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Working in Partnership: An example from a rural area – South Gloucestershire

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The testimony presented in this paper describes the partnership approach taken in South Gloucestershire to bring together a wide range of agencies to develop a unified overarching strategy in the context of physical activity, healthy eating and weight management. The paper looks at the essential elements of a community-wide approach to prevent obesity and the benefits to wider partners. The paper will draw on previous partnership work and considers new opportunities and challenges presented by local and national policy and socio-economic change.

Demographics

South Gloucestershire is the largest Unitary Authority of the ten in the South West stretching from the Severn Estuary in the west to the Cotswolds Area of Outstanding Natural Beauty (AONB) in the east. Its southern boundary borders Bristol, abuts the River Avon and extends almost to Bath.

South Gloucestershire on the whole is a relatively affluent area and deprivation is low compared to national levels. However, pockets of deprivation do exist (the majority bordering the City of Bristol) and there are marked health inequalities within the area. Six Priority Neighbourhood areas (Lower Super Output Areas which consistently show amongst the bottom 20% nationally based on the indices of deprivation) have been identified because they are the most deprived, face the greatest health inequalities and have the greatest health need.

South Gloucestershire is a mixed urban and rural area of great diversity with long-established urban communities, market towns, small villages and substantial new development. South Gloucestershire has three main types of community:¹

- 60% of households live in built up 'urban' areas around the north and east fringe of Bristol
- 20% of households live in market towns.
- 20% of households live in more rural areas.

Over the next two decades life expectancy is expected to continue to improve, although there is a risk that gains will be reduced by increasing levels of obesity. Data from the 2009/10 National Child Measurement Programme show that 9.7% and 16.7% of Reception and Year 6 pupils are obese.² Modelled estimates indicate that 26.2% of all adults are obese.³ Data is consistent with national trends which reflect a higher prevalence of obesity in areas of deprivation.⁴ However, unlike the national picture, Year 6 children from rural areas in South Gloucestershire appear to have higher rates of obesity than in urban areas, although the numbers are small.

Partnership Working in South Gloucestershire – the last 5 years

South Gloucestershire has a strong history of successful partnership working with established relationships between NHS South Gloucestershire, South Gloucestershire Council and the voluntary sector. The South Gloucestershire Partnership, the local strategic partnership for South Gloucestershire, has been the cornerstone for partnership work. The partnership oversees the Sustainable Community Strategy. The Sustainable Community Strategy presents the vision for

¹ South Gloucestershire's JSNA (2008) and The Big Picture for Health and Wellbeing: South Gloucestershire's JSNA (2010)

² NHS Information Centre 2010

³ Department of Health: South Gloucestershire Health Profile 2011

⁴ NHS Information Centre (2010) National Child Measurement Programme: England, 2009/10 school year

the future of South Gloucestershire to 2026. The Sustainable Community Strategy is currently being reviewed with health being identified as one of the four themes within the revised strategy which is currently being consulted on. In the past the partnership was supported by five thematic partnerships which acted as the delivery arm for the Local Area Agreement. However due to the recent national and local changes this is likely to change.

The Local Strategic Partnership has an important role in developing the overall strategy for the area, including action to reduce health inequalities. In order to deliver various National Indicators, Vital Signs and Local Area Agreement targets, a Better Health Partnership (a senior level PCT/LA/voluntary sector group which oversaw local health improvement activity) was established to take a strategic overview of all the health improvement partnership work in South Gloucestershire. The Better Health Partnership was served by a number of specific subgroups (tobacco, food, physical activity, weight management etc) as well as a group with the brief for health inequalities. This approach benefitted all partners and encouraged alignment between the PCT and the local authority. It also led towards the creation of a Joint Health Improvement Operational plan.

The Joint Health Improvement Operational plan supported the delivery of a range of national and local plans and strategies including the PCT Strategic Framework, the Sustainable Community Strategy, the Council Plan, the Children & Young Peoples' Plan and the Local Area Agreement. Several successes were achieved as a result of this partnership. Most notably, a LAA stretch target around adult physical activity participation was achieved a year early. Past partnership work has benefitted from high level strategic champions such as the Director of Public Health and Director of Community Services.

South Gloucestershire's Joint Health Improvement Strategy

Sound partnership working has already underpinned a number of successes across South Gloucestershire such as the Breastfeeding Baby Friendly Initiative, the Active Partnership and the joint cycling city project in Greater Bristol. South Gloucestershire's Exercise on Prescription Award is a nationally acclaimed scheme which was recently awarded the best Public/Voluntary sector Partnership at the National Association for Public Service Excellence (APSE) Award ceremony.

Despite many organisations in South Gloucestershire already making good progress in public health there was a need for a unified overarching strategy to guide and coordinate the various strands of work. As a result, a Joint Health Improvement Strategy⁵ has recently been developed with the aim of improving health and reducing health inequalities and to complement existing strategies that influenced health e.g. Core Strategy, Community Strategy and JLTP3.

Priorities within the strategy were identified from the leading causes of ill health as outlined by the Joint Strategic Needs Assessment (JSNA). The strategy was produced by the South Gloucestershire Partnership on behalf of South Gloucestershire Council, NHS South Gloucestershire and the voluntary and community sector. Stakeholder events were held to engage partners and develop a shared basis for the strategy.

The intention of the strategy is to use an approach that focuses on a set of key behaviours which would collectively tackle the ill health priorities. The key behaviours of physical activity and healthy eating were selected as they have a beneficial impact on cancer, cardiovascular disease, obesity and mental health. An equally important component of the strategy was to help organisations better understand the contribution they made, both individually and in partnership with others toward public health.

⁵ South Gloucestershire's Joint Health Improvement Strategy 2011-2015

As a result of the Public Health White Paper: Healthy Lives, Healthy People⁶, it is now envisaged that the Joint Health Improvement Strategy will form part of a wider health and wellbeing strategy devised by the new Health and Wellbeing Board.

South Gloucestershire's Healthy Weight Strategy

Tackling overweight and obesity requires the involvement of a range of partners, including the NHS, local authority, private sector, patient groups and the voluntary and community sectors. Because of the complex factors (wider determinants of health) that can lead to obesity, the problem will not be reversed by any single approach.

With the increasing pressure on resources due to socio-economic changes, the appeal of working with other organisations has never been greater in order to become more cost-effective and improve health outcomes. Whatever the local disparities around current service provision that potentially influence the prevention and management of overweight and obesity, there are no doubt benefits to be realised from greater partnership working and the development of innovative programmes that straddle both the physical activity and healthy eating agendas.

Many of the wider influences on health lie outside the NHS's remit or control, and it is increasingly recognised that local government, the voluntary sector and community groups, businesses and commercial firms all have important contributions to make. The NHS itself can only directly control about 10% to 20% of health outcome. The remainder is a consequence of the actions of organisations that influence the wider determinants of health such as education, income, employment, transport, environment and housing. Many different organisations play a part in creating the conditions for good or poor health. Therefore any strategies to tackle ill health must involve partners who can influence these determinants with the aim to reduce the negative determinants of ill health and increase positive determinants⁷

South Gloucestershire is not immune to the obesity epidemic. The increasing prevalence of obesity across South Gloucestershire has meant that tackling obesity has become a priority for the area. Over the last 9 months good progress has been made in developing a new Healthy Weight Strategy⁸ with the aim to prevent overweight and obesity and support those individuals above the healthy weight range.

To take this work forward a healthy weight strategy group was established to oversee and coordinate the development of the strategy. This strategic partnership was formed to provide the governance for and actively monitor progress on delivery of programmes concerning healthy weight, physical activity and weight management.

Identifying the right partners to support and oversee the development of the healthy weight strategy has been critical to ensure strategic buy in and alignment with local plans. Traditionally partners and departments within local authorities have often operated in silos. The challenge for the Healthy Weight Strategy was to achieve greater value and effectiveness by leadership and engagement across these boundaries.⁹

Some success has already been forthcoming due to public health relocating into local authority premises in April 2011. This has presented a number of opportunities that has enabled a more joined up approach in tackling obesity by improving dialog on public health issues via lunch time seminars. The key stakeholders and drivers behind the healthy weight strategy have been Public

⁶ Department of Health (2010) Healthy Lives Healthy People: Our Strategy for Public Health

⁷ Shircore, R. (2010) Guide for World Class Commissioners- Promoting Health and Wellbeing: Reducing Health Inequalities

⁸ South Gloucestershire's Healthy Weight Strategy 2011-15 (draft)

⁹ Ballantyne, R. (2011) Active Planning Toolkit: Promoting and creating built or natural environments that encourage and support physical activity

Health supported by the Local Government, NHS and the voluntary sector. A newly appointed obesity and physical activity lead in 2010 was ideally placed to facilitate a better approach to collective partnership working and bring together a wide range of partners.

Membership of the Healthy Weight Strategy Group

The list below is not exhaustive, but identifies key partners who have been involved in developing the strategy:

- South Gloucestershire PCT – Public Health, Primary Care Dietetics, CYP commissioners
- North Bristol NHS Trust - School Health Nurse Service, Health Visitors
- South Gloucestershire Council – Environmental Health, Sports Development, Transport, Children and Young People, Traded and Support Services, Planning
- County Sport Partnerships
- South Gloucestershire Sport and Physical Activity Network (CSN's)
- Circadian Leisure Trust
- The Care Forum / CVS
- South Gloucestershire Dance
- Schools Sports Partnership
- UWE/Bristol University
- Schools
- Primary Care
- Early Years Settings
- Housing (Social Housing)

A key component in developing the strategy has been for partners to adopt shared ambitions, agree priorities and commit resources that would contribute appropriately to implementing plans for shared ownership. This was seen as an important part of the process, as obesity strategies are often viewed as an 'NHS problem', and as such, difficulties can arise in engaging partners to recognise their contribution toward the obesity agenda.

The Life Course Approach

South Gloucestershire's multi-agency approach to tackling obesity focuses on helping people gradually make healthy choices from cradle to grave, starting with breastfeeding and continuing into a healthy and active old age. To this effect, a life course approach has been adopted by the strategy which views the action and behaviour of individuals in the context of the continuum of their lives from birth to death, and transition through various life stages and transition points.¹⁰

Six life stages have been identified that form the focus of proposed work: pregnancy and first year of life, early years and pre school, young children (key stage 1 & 2), young people (11-19yrs), adults (20-65yrs) older people (65+yrs). These were supported by several cross cutting themes which stretched across all life stages including: data collection, communications and the built environment. It was recognised that the built environment warranted an action plan in its own right, as the impact of policies which reverse the obesogenic environment are preferable.¹¹ The heart of this strategy will be a focus on preconception to early year's interventions as it has been found that the likelihood of developing childhood obesity is largely determined by the age of five.¹²

¹⁰ Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, et al. (2007) Foresight tackling obesities: Future choices – project report. 2nd Edition. London: Department for Innovation, Universities and skills

¹¹ Swinburn et al (2011) The global obesity pandemic: shaped by global drivers and local environments. Lancet 378: 804-14

¹² Gardner, D.S. Hosking, J. Metcalf, B.S. Jeffery, A.N. Voss, L.D. & Wilken (2009) Contribution of Early Weight gain to Childhood Overweight and Metabolic Health: A longitudinal study (early bird 36) Paediatrics 23:67-73

An important element of the strategy was that organisations and community groups had the opportunity to contribute their thoughts, ideas and expertise into the planning process. This was seen as a significant factor to establish a sense of ownership over the action plan and empower partners to deliver against the agreed objectives.

Due to the causes of obesity being far reaching and the vast number of partners able to influence individual behaviour change across the community, several sub groups were created to look at the key life stages in greater detail. Three sub groups, each responsible for two life stages, were established to map current service provision around the prevention and treatment of obesity. Membership of these groups involved both strategic and operational partners to ensure wide spread representation.

The sub groups were required to undertake the following objectives:

1. identify gaps in provision and recommend interventions based on evidence based practice (using local and national evidence).
2. identify vulnerable groups at risk of developing obesity and review the evidence base on opportunities across the life course that positively influence physiology, individual behaviours and environmental factors.
3. develop an action plan for each of the life stages with clear outcomes that partner agencies could deliver against.

Tackling Health Inequalities

One of the aims and challenges of the strategy is to empower communities to take local action to promote a healthy weight. It is envisaged that this will be achieved by community lead groups based within each of the six Priority Neighbourhoods. These groups have recently been formed with support of the Safer and Stronger Partnership, and have identified health priorities for each of the localities over the short, medium and long term. These groups are chaired by town, parish councils or a CVS organisation and made up of a range of organisations, volunteers and community representatives. The groups will play a key role in shaping the healthy weight strategy through consultation and links through to the Safer and Stronger Partnership. Empowering these groups to take responsibility for local action in their own area, facilitated by the PCT and local authority, will help influence behaviour at a community level. The voluntary and community sector will play a major role in the delivery of the strategy to support local communities in taking responsibility for their own health.

Addressing health inequalities is an overarching theme running across the strategy aiming to support those individuals in areas of greatest health need. Evidence shows that there is a relationship between obesity and levels of deprivation and that focusing solely on the most disadvantaged will not necessarily reduce health inequalities sufficiently.¹³ The strategy sets out the approaches which are required to tackle health inequalities which are proportionate to the level of social and economic disadvantage. This will be achieved by allocating resources based on priorities identified within the JSNA.

Objectives and actions within the strategy have been selected and prioritised by partners on the grounds that they:

- address the health priorities for the area
- are at an appropriate scale to have a significant impact.
- are efficient in that the benefits are high in relation to resources involved
- are based on evidence of effectiveness and/or will be evaluated to measure effectiveness – however the strategy will encourage innovative solutions for the whole community

¹³ The Marmot Review (2010) Fair Society, Healthy Lives; Strategic Review of Health Inequalities

Communication

As with all successful partnerships, strong communication has enabled a more comprehensive, holistic, better coordinated and therefore more effective package of measures to be developed across the district. Information sharing between the local authority, PCT and voluntary and community sector is enhanced via Better Health Seminar's. These quarterly workshops raise awareness of public health issues and enable partners to share good practice. Information for practitioners and organisations working in obesity related fields is also communicated by quarterly newsletters.

Evaluation and Monitoring

To ensure that resources are put to maximum effect the strategy will draw on the best available evidence on what works. It will utilise local and national data to inform future planning and commissioning of services. The strategy will commission at both the individual (helping people make informed choices about their health) and the population level (built environments). It is recognised that by commissioning at a population level services are more likely to achieve greater value for money and harness the considerable resources the community itself has to offer.¹⁴ Partners in South Gloucestershire are conscious that where the evidence base is weak or non-existent, programmes or certain approaches to encourage a healthy weight should be piloted prior to full scale investment or integration into formal healthy weight pathways.

A recent review of adult obesity services across South Gloucestershire noted a strong evaluative culture¹⁵ with established links to local universities. This has been supported by a district wide database and business intelligence system that serves a wide range of health improvements programmes. This has enabled the monitoring of services such as exercise on prescription, walking to health and the tracking of leisure service users. This intelligence is used to support the development of service specifications with clear outcomes for performance monitoring. Smart Intelligence is also gathered and analysed from 'Active Card' data that utilises social marketing to encourage healthy behaviours and promote local services to specific target groups.

Evaluating interventions which aim to support people who are already overweight are less complex in comparison to those interventions aimed at preventing obesity. Putting together a business case for preventative services can be challenging with commissioners needing to weigh the relative benefits of effective interventions reaching a modest number of people against less effective interventions reaching wider populations.¹⁶ This is particular evident for interventions which aim to improve the environment i.e. Health Impact Assessments (HIA's). It is expected that the evaluation of the new Healthy Weight Strategy will be achieved using a range of proxy measures such as breastfeeding, physical activity and obesity prevalence.

Transport and the Built Environment

The success of the Healthy Weight strategy will be reliant on changing many aspects of people's lives and the need to change the current environment we live in that discourages obesity related behaviour. Recent work has been undertaken to pilot a Health Impact Assessment in South Gloucestershire which has strengthened ties with the local planning and transport teams.

South Gloucestershire's JSNA supports the need to ensure that spatial planning and design enhance the health of residents e.g. through increased opportunities for active travel. South Gloucestershire have benefited from a New Communities Coordinator at South Gloucestershire Council who provides an invaluable role in championing healthy lifestyle needs within spatial

¹⁴ Shircore, R. (2010) Guide for World Class Commissioners- Promoting Health and Wellbeing: Reducing Health Inequalities

¹⁵ GOSW (2010) Healthy Weight, Healthy Lives: South West Region Peer Review for South Gloucestershire

¹⁶ Gartmaker et al (2011) Changing the future of the obesity: science, policy and action. Lancet. 378:838-47

planning, including seeking section 106 agreements for inter alia open spaces, community meeting spaces and libraries – all of which provide venues and locations for physical and educational activities supporting healthy lifestyles.

South Gloucestershire's approach to active transport reaches further than solely reducing carbon emissions and recognises the wider impact to public health. Strong partnership working has underpinned a number of successes. The success of the Cycling City initiative has helped bring about a strong cycling renaissance in Greater Bristol. New dedicated on-road cycle lanes, new traffic-free routes, 3400 new cycle parking spaces, as well as cycling training and lots of other 'softer measures' projects encouraged thousands of people to saddle up.

Cycle City project is very comprehensive in working with a range of businesses, schools and community settings (targeted through the use of MOSIAC). This momentum is continuing through the Local Sustainable Transport Fund (LSTF), which sees a West of England partnership working to improve transport routes and services between towns and cities. The project has already received £5 million of funding for sustainable travel adding up to £11 million to be spent locally on key commuter routes. This approach will be further complemented by a new Active Travel Strategy currently in development and will link to the Healthy Weight Strategy.

Conclusion

This paper has highlighted that there are many key elements to a community wide approach to address obesity. Working in partnership with organisations and communities which can influence the determinants of obesity is an important factor in delivering successful strategies. It is important that community interventions are based on the best available evidence and where evidence is weak, it is important to actively encourage and support innovative approaches which include robust evaluations. The importance of obesity needs to be recognised at a strategic level to ensure that it is prioritised and integrated into high level planning. This needs to be supported by strong leadership that can engage partners to adopt shared ambitions and agree priorities.

The Local Government's new responsibilities for public health will present a number of opportunities to ensure that there is a much more joined up approach in tackling obesity. It will offer the opportunity of Public Health being better integrated with areas such as social care, transport, leisure, planning and housing. The role of the voluntary and community sector can also play a role in supporting local communities toward taking responsibility for their own health.