



Ayrshire Healthy Weight Strategy

Volume I: Strategy and Action Plan

2014 – 2024

Healthiest Weight Possible for Everyone in Ayrshire and Arran

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Ayrshire Healthy Weight Strategy

CONTENTS	Page
Executive Summary	3
Section 1: Introduction	
1.1 Vision	4
1.2 Principles	4
Section 2: Strategic context	
2.1 Engagement and commitment from partners	6
2.2 Links to other strategies	6
2.3 Defining obesity	7
2.4 National & local prevalence of obesity	7
2.5 Causes of obesity	8
2.6 Consequences of obesity	11
2.7 Economic costs of obesity	11
Section 3: Where do we want to be?	
3.1 Aim	12
3.2 Strategic goals	12
3.3 Healthy weight outcomes	12
3.4 Engagement	22
3.5 Work already in progress	23
Section 4: How will we achieve our outcomes?	
4.1 Action plan	25
4.2 Outcome indicators	40
4.3 Financial framework	42
4.4 Implementation	42
4.5 Standard Impact Assessment	42
Bibliography	43
Appendices	
Appendix 1: Membership of Healthy Weight Strategy Group	45
Appendix 2: Membership of Task & Finish Groups	46
Appendix 3: Standard Impact Assessment	48

Executive Summary

The Ayrshire Healthy Weight Strategy will be developed in two phases. The first phase has focused on obesity and the second phase will focus on developing outcomes and an action plan to address issues related to underweight. The Healthy Weight Strategy is a 10 year strategy with a three year action plan, and has been developed by representatives from NHS Ayrshire & Arran, the three local authorities and the North Public Partnership Forum.

Overweight and obesity pose a significant threat to the physical and mental health and wellbeing of both children and adults. It is estimated that in 2012, 62% of adults in Ayrshire were overweight or obese, and 28% were obese. In the same year, 24.6% of Primary 1 school children in Ayrshire were found to be overweight or obese, and 10.9% were obese. The consequences of obesity go beyond the direct economic costs to the NHS; it is predicted that by 2030 the total cost to Scottish society could be as high as £3 billion. Obesity has no single cause and is the result of a number of complex factors operating at different stages in an individual's life including biological factors; early life and growth patterns; food consumption; physical activity patterns; societal influences and the wider environment.

In 2010 the Scottish Government published '*Preventing Overweight and Obesity in Scotland: A Route Map Towards a Healthy Weight*' and this has been used as a framework to develop our local strategy and action plan. Action to tackle obesity is not the sole responsibility of the NHS and its local authority partners. Furthermore, the outcomes identified in the strategy will not be achieved by NHS Ayrshire & Arran and the three local authorities working alone, therefore, Ayrshire's Healthy Weight Strategy must be set in the broader context of action being taken by the Scottish Government. The scale of the change required to alter the "obesogenic" environment and modern society is such that a multi-faceted approach over several decades is needed.

The aim of the Ayrshire Healthy Weight Strategy is to halt the rise in the levels of overweight and obesity among children and adults by 2024, and ultimately reduce them. To achieve this aim, an action plan has been developed comprising of seven key themes:

- Awareness, knowledge, skills and empowerment
- Maternal and infant nutrition
- Availability and affordability of healthier food and drinks
- Active travel and active workplaces
- Built/natural environment and infrastructure for active travel
- Physical activity
- Weight management

For each key theme a logic model has been produced which identifies a range of short, intermediate and long term outcomes for each action. Progress towards these outcomes will be measured by a set of short, intermediate and long term outcome indicators.

Section 1: Introduction

Healthy weight is part of a continuum with underweight at one end and obesity at the other. Although there are risks to health from being underweight, particularly malnutrition, given the high prevalence of obesity in the population, the Healthy Weight Strategy will be developed in two phases. The first phase has focused on obesity, and is presented in two parts:

- Volume I (this document) outlines the vision, strategic context, aim, outcomes, action plan and outcome indicators for obesity;
- Volume II (a separate document) sets out the characteristics of the Ayrshire population, national and local policy drivers for obesity, national and local prevalence of obesity in children and adults, the consequences of obesity, the economic costs of obesity, and results of a mapping exercise of local initiatives.

The second phase of the strategy will focus on developing outcomes and an action plan to address issues related to underweight. Work will commence on this once implementation of the first phase is underway.

1.2 Vision

Healthiest weight possible for everyone in Ayrshire and Arran

1.3 Principles

The Scottish Government has set out its strategy and action plan to tackle obesity in 'Preventing Overweight and Obesity in Scotland: A Route Map Towards a Healthy Weight' and the 'Obesity Route Map Action Plan'. The national strategy focuses solely on the prevention of overweight and obesity, therefore, does not contain any actions on the treatment of obesity. Whilst a large number of the actions identified in the Obesity Route Map fall within the remit of local authorities and the NHS, responsibility for many of the actions lies with national organisations such as the Scottish Government, the Food Standards Agency, Transport Scotland and the food and drink industry. The Obesity Route Map Action Plan and the UK Government's 'Foresight Tackling Obesities: Future Choices – Project Report (2007)' was used as a framework to guide the development of our local plan.

In order to achieve our vision, a number of principles have been adopted to underpin the Healthy Weight Strategy. The strategy will address:

1.3.1 Food and drink, activity, and the built and natural environment: There is a complex interrelationship between each of these three areas. Across the population, it is important to reduce consumption of energy dense food and drinks, increase physical activity levels, while at the same time, reduce sedentary behaviour

such as watching television, sitting at a computer, or using hand held devices. In addition, the places people live, work, and play must be conducive and appealing to encourage them to be active, and to enhance their health and wellbeing. Action must be taken across all of these areas for the strategy to be effective.

1.3.2 Prevention and treatment of obesity: The Scottish Government's Obesity Route Map focuses solely on the prevention of overweight and obesity, however, our Healthy Weight Strategy will address both prevention and treatment of obesity as one is so closely linked to the other. The prevention of obesity does not simply involve stopping those who are a healthy weight becoming obese, it also involves preventing those who are a healthy weight becoming overweight, reducing the number of people who are overweight becoming obese, and preventing weight regain in those who have previously been overweight or obese and are now a healthier weight. The treatment of obesity does not necessarily mean those who are obese need to aim for a BMI in the healthy weight range. There is evidence that clinical benefits to health can be achieved from a modest weight loss of 5 – 10%.

1.3.3 All population groups, taking a life course approach: Focusing only on children or adults misses the opportunity to improve health of the other. Although obesity is rising in children, the majority of children in Ayrshire are a healthy weight, therefore, action must also be targeted at preventing adults from becoming obese, and providing support to those who are already obese. Evidence suggests that there are a number of key points throughout the life course where interventions should be targeted and these have been used to inform the action plan.

1.3.4 A number of settings: These include nurseries, schools, public sector workplaces, as well as private sector workplaces who have signed up to the Healthy Working Lives Award.

1.3.5 Reducing inequalities: As far as possible, activities in the action plan are inequalities sensitive to attempt to reduce gaps between groups. For example a long term outcome is to reduce obesity levels, therefore, action will focus on reducing obesity levels in all population groups. However, at the same time as reducing levels overall, the gap in obesity levels between groups needs to be reduced, so as well as levels in the whole population reducing, they need to reduce faster in deprived communities. Since obesity levels tend to be higher in deprived communities, investment will need to be heavily weighted towards interventions here.

1.3.6 A long term approach: The timescale for the strategy will be 10 years with a three year action plan 2014 – 2017. Once the initial action plan has been implemented, plans for subsequent years will be developed with a broader range of partners.

Section 2: Strategic context

2.1 Engagement and commitment from partners

The Healthy Weight Strategy has been developed by representatives from NHS Ayrshire & Arran and the three local authorities, although a number of the actions identified apply to all Community Planning partners. The Elected Members briefing paper *The Obesity Time Bomb: Why It's Everyone's Business* (2011) stated "Virtually all council services have something to contribute to the reduction of obesity levels in Scotland". However, action to tackle obesity is not the sole responsibility of the NHS and its local authority partners. Furthermore, the outcomes identified will not be achieved by NHS Ayrshire & Arran and the three local authorities working alone.

Although individuals do need to take responsibility for their own health, simply targeting individuals to change their behaviour will be insufficient to solve the problem. The scale of the change required to alter the environment and the way we live our daily lives is such that a multi-faceted approach over several decades is needed. Clearly, there is a limit to the issues that the NHS and local authorities have responsibility over, for example, the food and drinks sold by food retailers and the nutritional composition of manufactured products is out with the control of NHS and local authorities. **Therefore, over the first three years actions contained in the action plan will focus on those where the NHS and local authorities have direct control.**

Given that obesity is caused by a range of complex, inter-related factors, it is essential that action is taken at national, community and individual level to halt the rise in obesity before levels can be decreased. Ayrshire's Healthy Weight action plan must be set in the broader context of action being taken by the Scottish Government such as altering national transport and planning policies, working with the food industry to reformulate food and drink products, and developing standards on responsible marketing of food and drinks.

2.2 Links to other strategies

There are clear links between the Healthy Weight Strategy and several other local public health strategies/plans including Mental Health and Wellbeing, Alcohol, Tobacco Control, Oral Health and Child Health, as well as to a number from other parts of the NHS for example the Allied Health Professions (AHP) action plan, Maternity Strategy and Health, Safety and Wellbeing Strategy. Although not all of these strategies explicitly address healthy weight, several do contain actions that aim to encourage dietary and physical activity behaviour change.

2.3 Defining Obesity

In simple terms, obesity results when the amount of calories consumed (energy intake) from food and drinks, including alcohol, exceeds the amount of calories used up (energy expenditure) during daily living and physical activity.

Body Mass Index (BMI) is commonly used as a measure of weight status and is calculated by dividing an individual's weight in kilograms by the square of their height in metres: $BMI = \text{weight (kg)} \div \text{height (m)}^2$. The World Health Organisation (2004) classifies BMI in adults as:

BMI	Classification
< 18.5	Underweight
18.5 – 24.9	Healthy weight
25.0 – 29.9	Overweight
30.0 – 39.9	Obesity
> 40	Morbid/Severe obesity

2.4 National and local prevalence of obesity

Obesity has risen significantly in Scotland in the last 10–15 years and poses a major threat to population health. The most recent Scottish Health Survey reported the BMI status of the adult population of Scotland and showed that in 2011:

- 2% were classified as underweight
- 34% were in the healthy weight range
- 64% were overweight or obese (BMI 25 and over)
- and of those 28% were obese (BMI 30 and over).

This means being overweight has become a normal condition among adults in Scotland. In the same year, 32% of children aged 2–15 years were found to be overweight or obese and 16% were obese. The Scottish Government has estimated that if current trends continue, over 40% of adults in Scotland will be obese by the year 2030.

Over the ten year period from 1999–2009 obesity rose in Ayrshire from 16% to 28%, and the level of morbid obesity tripled from 1.3% to 3.8%, with all three local authority areas experiencing a sharp rise. Local data shows that greater deprivation is associated with higher levels of obesity. Further analysis of general practice records estimated that in 2012, 62% of adults in Ayrshire were overweight or obese, and 28% were obese. This equates to some 190,000 overweight adults, 87,000 obese adults and approximately 11,600 morbidly obese people in the local

population. These figures, and the continuing rising trends, clearly have serious implications for local health services.

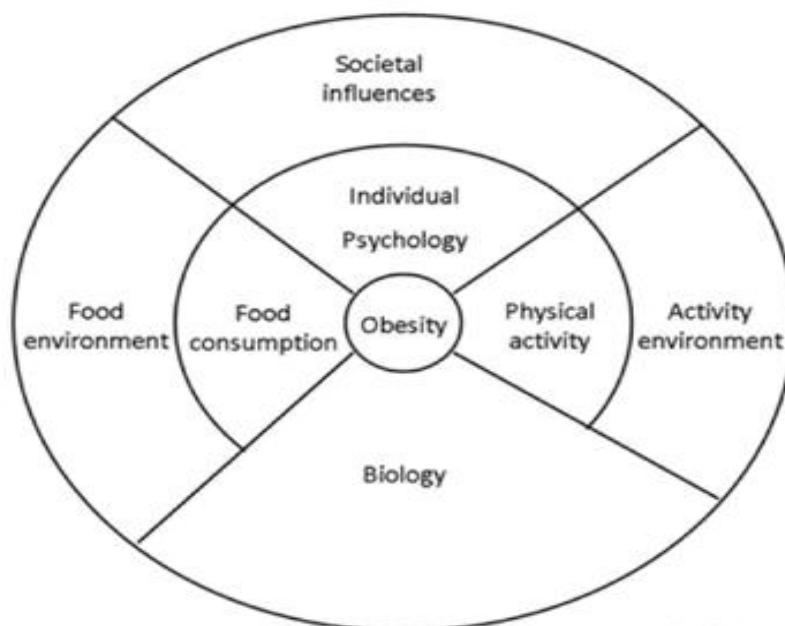
All children in Primary 1 across Scotland have their BMI measured and this data is published annually by ISD Scotland. In 2011/12, 24.6% of Primary 1 school children in Ayrshire were found to be overweight or obese, compared to 21.9% of children in Scotland (ISD Scotland 2013). As with the adult population, there is a clear linear pattern of increased obesity with increased deprivation in children.

A more detailed analysis of the prevalence of obesity in children and adults in Scotland and Ayrshire is presented in Volume II of the Healthy Weight Strategy.

2.5 Causes of obesity

Obesity has no single cause and is the result of a number of factors operating at several levels at different stages in an individual's life. Evidence from the UK Government's *'Foresight Tackling Obesity: Future Choices – Project Report'* (2007) was used to summarise these factors, presented in Figure 1 below:

Figure 1: Obesity System Map



Source: Foresight systems map, 2007

A brief description of these various factors will help understanding of the complex nature of the problem and the need to consider wide-ranging solutions.

2.5.1 Biological

Research findings point to certain genetic characteristics which may increase an individual's susceptibility to obesity. It is suggested this genetic susceptibility would need to be coupled with other contributing factors, such as a diet high in calories and low rates of physical activity, to have a significant effect on weight. However, it is implausible that the sharp increase in the prevalence of obesity among the population over the last three decades is due solely to changes in genetic characteristics.

2.5.2 Impact of early life and growth patterns

Evidence suggests that babies who are breastfed are less likely to be obese as older children and adolescents. It is well established that breastfed babies show slower growth rates than formula fed babies as they are able to control the amount of milk they consume, therefore, they may learn to self-regulate their energy intake better. It is not known whether this difference between breast and formula fed babies persists into adulthood, although studies suggest that the difference in protein intake could contribute to obesity later in childhood. The higher protein intake in formula fed babies is thought to programme later obesity through stimulation of insulin release and programming of higher long-term insulin concentrations. Babies who are weaned onto solid foods at an early age (before 15 weeks) are more likely to be overweight as older children.

Research suggests that foetal development is a critical period as it can have permanent effects on body shape, fatness and energy regulation. It has been established that several diseases commonly seen later in life, such as coronary heart disease, hypertension and diabetes, originate early in life during foetal development. Emerging evidence strongly suggests the first few postnatal weeks are a critical window for programming long-term health, and that greater weight gain in the first week of life has been shown to programme obesity in adulthood. It is hypothesised that an earlier adiposity rebound, where the amount of fat in the body falls and rises again in children around the age of five years, may lead to a higher risk of obesity later in life.

2.5.3 Food consumption and food environment

Evidence suggests the dietary risk factors for obesity are diets low in fibre and energy dense diets from regular consumption of foods high in fat and sugar-rich drinks, particularly in large volumes. A typical diet in Scotland is one that is too high in fat, sugar and salt, and too low in fruit and vegetables, fish and complex carbohydrates including dietary fibre. This type of diet is more likely to contain inadequate levels of essential nutrients and to be energy dense. People living on a low income have consistently been found to have the poorest diets compared to those who are more affluent. It is predicted that the impact of the recession and the welfare reforms will further worsen dietary intakes in the most vulnerable population groups, which in turn could lead to higher obesity rates.

Changes to retailing and manufacturing mean that relatively cheap food and drinks are available in many areas 24 hours a day. It is known that cheaper foods tend to

contain more fat, particularly saturated fat, and sugar, therefore are high in energy but are low in vitamins and minerals. Data from household surveys indicate that on average around 10% of household income is spent on food in the UK, although those living on a lower income spend as much as 23%. Studies show that as disposable income rises, food consumption outside the home also rises (Foresight 2007), therefore, it is important that healthier food and drink options are available in all premises where food is sold.

Commercial practices such as in-store positioning and marketing of food and drinks including price discounts, special offers, packaging and product size; television advertising and sponsorship, all have an influence on food and drink consumption. Changing the way the food industry operates is clearly beyond the sphere of influence of one health board and its local partners, therefore this strategy must be seen in the context of work being undertaken by the Scottish Government. Addressing the challenges posed by obesity to future health, and the wider economy, requires strong political leadership and bold policy measures, including potential legislation.

2.5.4 Physical activity and activity environment

Over the last few decades society has changed in that there has been a general reduction in energy expenditure. This is largely as a result of changes to employment which mean that many more people are now employed in sedentary jobs. In addition, a rise in car ownership and technological advances has led to more labour-saving devices being used in homes and workplaces. The latest Scottish Health Survey showed that in 2011 only 39% of adults in Scotland met the physical activity recommendations, while in the same year, 73% of children aged 2 – 15 years met the recommendations. As with dietary intake, there are inequalities in physical activity levels, with people living in the most deprived areas less likely to be physically active compared to those living in the least deprived areas. The emphasis of Scottish Government policy is on encouraging people of all ages to build more activity into their every day routine.

2.5.5 Individual choices and societal influences

Individual choices of food and activity behaviours are determined by many factors including parental and family influence, personal beliefs and attitudes, religious and cultural background, the control or perceived control people have over their health and wellbeing, education, income, where people live, their motivation to take up physical activity opportunities and to access healthier food and drinks.

In addition to these factors there are others in the wider environment that impact on personal choices, however, individuals have much less control over these. The 'obesogenic environment' is a term which has been used to describe the "the range of social, cultural and infrastructural conditions that influence an individual's ability to adopt a healthy lifestyle" (Foresight 2007). This includes the way that towns and cities are configured, for example the location of housing estates, the availability of safe, well-lit walk and cycle ways, the positioning of 'out of town' supermarkets and retail outlets, the prominence of escalators rather than stairs, and the proliferation of fast food outlets. While some of these influences are the within the control of local

authorities, they are not simple to change and changes to them will only be achieved over the long term.

2.6 Consequences of obesity

Overweight and obesity have a significant impact on physical and mental health and wellbeing. Studies have shown obese children are more likely to have poorer physical and psychological health than children in the healthy weight range, and that these negative consequences are likely to persist into adulthood, posing a further risk to health. Adults who are obese are more likely to suffer from a range of conditions including type 2 diabetes, cardiovascular disease, hypertension, and some types of cancer.

Further detail on the consequences of obesity to children and adults, and the predicted cases of a number of conditions is presented in Volume II of the Healthy Weight Strategy.

2.7 Economic costs of obesity

The economic implications of the current obesity trends are substantial. It is estimated that by 2030 the direct costs of obesity to the NHS in Scotland will almost double from £175 million to £312 million, however, the total cost to wider society could be as high as £3 billion. The wider cost includes lost productivity and lower educational attainment as a result of time away from the workplace or school to attend treatment or through sickness absence. One study suggests that obese people have 51% higher short and long term sickness absences than people in the healthy weight range (Ferrie et al 2007).

A conservative estimate suggests that in 2010, the cost to NHS Ayrshire & Arran from hospital admissions and other health care costs attributable to obesity was around £16 million, although this could have been as high as £34 million (NHS Ayrshire & Arran 2011).

Section 3: Where do we want to be?

3.1 Aim

The aim of Ayrshire's Healthy Weight Strategy is to halt the rise in the levels of overweight and obesity among children and adults by 2024 and ultimately reduce them. This in turn will contribute to the Scottish Government's aim for the majority of Scotland's population to be in the healthy weight range throughout their adult life.

3.2 Strategic Goals

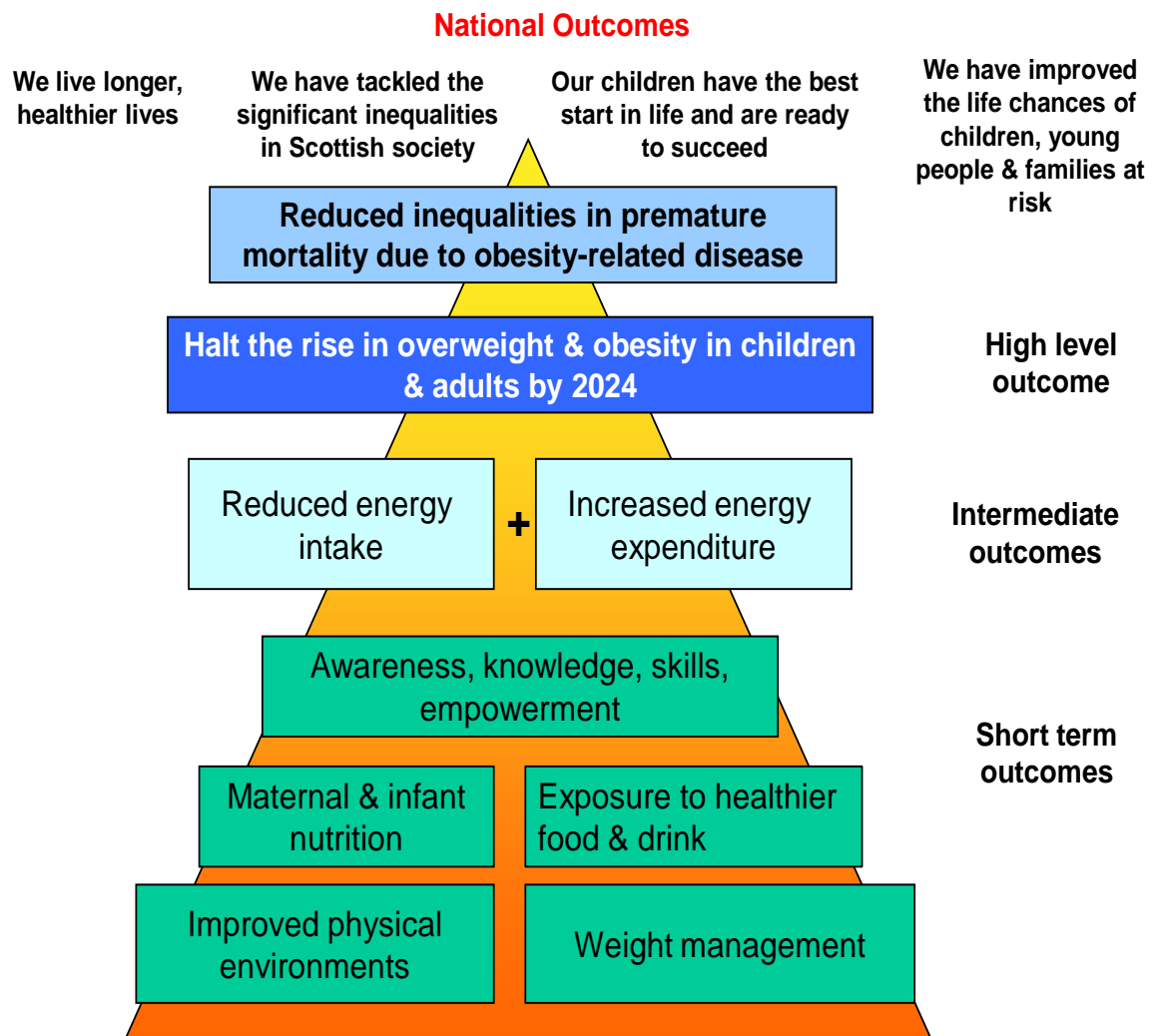
In order to progress towards our aim, there are a number of broad goals that we want to achieve:

- People have access to affordable healthier food and drinks in nurseries, schools and workplaces
- People have access to information and support to enable them to choose and prepare healthier food and drinks
- Women entering pregnancy are a healthy weight, in good nutritional health and that this continues throughout their pregnancy and beyond.
- Parents receive full, easy to understand information on infant feeding to enable them to make an informed choice on how they will feed their infant.
- Women receive the support they need to initiate and continue breastfeeding for as long as they wish.
- Infants are given appropriate and timely complementary foods and continue to have a wide and varied healthy diet throughout early childhood.
- People have access to affordable opportunities to be more physically active
- The built and natural environment support people to be more active in their daily lives
- Sustainable weight management pathways are in place for adults and children.

3.3 Healthy Weight Outcomes

NHS Health Scotland has produced a national Healthy Weight Outcomes Framework to align with actions identified in the Obesity Route Map. This national framework was used as a basis for the development of local healthy weight outcomes. The following Healthy Weight Outcomes Triangle (Figure 2) details the short, intermediate and long term outcomes of Ayrshire's Healthy Weight Strategy and links these to four of the national outcomes.

Figure 2: Ayrshire Healthy Weight Outcomes Triangle



Source: Adapted from NHS Health Scotland’s Healthy Weight Outcomes Framework, 2011

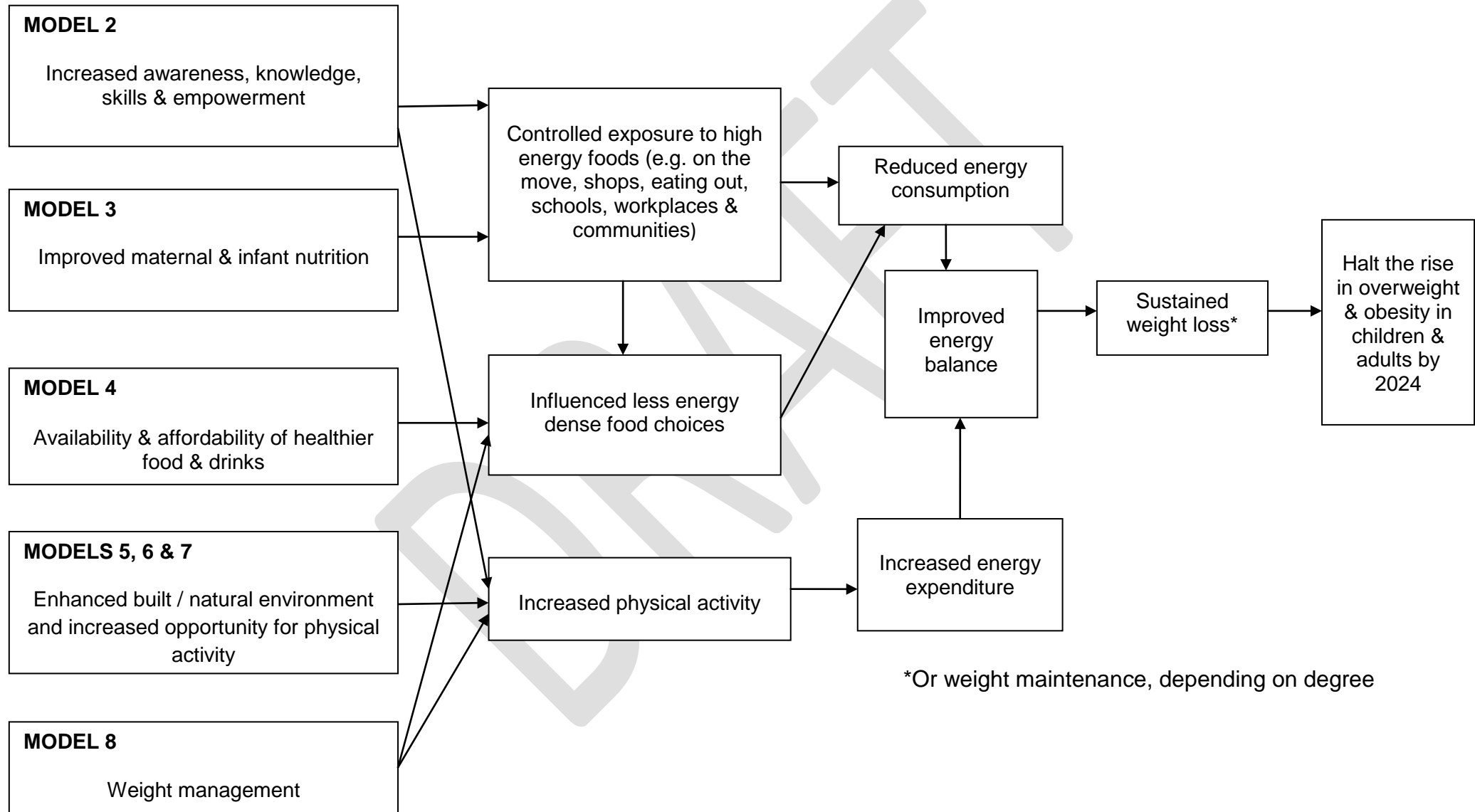
From the guidance provided in the Obesity Route Map, the national Healthy Weight Outcomes Framework and stakeholder feedback gained during the engagement phase, seven key themes have been identified. These are:

- Awareness, knowledge, skills and empowerment
- Maternal and infant nutrition
- Availability and affordability of healthier food and drinks
- Active travel and active workplaces
- Built/natural environment and infrastructure for active travel
- Physical activity
- Weight management

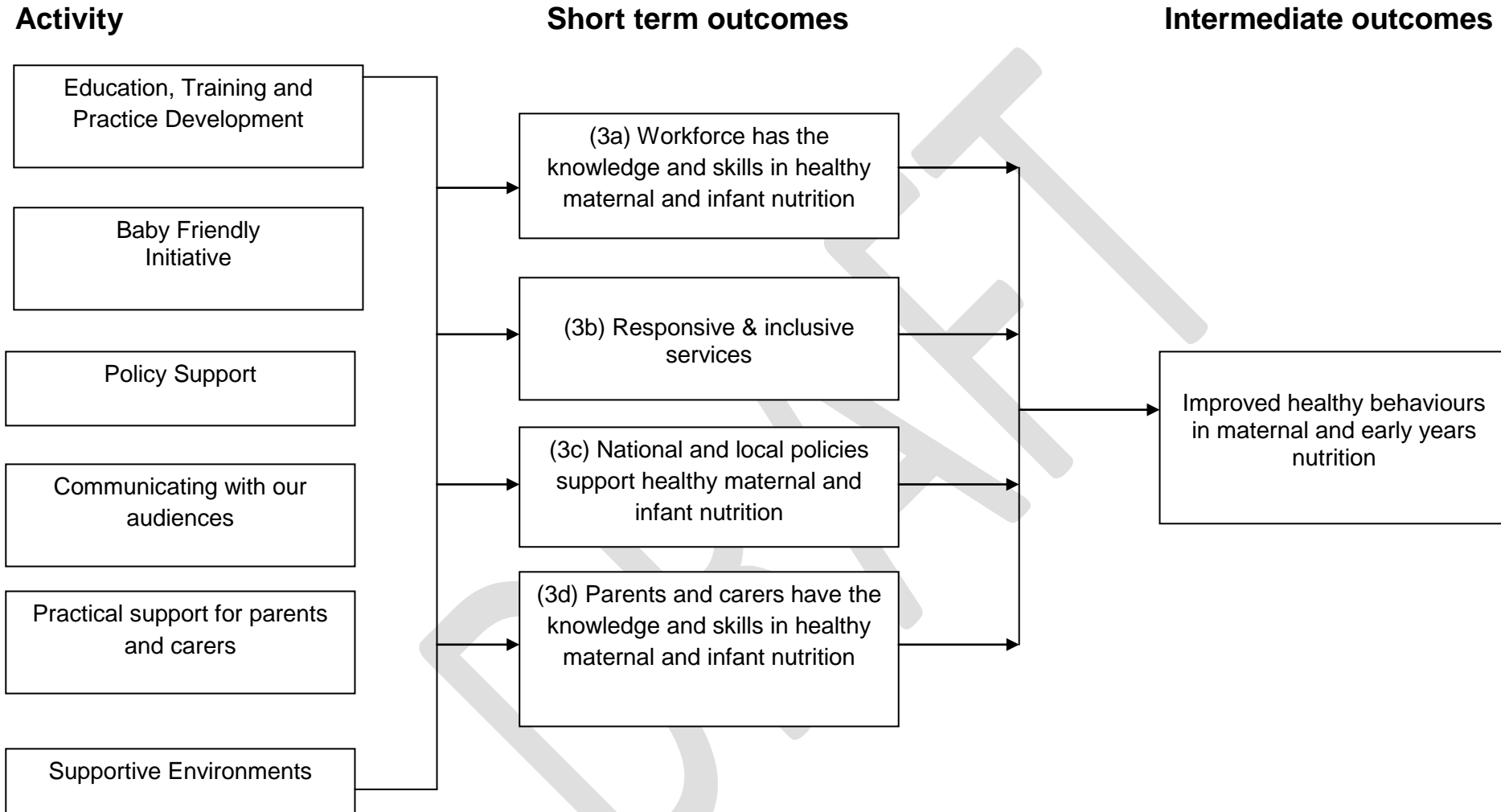
For each key theme, a logic model has been produced. These are detailed on the following pages.

Model 1: Strategic model for healthy weight

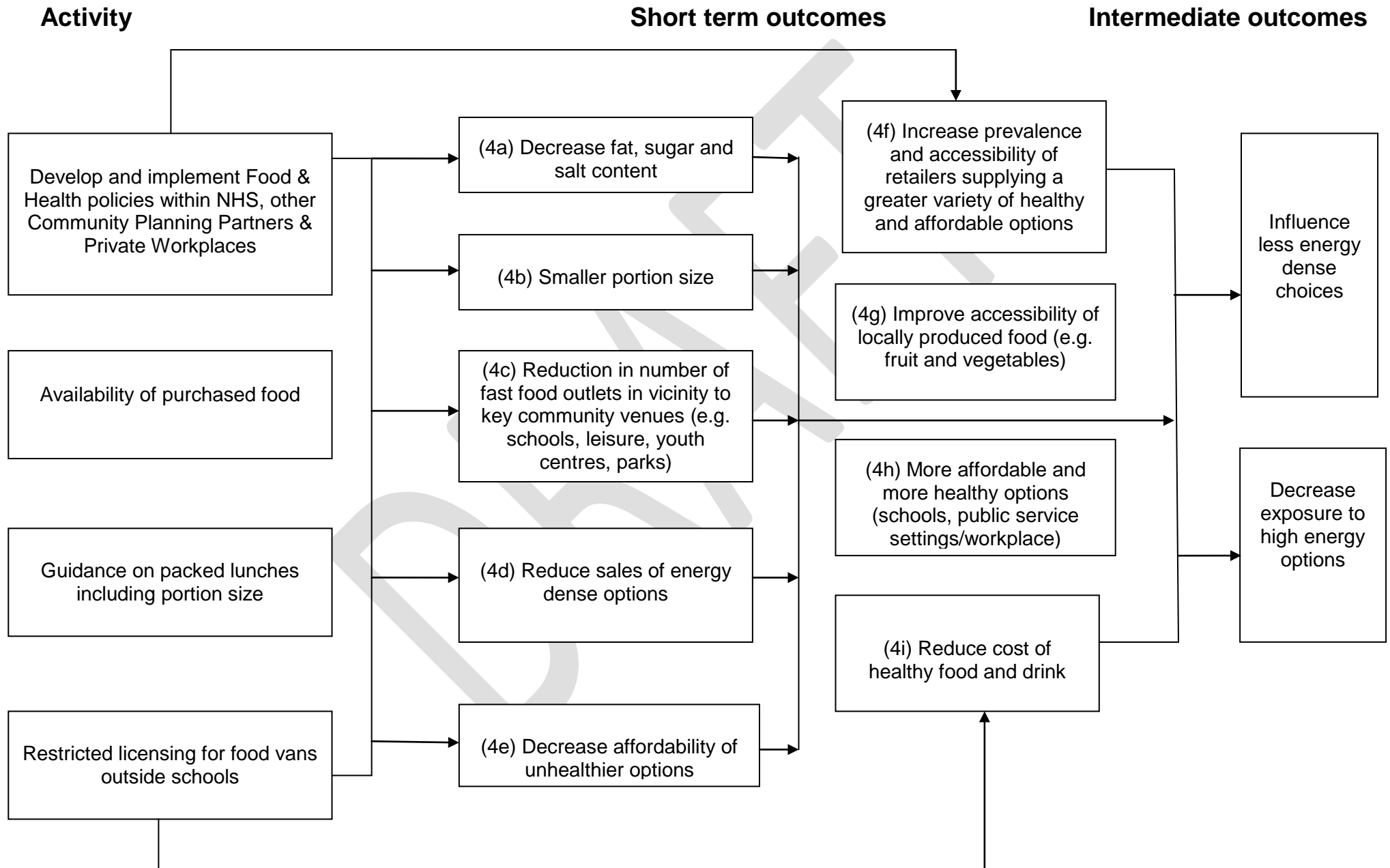
Changes in behaviours and environments → Longer term outcomes



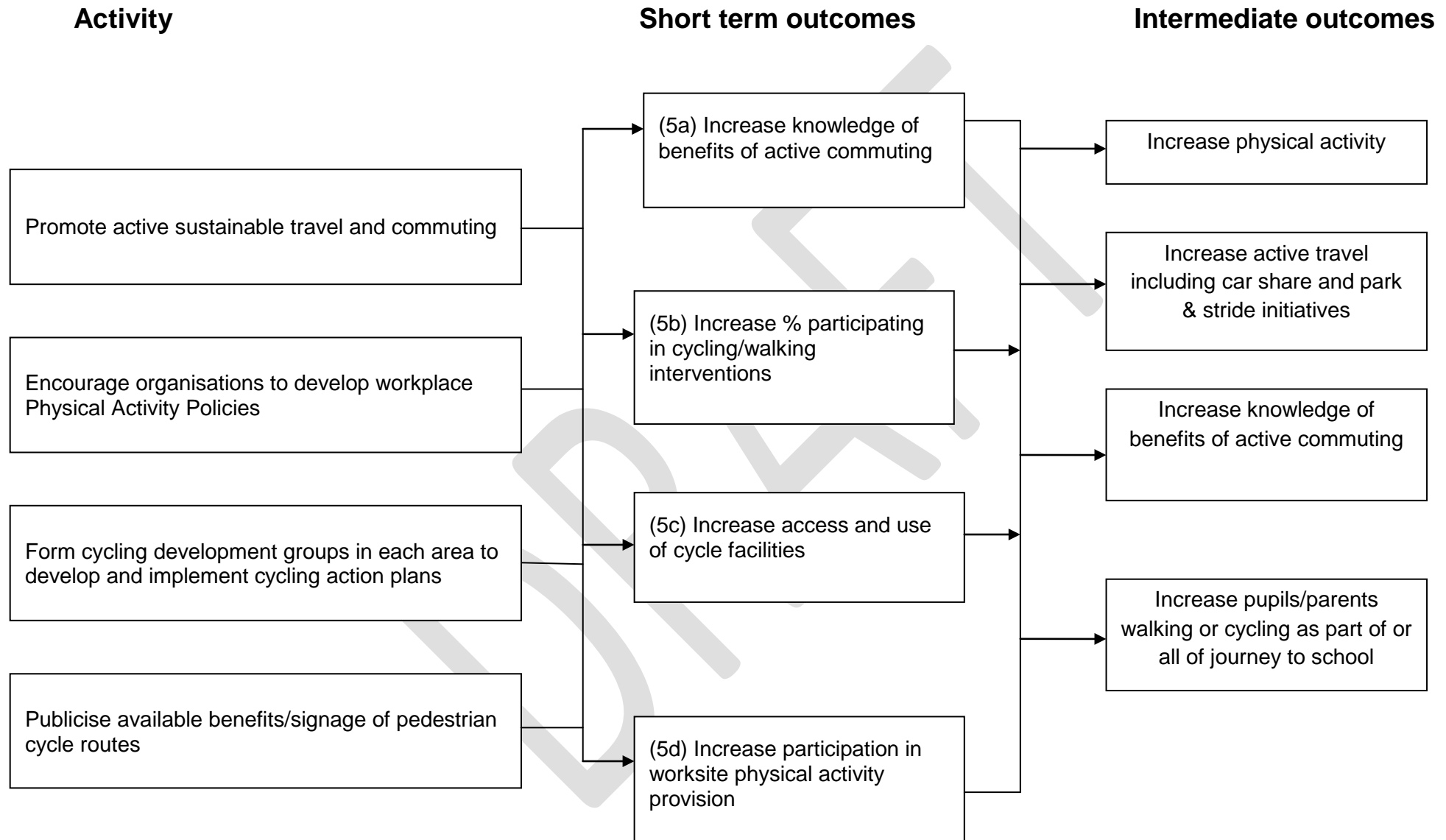
Model 3: Improved Maternal and Infant Nutrition



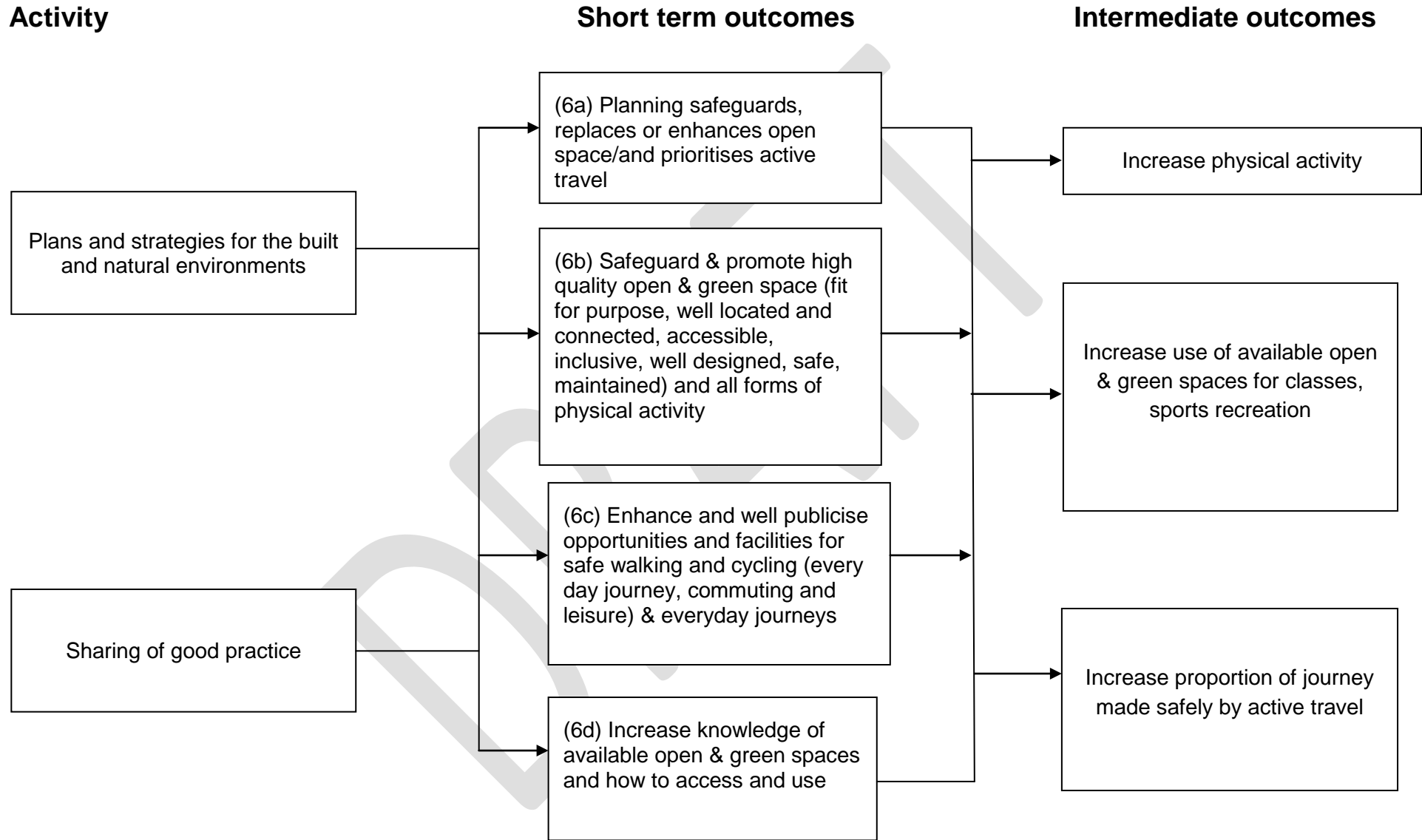
Model 4: Availability & affordability of healthier food and drinks



Model 5: Promotion of active travel/active workplaces



Model 6: Built/natural environments & infrastructure for active travel

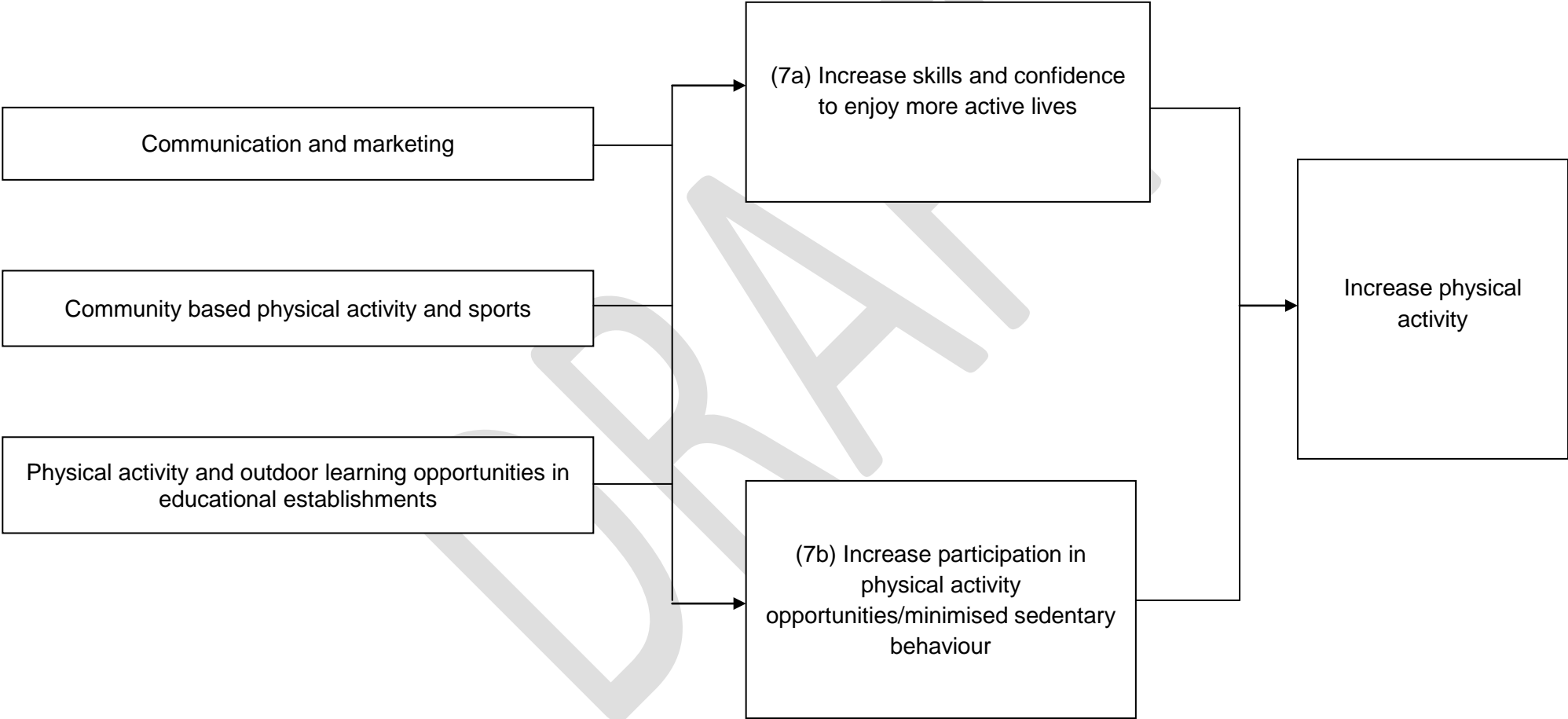


Model 7: Physical Activity

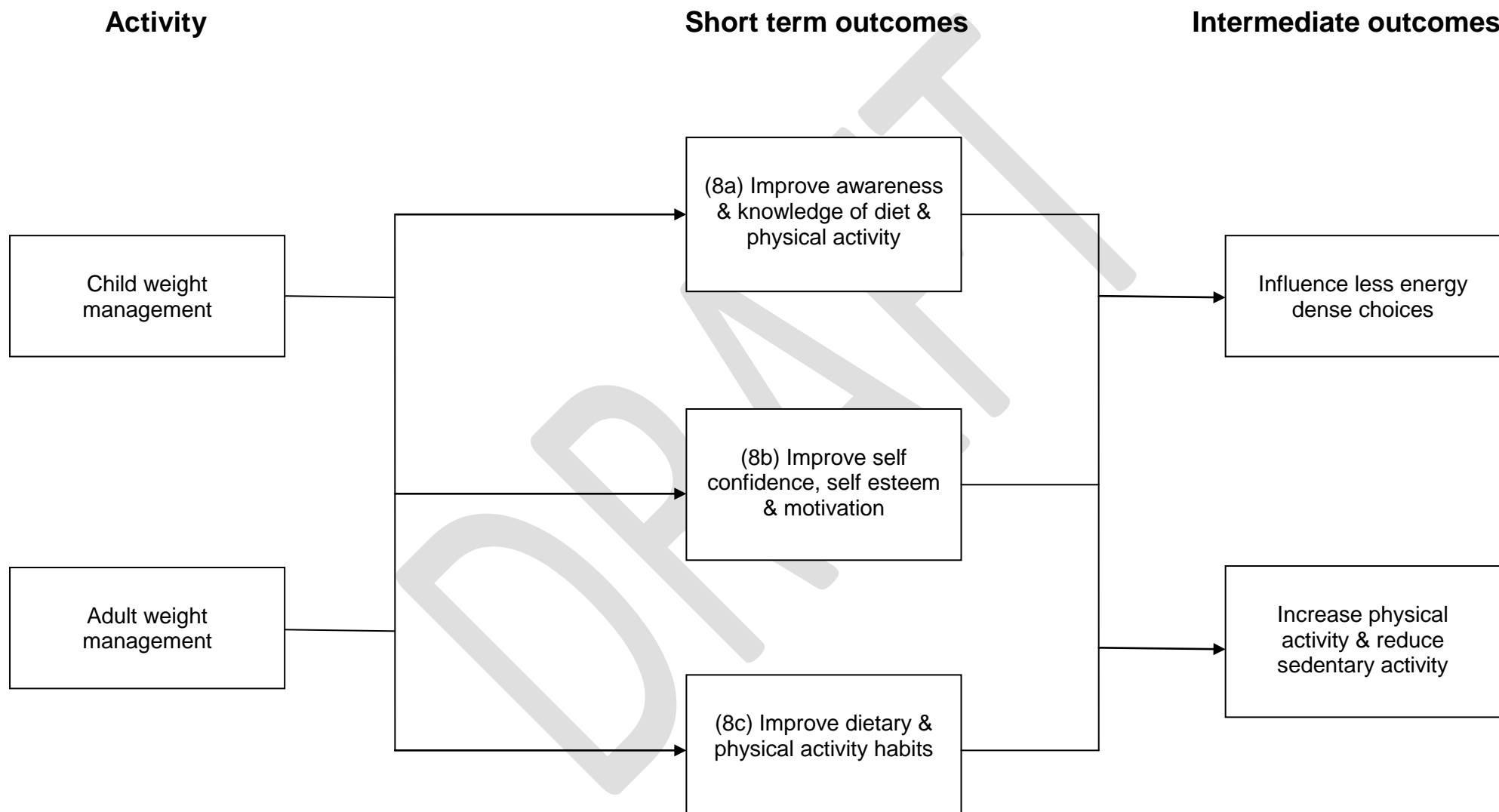
Activity

Short term outcomes

Intermediate outcomes



Model 8: Weight Management



3.4 Engagement

A stakeholder event was held in January 2011 to begin the process of engagement with key partners. The Strategic Alliance, the Community Health Partnership Committees, Forums and Officer Locality Groups for children and older people endorsed the approach to develop one pan Ayrshire strategy, and that this would be led by NHS Ayrshire & Arran.

The Healthy Weight Strategy Group comprised of key representatives from NHS Ayrshire & Arran, each of the local authorities and the North Public Partnership Forum (see Appendix 1). The UK Government's Foresight Report, the Scottish Government's Obesity Route Map Action Plan and Good Places Better Health models, and NHS Health Scotland's Healthy Weight Outcomes Framework were used as a basis for developing the strategy and action plan. An extensive review of the evidence on the causes of obesity and the effectiveness of interventions to tackle the problem was undertaken to produce the Foresight Report. This evidence has been used to underpin the strategy and action plan.

Four task and finish groups met between June – December 2012. Membership of each group is detailed in Appendix 2. This process enabled a wide range of staff with expertise and responsibility for a particular theme, from across the NHS and local authorities to contribute and shape a robust action plan. Each group was tasked with identifying relevant actions related to seven of the key themes, namely:

- Awareness, knowledge, skills and empowerment
- Availability and affordability of healthier food and drinks
- Active travel and active workplaces*
- Built/natural environment and infrastructure for active travel*
- Physical activity*
- Weight management (this group continues to meet).

**These three themes were considered by one group.*

The Foresight Report (2007) concluded that the strongest evidence on the prevention of obesity relates to breastfeeding and early growth patterns. Given that the NHS Ayrshire & Arran Infant Feeding Strategy (2009 – 2013) was already in existence together with the Maternal & Infant Nutrition Programme Board overseeing its implementation, a task and finish group for this theme was not required.

In March 2011 staff from NHS Ayrshire & Arran and the local authorities participated in local "Practice what works" workshops organised by the Scottish Government to develop recommendations contained in the Good Places Better Health evidence assessment on childhood obesity. The outputs from these workshops were also used to inform the Healthy Weight Strategy action plan.

In January 2013 over 75 people from across the partner agencies attended a second stakeholder event, which was held to seek views on the draft strategy and action plan.

3.5 Work already in progress

It was clear from the outset of the strategy development process that there is a significant amount of work already in progress in Ayrshire to improve diet and physical activity across a number of population groups. Some of this work has been in progress for a number of years, with a particular focus on children and young people. However, it became apparent that much of the work is relatively uncoordinated and few programmes or initiatives have been subject to any formal evaluation. Therefore, it will be important in the initial years of the strategy to gather evidence of effectiveness of several programmes to decide whether these should be extended or resources focused elsewhere.

Volume II of the strategy details the findings of a mapping exercise of the current programmes and services related to the prevention and treatment of obesity. Examples of work include: physical activity strategies/plans in each local authority area; work to implement the Nutritional Requirements for Food and Drink in Schools Regulations; Active Schools; practical food skills programmes for parents of children under five; an extensive range of sport and leisure activities in each area; and work to improve employee health and wellbeing through the Healthy Working Lives Award. These initiatives have been split into 4 groups:


- Tier 1: population-wide health improvement activity – these activities do not explicitly focus on weight but are essential to the prevention of obesity.
- Tier 2: community based weight management programmes – these programmes are provided for children (and their families) and adults who are overweight or obese.
- Tier 3: specialist weight management service – this service should be delivered by a multidisciplinary team. However, a specialist weight management service does not currently exist in Ayrshire, therefore, we are unable to fulfil all of the criteria recommended by the Scottish Government's Obesity Treatment: Best Practice Guide (2012), which states that individuals should complete a tier 3 intervention of at least 6 months duration prior to bariatric surgery.
- Tier 4: bariatric surgery – is currently provided by a multidisciplinary team.

As highlighted previously, NHS Ayrshire & Arran's Infant Feeding Strategy is already in existence and the timescale for this strategy 2009 – 2013. It has been agreed by the Maternal & Infant Nutrition Programme Board that a further standalone strategy will not be developed, rather, maternal and infant nutrition will become a key strand of the Healthy Weight Strategy. For the purposes of the action plan, infant nutrition includes children up to the age of five, and maternal nutrition includes nutrition for women of childbearing age.

Section 4: How will we achieve our outcomes?

The Foresight Report (2007) suggests that there are a number of key stages in an individual's life where there might be particular opportunities to change behaviour, as described in Figure 3 below. These key stages have been used to guide the development of the Healthy Weight Strategy Action Plan (2014 – 2017) detailed on the following pages. The action plan is based on the evidence gathered to produce the Foresight Report.

Figure 3: Critical opportunities for intervention during the life course



<u>Age</u>	<u>Stage</u>	<u>Issue</u>
	Preconception In utero	Maternal nutrition programmes foetus
0-6 months	Post-natal	Breast vs bottle feeding to programme later health
6-24 months	Weaning	Growth acceleration hypothesis
2-5 years	Pre-school	Adiposity rebound hypothesis
5-11 years	1 st school	Development of physical skills Development of food preferences
11-16 years	2 nd school	Development of independent behaviours
16-20 years	Leaving home	Exposure to alternative cultures/behaviour/lifestyle patterns (e.g. work patterns, living with friends)
16+ years	Smoking cessation	Health awareness prompting development of new behaviours
16-40 years	Pregnancy	Maternal nutrition
16-40 years	Parenting	Development of new behaviours associated with child-rearing
45-55 years	Menopause	Biological changes Growing importance of physical health prompted by diagnosis or disease in self or others
60+ years	Ageing	Lifestyle change prompted by changes in time availability, budget, work-life balance Occurrence of ill health

Source: Foresight, 2007

4.1 Ayrshire Healthy Weight Strategy Action Plan (2014 – 2017)

Key theme: Increased awareness, knowledge, skills and empowerment (links to logic model 2 page 15)

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
1.0	Provide Practical Support for the Public				
1.1	Gather evidence for incentive schemes particularly where evaluation has not been undertaken	2014 – 2015 Year 1	NHS Ayrshire & Arran	Incentive schemes evaluated	2b
1.2	Undertake a scoping exercise on the feasibility of building on good practice of CHiP van in East & Activator Bus in North Ayrshire to extend model to other areas	2014 – 2015 Year 1	NHS Ayrshire & Arran	Scoping exercise undertaken	2b, 2c
1.3	Continue to provide & extend evidence based incentives to support healthy living (physical activity and healthy eating) for all population groups for example: <ul style="list-style-type: none"> • children and young people e.g. cashless systems giving points for healthy choices, swimming • adults – exercise on referral, vouchers schemes to commercial weight management groups • older people – Invigor8 	2014 – 2017 Year 1 – 3	Local Authority Facilities & Leisure Dietetics & Local Authority Leisure Local Authority Leisure	Incentive schemes extended to other population groups	2b
1.4	Produce a recommended resource list on healthy living for libraries, including school libraries, and signpost to approved websites	2014 – 2015 Year 1	NHS Ayrshire & Arran Public Health	Recommended resource list produced	2b, 2d
1.5	Seek permanent funding to continue to provide practical cooking skills programmes and extend to other target groups	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Dietetics	Recurring funding secured	2b, 2c, 2d

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
2.0	Provide Practical Support for Staff				
2.1	Produce toolkit/guidelines & supporting training for those delivering healthy eating programmes in order to improve consistency and accuracy of information, to include - resources - accredited websites	2014 – 2016 Year 1 – 2	NHS Ayrshire & Arran Dietetics	Toolkit/guidelines produced	2b, 2c, 2d
2.2	Further develop the CARIS website with practical information on healthy living & signpost to other trusted websites	2015 – 2016 Year 2	Local Authority Early Years	CARIS website developed	2d
2.3	Provide input on healthy living (food & health and physical activity) to relevant training programmes at local further and higher education institutions	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Dietetics Public Health	Input on healthy living delivered	2b, 2d
2.4	Provide input to local probationary teacher training programmes on healthy living	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Dietetics Public Health	Input to training programmes delivered	2b, 2d
2.5	Provide continued support on healthy living to School Health & Wellbeing Coordinators across Ayrshire	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Dietetics Public Health	Ongoing support to Coordinators delivered	2b, 2d
2.6	Provide training and support for paid and unpaid carers on appropriate food and drink provision for children or adults under their care, e.g. looked after and accommodated children, people with learning disabilities in supported accommodation or older people living in a care setting or their own home	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Dietetics Local Authority Social Services	Training delivered	2a, 2c, 2d

Key theme: Improved maternal and infant nutrition (links to logic model 3 page 16)

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
3.0	Provide training, practice development & support on maternal & infant nutrition for relevant staff within partner organisations				
3.1	Provide staff with training & resources on maternal nutrition, including from pre-conception onwards	2014 – 2017	NHS Ayrshire & Arran Maternity Services Dietetics	Training delivered	3a
3.2	Provide staff with training in line with Baby Friendly standards	2014 – 2017 Year 1 – 3	Maternity Services Early Years, Children & Families team	Training delivered	3a
3.3	Provide staff with training on nutrition and practical food skills from weaning to age five	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Dietetics	Training delivered	3a
3.4	Work with local further and higher education institutions to ensure maternal & infant nutrition is included in the curriculum for relevant courses	2014 – 2017 Year 1 – 3	Maternity Services Early Years, Children & Families team Dietetics	Maternal & infant nutrition included in curriculum	3a
3.5	Discuss with Equality & Diversity lead feasibility of inclusion of breastfeeding in the Learn Pro equality & diversity module	2014 – 2015 Year 1	Early Years, Children & Families team	Breastfeeding included in Equality & Diversity module	3a, 3b
3.6	Develop guidance for staff on advice for parents of overweight & obese children under the age of 5 years	2014 – 2015 Year 1	NHS Ayrshire & Arran Dietetics Public Health	Guidance developed	3a, 3b
3.7	Develop a care pathway to implement early intervention and support for parents of younger children identified as underweight or overweight e.g. at the 12 month or 27 month assessment	2014 – 2015 Year 1	Dietetics Public Health Early Years, Children & Families team	Care pathways developed and implemented	3a, 3b, 3d
4.0	Work with schools to include nutrition prior to pregnancy and maternal & infant nutrition in Curriculum for Excellence				
5.1	Develop suitable resources for use in primary and secondary schools	2014 – 2017 Year 1 – 3	Early Years, Children & Families team Dietetics	Range of resources developed for schools	3a, 3b

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
5.2	Support implementation of maternal & infant nutrition resources into the curriculum	2015 – 2017 Year 2 – 3	Local Authority Education Maternity Services Early Years, Children & Families Dietetics	Maternal & infant nutrition resources integrated into curriculum	3a, 3c
6.0	Maintain Baby Friendly accreditation in NHS Ayrshire & Arran	2014 – 2017 Year 1 – 3	Maternity Services Early Years, Children & Families	Baby Friendly accreditation maintained	3a, 3b, 3d
7.0	Include maternal & infant nutrition in local planning processes	2014 – 2017 Year 1 – 3	Community Planning Partners	Maternal & infant nutrition included in plans	3c
8.0	A group including the Hospital and Community Infant Feeding Nurses and dietitians will meet every 6 months with formula milk manufacturers to update and disseminate relevant information to staff	2014 – 2017 Year 1 – 3	Maternity Services Early Years, Children & Families Dietetics	Relevant information from formula milk manufacturers distributed to staff	3a, 3d
9.0	Use social marketing methods to change cultural attitudes towards infant nutrition in particular, normalise breastfeeding especially in disadvantaged groups				
9.1	Continue to promote and extend Breastfeed Happily Here scheme to other targeted premises	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Public Health	Increased number of premises registered on Breastfeed Happily Here scheme	3d
9.2	Contribute regularly to columns on infant feeding and early years nutrition for local media	2014 – 2017 Year 1 – 3	Maternity Services Early Years, Children & Families Dietetics	Regular column submitted	3d
10.0	Provide accurate and up to date information about maternal and infant nutrition to all pregnant women				

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
10.1	Annual review of all maternal and infant nutrition resources in Health Information Resources Service	2014 – 2017 Year 1 – 3	Maternity Services Early Years, Children & Families Dietetics Public Health	Resources reviewed	3a, 3d
10.2	Provide information on healthy eating, weight management and importance of vitamin supplementation at pre-booking appointment	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Maternity Services Dietetics	Information available and provided	3d
10.3	Provide multidisciplinary support for pregnant women with a BMI \geq 30 at booking visit	2014 – 2017 Year 1 – 3	Maternity Services Dietetics Physiotherapy	Multidisciplinary pathway in place	3b, 3d
11.0	Explore the feasibility of including information on food and eating behaviours in parenting programmes	2014 – 2015 Year 1	Dietetics Local Authorities	Options identified	3d
12.0	Work in partnership with local network of breastfeeding peer supporters				
12.1	Offer of peer support to all breastfeeding mothers	2014 – 2017 Year 1 – 3	Voluntary organisations	Peer support in place	3d
12.2	Work with the Breastfeeding Network (BfN) to secure funding to maintain peer support programmes	2014 – 2017 Year 1 – 3	Public Health BfN	Peer support programmes continued	3a, 3d
13.0	Deliver practical weaning workshop to parents	2014 – 2017 Year 3	Dietetics Early Years, Children & Families	Practical weaning workshops delivered	3a, 3b, 3d
14.0	Provide parents & carers of overweight or obese children, identified as per NHS Ayrshire & Arran universal timeline, with appropriate, consistent advice and support				
14.1	Develop age appropriate resources on food and physical activity	2014 – 2015 Year 1	Dietetics Early Years, Children & Families Public Health	Resources developed	3d

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
14.2	Implement the revised Nutritional Guidance for Early Years and Physical Activity Guidelines in all early years establishments	2014 – 2016 Year 1 – 2	Local Authority & Partnership Early Years providers	Guidance implemented	3c, 3d
15.0	Provide practical food skills programme for parents & carers targeting those most vulnerable				
15.1	Provide minimum 3 practical food skills programmes per term in each local authority	2014 – 2017 Year 1 – 3	Community Food Work team	Practical food skills programmes delivered	3b, 3d
16.0	Continue to promote awareness of Healthy Start to encourage uptake among eligible parents	2014 – 2017 Year 1 – 3	Maternity Services Early Years, Children & Families Local Authority Early Years & Family Support	Healthy Start scheme promoted	3b, 3c, 3d
17.0	Promote awareness of the importance of vitamin supplements for pregnant & breastfeeding women and children under the age of five	2014 – 2017 Year 1 – 3	Maternity Services Early Years, Children & Families Local Authority Early Years & Family Support	Vitamin supplements promoted	3b, 3c, 3d
18.0	Provide ongoing support to targeted businesses and Community Planning Partners to continue to participate in the Breastfeed Happily Here scheme				
18.1	Extend the Breastfeed Happily Here scheme to 10 new premises in each local authority area	2014 – 2015 Year 1	NHS Ayrshire & Arran Public Health	Breastfeed Happily Here implemented in additional premises	3b, 3c, 3d
19.0	Increase awareness of breastfeeding, maternal & child nutrition in the workplace				
19.1	Provide advice to workplaces to develop policies to support breastfeeding mothers returning to work	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Public Health	Policies to support breastfeeding mothers return to work in place	3d
19.2	Include information on maternal & child nutrition when discussing healthy eating initiatives & campaigns with workplaces	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Public Health	Maternal & child nutrition promoted in workplaces	3d

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
20.0	Provide training, resources & support to all childcare providers to facilitate implementation of revised national 'Nutritional Guidance for Early Years'	2014 – 2016 Year 1 – 2	NHS Ayrshire & Arran Dietetics	Training delivered	3a, 3c, 3d
21.0	Develop a maternal & infant nutrition research and evaluation programme to inform future actions				
21.1	Undertake research to explore & understand the barriers pregnant women with a BMI \geq 30 face, to inform how 'Healthy Bump Healthy Baby' could be re-designed to enable more women to engage	2014 – 2015 Year 1	NHS Ayrshire & Arran Public Health	Report produced and recommendations identified	3b, 3d
21.2	Continue to review and revise 'Healthy Bump Healthy Baby'	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Maternity Services Dietetics	Ongoing evaluation of Healthy Bump Healthy Baby	3b, 3d
21.3	Undertake research to explore maternity staff attitudes to obesity and design appropriate interventions e.g. training, work based learning, that could be implemented to increase confidence & skills among staff	2014 – 2015 Year 1	NHS Ayrshire & Arran Public Health	Report produced and recommendations identified	3a, 3b
21.4	Evaluate impact of weight management pilot with Scottish Slimmers targeting women of childbearing age	2014 – 2015 Year 1	NHS Ayrshire & Arran Dietetics Public Health	Evaluation report produced	3b, 3d

Key theme: Availability and affordability of healthier food and drinks (links to logic model 4 page 17)

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
35.0	Develop and implement food & health policies within NHS, other Community Planning Partners and Private Sector Workplaces				
35.1	Encourage all Community Planning Partners' workplaces to achieve Healthy Living Award status as a minimum and aspire to Healthy Living Award Plus status or equivalent	2014 – 2016 Year 1 – 2	Community Planning Partners Facilities Departments	Healthyliving Award and Healthyliving Award Plus achieved	4a, 4d, 4f, 4h
35.2	Encourage private sector workplaces who have registered for Healthy Working Lives to achieve Healthy Living Award status or equivalent	2014 – 2017 Year 1 – 3	Healthy Working Lives team	Healthyliving Award achieved	4a, 4d, 4f, 4h
35.3	Encourage incentives within all Community Planning Partners' workplaces e.g. the use of meal deals/ special offers to encourage consumption of healthy choices	2014 – 2017 Year 1 – 3	Community Planning Partners Facilities Departments	Incentive schemes provided on regular basis	4a, 4d, 4e, 4h, 4i
35.4	Promote healthier food & drinks through merchandising, till points and other points of sale e.g. fridges, vending machines	2014 – 2017 Year 1 – 3	Community Planning Partners Facilities Departments Healthy Working Lives team	Healthier food & drinks promoted	4d, 4e, 4h
35.5	Develop pricing policies to promote healthy choices and limit unhealthy choices	2014 – 2017 Year 1 – 3	Community Planning Partners Facilities Departments Healthy Working Lives team	Pricing policies implemented	4d, 4e, 4h, 4i
35.6	Develop & promote a sample workplace food & health policy for use in a range of settings	2014 – 2015 Year 1	NHS Ayrshire & Arran Public Health	Sample food & health policy developed	4a, 4b, 4h

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
36.0	Availability of healthier food and drinks for purchase				
36.1	Work with the Scottish Grocers' Federation (SGF) to extend the reach of the SGF Healthy Living programme within participating neighbourhood food shops, for example moving confectionery displays from till points and expanding the range of healthier choices offered and promoted under the scheme	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Public Health Local Authority Facilities Departments	SGF Healthy Living programme implemented	4d, 4e, 4f, 4h, 4i
36.2	Work with food outlets within close proximity to schools to promote appealing, affordable, lower energy and less energy-dense options for pupils who choose to leave school for lunch	2014 – 2017 Year 1 – 3	Local Authority Facilities Departments	Healthy eating promotions implemented	4d, 4e, 4f, 4h
36.3	Develop guidance to influence the provision of food & drinks in other venues that children and young people attend e.g. sports clubs, community based groups, leisure & recreational centres	2014 – 2016 Year 1 – 2	NHS Ayrshire & Arran Public Health Local Authority Facilities Departments	Guidance on food & drink provision produced	4d, 4e, 4f, 4h
36.4	Implement CEL 01 (2012) 'Health Promoting Health Service: Action in Hospital Settings', to ensure that NHS Ayrshire & Arran achieves the actions related to food & health, physical activity and breastfeeding	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Public Health	Breastfeeding, food & health and physical activity actions delivered	4b, 4e, 4f – 4i

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
37.0	Nutritional standard of food and drinks provided for those in local authority, third sector and private care				
37.1	Ensure the food & drinks provided in care establishments complies with national guidance for the following groups: <ul style="list-style-type: none"> • Looked after and accommodated children • People with learning disabilities • Older people 	2014 – 2017 Years 1 – 3	Local Authority, Third Sector and Private Provider Facilities Departments	Nutritional standards for food & drinks in care establishments met	4a, 4b, 4h
38.0	Guidance on packed lunches including portion size				
38.1	Develop high impact displays with information on packed lunch content and recommended portion sizes, based on the Eat Well plate	2014 – 2017 Year 1 – 3	Community Planning Partners Facilities Departments	Promotional displays produced	4a, 4b
38.2	Promote the use of existing packed lunch materials for use in primary schools	2014 – 2017 Year 1 – 3	Local Authority Facilities Departments	Packed lunch materials widely used	4a, 4b
39.0	Restrict licensing for food vans outside schools				
39.1	Develop licensing policies in all three local authority areas to restrict food vans outside schools	2014 – 2017 Year 1 – 3	Local Authority Education & Facilities Departments	Licensing policies developed	4c, 4d
39.2	Encourage vans operating within the vicinity of schools to achieve the Healthyliving Award	2014 – 2017 Year 1 – 3	Local Authority Education & Facilities Departments	Healthyliving Award achieved	4f, 4h
39.3	Develop 'grab and go' facilities and school owned vans for the provision of healthy choice school meals	2014 – 2017 Year 1 – 3	Local Authority Facilities Departments	Additional facilities in place	4f, 4h

Key theme: Promotion of active travel & active workplaces (links to logic model 5 page 18)

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
40.0	Promote active sustainable travel and commuting				
40.1	Promote grant schemes Implement and review travel plans Promote benefits	2014 - 2017 Year 1 – Year 3	Local Authority Outdoor Access/Travel Plan Coordinators	Grant schemes promoted Travel plans implemented Benefits of active travel widely promoted	5a, 5b
41.0	Encourage organisations to develop workplace Physical Activity Policies	2014 – 2017 Year 1 – Year 3	NHS Healthy Working Lives team	Workplace policies developed	5d
42.0	Form cycling development groups in each local authority area	2014 - 2015 Year 1	Local Authority Outdoor Access/Travel Plan Coordinators	Cycling development group convened	5a, 5b, 5c
43.0	Develop cycling action plans to include the following: i) Continue to support and develop cycle training schemes ii) Enhance facilities and storage for cyclists to bring about: - Increased provision of cycle facilities at public sector organisations - Promotion of cycle facilities at public sector buildings iii) Promotion of funding opportunities to enhance the cycling infrastructure	2014 – 2017 Year 1 – Year 3	Local Authority Outdoor Access/Travel Plan Coordinators	Cycling action plan developed	5a, 5b, 5c
44.0	Publicise available benefits/signage of pedestrian & cycle routes	2014 - 2017 Year 1 – Year 3	Local Authority Outdoor Access/Travel Plan Coordinators	Pedestrian & cycle routes widely promoted	5a, 5b

Key theme: Built/natural environment & infrastructure for active travel (links to logic model 6 page 19)

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
45.0	Ensure environmental factors that impact on healthy weight are routinely considered as part of the Local Plan in each area	2014 – 2017 Year 1 – 3	Local Authority Planning Departments	Local Plans reviewed to consider healthy weight	6a, 6b
46.0	Continue implementation of local strategies and plans that consider the development and maintenance of the built and natural environment. <ul style="list-style-type: none"> • Core Paths Plan • Outdoor Access Strategies • Open Space Strategy • Asset Management Plan 	2014 – 2017 Year 1 – 3	Local Authority Outdoor Access/Travel Plan Coordinators	Strategies to develop and maintain built and natural environment implemented	6a, 6b
47.0	Develop Ayrshire wide supplementary guidance for those with responsibility for planning which promotes healthy weight and safeguards open space/outdoor access. The guidance should consider: <ul style="list-style-type: none"> • Designing streets • Walk able/healthy networks • Green networks (Central Scotland) 	2014 – 2015 Year 1	Local Authority Outdoor Access/Travel Plan Coordinators	Supplementary guidance developed	6a, 6b
48.0	Promote active travel through the implementation of local Transport Strategies within each of the 3 Local Authorities	2014 – 2017 Year 1 – 3	Local Authority Outdoor Access/Travel Plan Coordinators & Transport	Transport Strategies implemented	6a, 6b
49.0	Consider the promotion of active travel as a key aspect of strategy/action plan development in any amalgamation of local authority Road Services	2014 – 2017 Year 1 – 3	Local Authority Planning & Transport Services	Active travel included in Road Services plans	6a, 6b
50.0	Implement the recommendations of the strategic review of the NHS Ayrshire & Arran Estate				

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
50.1	Upgrade and develop walking paths within the Ayr/Ailsa campus	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Public Health & Estates	Walking paths upgraded and developed	6b
50.2	Expand the existing garden project in the Ailsa campus	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Public Health & Estates	Garden project expanded	6b
50.3	Influence the design and use of green space for the proposed new hospital build at Ayrshire Central Hospital	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Public Health & Estates	Green space included in new Ayrshire Central Hospital	6b
50.4	Implement NHS green space improvements identified within the strategic review	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Public Health & Estates	Green space improvements implemented	6b
51.0	Ensure that any new build properties in the Community Planning Partners' estate consider physical activity as a priority and promote physical activity as part of the design	2014 – 2017 Year 1 – 3	Community Planning Partners Estates	Opportunities for physical activity included in design of all new builds	6a, 6b, 6c
52.0	Implementation of the Local Authority Community Safety Partnership Strategies with consideration of: <ul style="list-style-type: none"> • Safe neighbourhoods • Diversionary activities for young people • Physical activity 	2014 – 2017 Year 1 – 3	Local Authority Community Safety	Community Safety Partnership Strategies implemented	6a, 6b
53.0	Share the good practice and recommendations from the North Ayrshire 'Irvine Cycle Friendly Town' pilot project conducted in conjunction with Sustrans across Ayrshire Local Authorities	2014 – 2017 Year 1 – 3	Local Authority Outdoor Access	Recommendations from pilot considered by East & South Ayrshire Councils	6c

Key theme: Physical Activity (links to logic model 7 page 20)

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
54.0	Develop and implement a communication and marketing plan using a variety of creative methods to promote physical activity. Ensure consideration is given to target groups	2014 – 2017 Year 1 – 3	Local Authority Leisure and Leisure providers	Physical activity communication & marketing strategy developed	7b
55.0	Provide and promote a range of community based physical activity opportunities for: - Children & young people - Adults older people - Families - Target groups	2014 – 2017 Year 1 – 3	Local Authority Leisure and Leisure providers	Range of physical activity opportunities available	7a, 7b
56.0	Work in partnership with, and support private and voluntary sector providers to promote and deliver physical activity opportunities	2014 – 2017 Year 1 – 3	Local Authority Leisure Private and Volunteer Leisure Providers	Range of physical activity opportunities available	7a, 7b
57.0	Develop an outdoor learning plan for education establishments, including private providers, to encourage more outdoor activities as part of the curriculum	2014 – 2016 Year 1 – 2	Local Authority Education	Outdoor learning plans developed	7a, 7b
58.0	Continue to provide quality physical activity opportunities in support of Curriculum for Excellence	2014 – 2017 Year 1 – 3	Local Authority Education	Range of physical activity opportunities available	7a, 7b
59.0	Coordinate a range of quality physical activity opportunities in support of Active Schools	2014 – 2017 Year 1 – 3	Local Authority Active Schools	Range of physical activity opportunities available	7a, 7b

Key theme: Weight management (links to logic model 8 page 21)

	ACTION	TIMELINE	LEAD	OUTPUT	SHORT TERM OUTCOMES
60.0	Continue to deliver a range of child healthy weight programmes				
60.1	Continue to deliver a community based child healthy weight treatment programme for families	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Public Health	Treatment programme delivered	8a – 8c
60.2	Continue to deliver a school based, whole class preventative child healthy weight programme in targeted primary schools	2014 – 2017 Year 1 – 3	NHS Ayrshire & Arran Public Health	School based programme delivered	8a – 8c
61.0	Develop an adult weight management pathway				
61.1	Develop, implement and evaluate a tier 2 weight management service	2014 – 2015 Year 1	NHS Ayrshire & Arran Dietetics	Pilot tier 2 service implemented & evaluated	8a – 8c
61.2	Develop a social marketing plan for healthy weight to include champions/stories from local people who have successfully engaged in programmes	2014 – 2016 Year 1 – 2	NHS Ayrshire & Arran Public Health Dietetics	Social marketing plan developed	8a, 8b
61.3	Develop a quality assurance framework for weight management programmes to support other departments/organisations to ensure consistency across programmes	2014 – 2015 Year 1	NHS Ayrshire & Arran Dietetics	Quality assurance framework developed	8a, 8c
61.4	Develop a proposal for a tier 3 specialist weight management service to comply with the Scottish Government's "Obesity Treatment: Best Practice Guide"	2014 – 2015 Year 1	NHS Ayrshire & Arran Dietetics	Proposal for tier 3 developed	8a – 8c

4.2 Outcome Indicators

The Scottish Government have published a set of outcome indicators to monitor progress of actions set out in the Obesity Route Map and this has been used as the basis for a set of local outcome indicators. The following table details a number of short, intermediate and long term indicators, the key theme each indicator relates to, the data source and frequency of measurement. Further work will be undertaken to refine these indicators and set local targets as the implementation process progresses.

	Indicator	Linked Key Theme	Data Source	Frequency
	Short term indicators			
ST1	Number of businesses securing Healthyliving Award and Healthyliving Award Plus	Availability & affordability of healthier food & drinks	National Healthyliving Award team	Annual data request
ST2	Volume of sales of soft drinks with added sugar in local authority and NHS premises	Availability & affordability of healthier food & drinks	Local Authority and NHS Ayrshire & Arran Procurement/Facilities Departments	Annual
ST3	Volume of sales of confectionery, biscuits, cakes and pastries in local authority and NHS premises	Availability & affordability of healthier food & drinks	Local Authority and NHS Ayrshire & Arran Procurement/Facilities Departments	Annual
ST4	Proportion of adults engaging in active travel to work	Promotion of active travel and active workplaces	Scottish Household Survey Local Authority level	Every two years
ST5	Proportion of children engaging in active travel to school	Promotion of active travel and active workplaces	Sustrans Hands Up Survey Local Authority level	Annual
ST6	Number of workplaces securing Healthy Working Lives Award	Availability & affordability of healthier food & drinks Promotion of active travel and active workplaces	Healthy Working Lives team	Annual
ST7	Percentage of babies breastfed at 6-8 weeks	Maternal & infant nutrition	ISD Scotland	Annual
ST8	Maternal BMI at booking appointment	Maternal& infant nutrition	Eclipse	Annual

	Indicator	Linked Key Theme	Data Source	Frequency
	Intermediate indicators			
IT1	Proportion of adults meeting physical activity guidelines	Physical activity	Scottish Health Survey NHS Board level	Every four years: next available for 2012 – 2015
IT2	Proportion of adults engaging in sedentary activities	Physical activity	Scottish Health Survey NHS Board level	Every four years: available for 2012 – 2015
IT3	Proportion of children engaging in sedentary activities	Physical activity	Scottish Health Survey Scotland level only	Annual
IT4	Proportion of children meeting physical activity guidelines	Physical activity	Scottish Health Survey Scotland level only	Annual
IT5	Proportion of children overweight and obese at 27 months	Maternal & Infant Nutrition	FACE	Every two years
	Long term indicators			
LT1	Proportion of men and women overweight and obese	Weight management	EMIS	Every two years
LT2	Proportion of Primary 1 age children overweight and obese	Weight management	ISD Scotland	Annual
LT3	Prevalence of Type 2 diabetes in the local population	Weight management	Scottish Diabetes Survey	Annual

4.3 Financial Framework

At the time of writing (July 2013), NHS Ayrshire & Arran receives three ring fenced funding allocations to deliver specific programmes that relate to healthy weight. These annual allocations are for Maternal & Infant Nutrition (£167,000); Child Healthy Weight (£147,000); and Adult Weight Management (£109,000). Each of these programmes has a detailed action plan and outcomes framework which has been agreed in partnership with representatives from the three local authorities. The Scottish Government has earmarked all three as recurring allocations therefore it is anticipated these will continue, however, this will not be confirmed until after the next spending review. If these earmarked allocations cease the achievement of the planned outcomes would only be possible if local funding were prioritised to support the identified actions.

Given the current financial position the Healthy Weight Strategy Group have identified actions that, as far as possible, can be met within existing resources. However, it must be acknowledged that a number of actions will require additional resources, therefore, the success of the strategy in achieving its outcomes will be dependent on whether recurring investment is prioritised on tackling obesity.

4.4 Implementation

The Healthy Weight Strategy Group expects an implementation plan to be produced by each local authority and NHS Ayrshire & Arran, which will set out how each partner will deliver the activities identified in the action plan that they are responsible for. It is anticipated that a pan Ayrshire Healthy Weight Strategy Implementation Group will be convened to oversee and monitor implementation of the three year action plan. This group should comprise of representatives from the key departments with responsibility for delivery of the activities, and should report to the proposed Health Improvement Steering Group.

4.5 Standard Impact Assessment

A Standard Impact Assessment for the strategy has been completed. For details see Appendix 3.

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APPENDIX 1: MEMBERS OF HEALTHY WEIGHT STRATEGY GROUP

Karen Andrews, Healthcare Manager, NHS Ayrshire & Arran
Angie Bennett, Leisure Development Manager, East Ayrshire Council
Louise Benson, Head of Profession – Dietetics, NHS Ayrshire & Arran (until April 2013)
Ruth Campbell, Consultant Dietitian in Public Health Nutrition, NHS Ayrshire & Arran (Chair)
Andrew Hale, Health Improvement Officer, North Ayrshire Council
Sandra Hall, Project Coordinator, NHS Ayrshire & Arran
Marianne Hayward, Head of Profession – Dietetics, NHS Ayrshire & Arran (from April 2013)
Andrew Kennedy, Acting Head of Facilities, East Ayrshire Council
Dr David Matthewson, General Practitioner, NHS Ayrshire & Arran
Susan McCardie, Community Safety Officer, South Ayrshire Council
Jim McHarg, Community Learning & Development Manager, North Ayrshire Council
Catrina O’Neil, Schools’ Drug & Alcohol Education Coordinator, East Ayrshire Council
Laurie-Anne Palmer, Community Planning Officer, East Ayrshire Council
Kirsty Orr, Healthcare Manager, NHS Ayrshire & Arran (until October 2012)
Alex Paton, North Ayrshire Public Partnership Forum (from March 2013)
Ged Quirk, Integrated Children’s Services Manager, South Ayrshire Council (until December 2012)
Lesley Reid, Health Promotion Manager, NHS Ayrshire & Arran
William Robertson, North Ayrshire Public Partnership Forum (until February 2013)
Helen Strainger-Boyce, Performance Manager, NHS Ayrshire & Arran
Carol Souter, Learning Disabilities Nurse, NHS Ayrshire & Arran
Gina Steven, Team Leader Eating Disorder Service, NHS Ayrshire & Arran
Mary Urquhart, Medical Specialties, NHS Ayrshire & Arran (from December 2012)

APPENDIX 2: MEMBERS OF TASK & FINISH GROUPS

Availability and affordability of healthier food and drinks

Louise Benson, Head of Profession – Dietetics, NHS Ayrshire & Arran (Chair) (until April 2013)
Ruth Campbell, Consultant Dietitian in Public Health Nutrition, NHS Ayrshire & Arran
Isabella Dickie, Head of Clinical Support Services (South), NHS Ayrshire & Arran
Hilary Ianotti, Facilities Coordinator, South Ayrshire Council
Andrew Kennedy, Acting Head of Facilities, East Ayrshire Council
Karen Hamilton, Catering Team Lead, North Ayrshire Council
Carolyn Paton, Dietetic Lead East, NHS Ayrshire & Arran
Helen Strainger-Boyce, Performance Manager, NHS Ayrshire & Arran

Increased knowledge, skills and empowerment

Margaret Burns, Community Learning & Development Department, South Ayrshire Council
Ruth Campbell, Consultant Dietitian in Public Health Nutrition, NHS Ayrshire & Arran (Chair)
David Matthewson, GP, NHS Ayrshire & Arran
Jim McHarg, Community Learning & Development Manager, North Ayrshire Council
Catrina O'Neil, Schools' Drug & Alcohol Education Coordinator, East Ayrshire Council
Ged Quirk, Integrated Children's Services Manager, South Ayrshire Council (until December 2012)
Lesley Reid, Health Promotion Manager, NHS Ayrshire & Arran
Fiona Smith, Team Leader Community Food Work & Health Promotion Team, NHS Ayrshire & Arran
Carol Souter, Learning Disabilities Nurse, NHS Ayrshire & Arran
Gina Steven, Team Leader Eating Disorder Team, NHS Ayrshire & Arran

Physical activity, built and natural environment

Angie Bennett, Leisure Development Manager, East Ayrshire Council (Chair)
Cheryl Brady, Active Schools Manager, East Ayrshire Council
Fiona Cameron, School Travel Plan Coordinator, North Ayrshire Council
Ruth Campbell, Consultant Dietitian in Public Health Nutrition, NHS Ayrshire & Arran
Linda Chisholm, Community Health Development Manager, East Ayrshire Council
Shirley Curran, Development Plan Planner, South Ayrshire Council
Karl Doroszenko, Development, Planning & Regeneration Manager, East Ayrshire Council
Andrew Hale, Health Improvement Officer, North Ayrshire Council
Kevin Howell, Quality Improvement Officer, North Ayrshire Council
Joanne Inglis, Health Promotion Officer, NHS Ayrshire & Arran
Susan McCardie, Community Safety Officer, South Ayrshire Council
Christine McManus, Travel Plan Coordinator, East Ayrshire Council

Louise Kirk, Outdoor Access Officer, North Ayrshire Council
Cathy Roarty, Lead Public Health Practitioner, NHS Ayrshire & Arran
Damian Shannon, Health Promotion Officer, NHS Ayrshire & Arran (until December 2012)
Rachel Shipley, Outdoor Access Officer, South Ayrshire Council

Weight management

Janey Anderson, Activity for Health Officer, South Ayrshire Council
Joanne Anderson, Practice Nurse, NHS Ayrshire & Arran
Louise Benson, Head of Profession – Dietetics, NHS Ayrshire & Arran (Chair) (until April 2013)
Alan Brown, Health Promotion Officer, NHS Ayrshire & Arran
Lorne Campbell, Business Manager, KA Leisure
Ruth Campbell, Consultant Dietitian in Public Health Nutrition, NHS Ayrshire & Arran
Linda Chisholm, Community Health Development Manager, East Ayrshire Council
Fiona Comrie, Senior Health & Fitness Officer, KA Leisure
Jane Cook, Lead Diabetes Nurse, NHS Ayrshire & Arran
Margaret Gibbons, Ward Manager, Ailsa Hospital, NHS Ayrshire & Arran
Joanne Inglis, Health Promotion Officer, NHS Ayrshire & Arran
Pam Lindsay, Bariatric Dietitian, NHS Ayrshire & Arran
Marian McBride, Weight Management Dietitian, NHS Ayrshire & Arran
Alison McDonald, Physiotherapy Mental Health Team Leader, NHS Ayrshire & Arran
Kevin McMahan, Bariatric Nurse, NHS Ayrshire & Arran
Carolyn Paton, Dietetic Lead East, NHS Ayrshire & Arran
Carolyn Wyper, Keep Well Programme Manager, NHS Ayrshire & Arran

APPENDIX 3:

Section A: Standard Impact Assessment Process Document

NHS Ayrshire & Arran Standard Impact Assessment Process Document



Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: Name of Document

Ayrshire and Arran Healthy Weight Strategy

Q1 a: Function Guidance Policy Project Service Other, please detail

Q2: What is the scope of this SIA

NHS A&A Service Specific Discipline Specific Other (Please Detail)
Wide

This strategy has been developed in partnership with the 3 local authorities and a representative from the North Public Partnership Forum

Q3: Is this a new development? (see Q1a)

Yes No

Q4: If no to Q3 what is it replacing?

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Ruth Campbell, Consultant Dietitian in Public Health Nutrition, NHS Ayrshire & Arran
Gina Steven, Team Leader Eating Disorder Team, NHS Ayrshire & Arran
Joanne Inglis, Health Promotion Officer, NHS Ayrshire & Arran
Angie Bennett, Leisure Development Manager, East Ayrshire Council

Q6: Main SIA person's contact details

Name:	Ruth Campbell	Telephone Number:	01292 885843
Department:	Public Health	Email:	ruthcampbell@nhs.net

Q7: Describe the main aims, objective and intended outcomes

The aim of the Healthy Weight Strategy is to halt the rise in the levels of overweight and obesity among children and adults by 2024 and ultimately reduce them.

The strategy will address: food and drink, activity, the built and natural environment; the prevention and treatment of obesity; all population groups, taking a life course approach; a number of settings; reducing inequalities; and a long term approach.

The intended outcomes of the strategy are detailed on pages 13 – 21 of the strategy (attached)
The strategy will be delivered by a range of public sector and community partners through local implementation plans.

Q8:

(i) Who is intended to benefit from the function/service development/other(Q1a) – is it staff, service users or both?

Staff Service Users Both Please identify _____

(ii) Have they been involved in the development of the function/service development/other?

Yes No

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Comments: Various representatives from each local authority have been involved in both the strategy group and across 5 task and finish groups. 2 stakeholder events were held; one in January 2011 and one in January 2013, attended by over 175 people. Engagement has taken place with the public partnership forums and a member of the North PPF has been active in the development of the strategy.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments: The strategy has been developed using the Scottish Government's Obesity Route Map, recommendations from Good Places Better Health, and NHS Health Scotland's Healthy Weight Outcomes Framework. Volume II of the Healthy Weight Strategy contains information on the demographic profile of the Ayrshire population, details on the prevalence of overweight and obesity in children and adults in Ayrshire compared to Scotland, and details on local and national policy drivers. This information underpins the evidence for the strategy, the identified target groups and the activities identified in the action plan.

Q9: When looking at the impact on the equality groups, does it apply within the context of the General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments
				Provide any evidence that supports your answer for positive, negative or neutral incl what is currently in place or is required to ensure equality of access.
Age	x			Whilst the strategy focuses on all age groups, there will be an additional positive impact on children and young people which reflects the national policy drivers and preventative approach.
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	x			The strategy takes an inclusive approach and a representative from the Learning Disability Service has been involved in the development of the strategy.
Gender Reassignment			x	No impact
Marriage and Civil partnership			x	No impact
Pregnancy and Maternity	x			One of the key themes in the strategy is to improve maternal and infant nutrition.
Race/Ethnicity			x	No impact
Religion/Faith			x	No impact
Sex (male/female)			x	No impact
Sexual orientation			x	No impact
Staff (This could include details of staff training completed or required in relation to service delivery)	x			A number of activities identified in the action plan are targeted at staff. The strategy will have a positive impact on service provision by ensuring consistency of information and support to practitioners.
Cross cutting issues: Included are some areas for consideration. Please amend/add as appropriate. Further areas to consider in Appendix B				
Carers	x			The strategy contains activities that target carers which will have a positive impact on them and those in their care.
Homeless			x	Not identified as a specific target group nationally or locally for obesity, however, they will be included in general prevention activity.
Involved in Criminal			x	This strategy will not specifically

Justice System				consider those in the criminal justice system as this is already covered in the health promoting prisons action plan.
Language/ Social Origins			x	No impact
Literacy			x	No impact
Low income/poverty	x	x		The strategy recognises the need to target the most deprived communities. However, a potential negative impact of the strategy could be that not all activities will be provided free of charge therefore may act as a barrier to uptake and participation for some.
Mental Health Problems			x	This strategy will not specifically consider those with mental health problems as work is already being taken forward by Mental Health Services in each locality.
Rural Areas			x	No impact

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes No

Q11: Is a full EQIA required?

Yes No

Please state your reason for choices made in Question 11.

No significant negative impacts identified through the screening process.

If the screening process has shown potential for a high negative impact you will be required to complete a full equality impact assessment (see guidelines).

Date EQIA Completed

08 / 07 / 2013

Date of next EQIA Review

DD / MM / YYYY

Signature

Ruth Campbell

Print Name

Ruth Campbell

Department or Service

Public Health

Section C: Quality Assurance

QA Section

Lead authors details?

Name:	Ruth Campbell	Telephone Number:	01292 885843
Department:	Public Health	Email:	ruthcampbell@nhs.net

Does your policy / guideline / protocol / procedure have the following on the front cover?

Version Status	<input checked="" type="checkbox"/>	Review Date	<input checked="" type="checkbox"/>	Lead Author	<input checked="" type="checkbox"/>
Approval Group	<input checked="" type="checkbox"/>	Type of Document (e.g. policy, protocol, guidance etc)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Does your policy / guideline / protocol / procedure have the following in the document?

Contributory Authors	<input checked="" type="checkbox"/>	Distribution Process	<input checked="" type="checkbox"/>	Implementation Plan	<input checked="" type="checkbox"/>
Consultation Process	<input checked="" type="checkbox"/>				

Is your policy / guideline / protocol / procedure in the following format?

Arial Font	<input checked="" type="checkbox"/>	Font Size 12	<input checked="" type="checkbox"/>
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Signatures

Lead Author:	Ruth Campbell	Date:	08 / 07 / 2013
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Signature

Ruth Campbell

QA Check	Joanne Inglis	Date:	08 / 07 / 2013
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Signature

J Inglis

Once both signatures above are complete the document can be sent to the approving group for approval (**Sections A&C only**).