequence of the constraints and financial pressures being placed on budgets across the States, and because it is unlikely that additional funding will be made available to fund new service developments, HSSD is not planning to



request any additional public funding for these service developments in either 2016 or 2017. HSSD recognises that budgetary constraints are the greatest limitation on the New Strategy's further development over the next five years, and will consider what steps can be taken as a Department to ensure that adequate funding is prioritised for this work stream, since the benefit to health is clearly demonstrable.

- 6.2 However, HSSD will also with its third sector partners, investigate setting up an independent body, which will bring together partners in the voluntary, commercial and public sectors to oversee the delivery of the Healthy Weight Strategy. Such an arrangement would be based on the successful model of the Guernsey Sports Commission and Guernsey Employment Trust. This body would have the advantage of being able to pursue additional third sector funding and other additional resources to accelerate the delivery of the Strategy, starting early in 2016 to ensure the New Strategy kick-start actually happens. The independent body would report to the States of Guernsey through the Committee *for* Health and Social Care via its representative Members and officers responsible for jointly steering the independent body.
- 6.3 HSSD will develop service level agreements with the new independent body for services to help achieve the Healthy Weight Strategy, whilst ensuring good value for money of tax payer funds is attained through the budget allocation made.
- 6.4 In 2015, the budget allocation was £145,840 (Appendix 6). Additional funding will be required to implement the New Strategy and it is proposed that third sector funding will be sought. Examples of initiatives to be funded (Appendix 7) include:
- **Healthy Eating Pillar**
    - Investigation of a Sugar Sweetened Beverage Tax
    - Improve food in schools
    - Promoting healthy choices with retailers and restaurateurs
    - Population level campaigns to promote healthy eating
  
  - **Physical Activity Pillar**
    - Projects to reduce physical inactivity and sedentary behaviour
    - Improve physical activity options for children and young people
    - Population level campaigns to promote physical activity
  
  - **Weight Management Pillar**
    - Additional Community Dietitian; to expand weight management services, advise healthy eating pillar actions, community businesses, schools
    - Weight management service lead
    - Redesign weight management provision

- Subsidise approved weight management services for targeted groups to help reduce health inequalities
- Psychology support for weight management multi-disciplinary team (MDT)
- Exercise physiologist support for MDT
- Tier 4 weight management services
- Support for early years' services

## **7. Communication**

7.1 A proactive communications plan will be developed to engage with islanders to encourage all to commit to the principles behind the Healthy Weight Strategy. Support and buy-in from our community will help the island make quicker progress against the obesity and overweight problem in Guernsey and Alderney.

## **8. Conclusion**

8.1 Obesity and overweight are causes of a range of diseases. This problem is now, with tobacco, the most important cause of preventable ill health and premature death in the Bailiwick. The New Strategy seeks to build on the achievements of the 2009 Strategy's work-streams, further increasing rates of healthy eating and physical activity in adults and children. It aims to ensure that responsive weight management services are available, and provide increasingly targeted and tailored solutions for people who are overweight or obese and wish to make changes in their health behaviours, helping to improve physical and mental health and quality of life.

## **9. Recommendations**

9.1 The Health and Social Services Department recommends that the States agree:

1. To work towards the vision of Guernsey and Alderney becoming an environment where healthy eating and regular physical activity are accessible, affordable and normal, for all in the community.
2. To instruct the Health and Social Services Department (the new Committee *for* Health and Social Care) to continue and strengthen evidence-based joint working across States Departments and food providers to enable access to appropriate food choices for adults and children in all settings.
3. To instruct the Health and Social Services Department to continue and strengthen evidence-based joint working across States Departments, the Guernsey Sports Commission and community providers to enable increased opportunities for physical activity and active travel for adults and children in all settings.
4. To instruct the Health and Social Services Department to work with the Home Department (Guernsey Border Agency) and Treasury and Resources

Department, to investigate the potential for implementation and administration of a tax on sugar sweetened beverages.

5. To instruct the Health and Social Services Department to set up a clinical working group to review adult, child and maternity weight management service provision, supported by a business case should increased funding be required.
6. To instruct the Health and Social Services Department to investigate the creation of an independent body to bring together partners in the voluntary, commercial and public sectors to oversee the delivery of the New Healthy Weight Strategy.
7. To approve the Guernsey and Alderney Healthy Weight Strategy 2016-23 and Action Plan and affirm the States' commitment to minimising the harm caused by overweight and obesity to Guernsey and Alderney residents of all ages.

Yours faithfully

P A Luxon  
Minister

H J R Soulsby  
Deputy Minister

M P J Hadley  
S A James MBE  
M K Le Clerc

R H Allsopp OBE, Non-States Member  
A Christou, Non-States Member