
Ten Years On: A Long-term Vision for Tackling Obesity

Stockport's Healthy Weight Strategy

Draft for consultation

06/09 LWP

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Foreword and Vision

There is no doubt that in terms of public health, obesity is a modern day epidemic. However, unlike many other diseases which have reached epidemic proportions, it is not a communicable condition. There is no vaccine or immunisation against obesity; and it is largely within our own control to prevent it.

It is entirely appropriate to think of obesity as an epidemic when we consider current UK data on the prevalence of obesity and the predictions for the next 40 years.

Today around two-thirds of adults in the UK are overweight or obese and a third of children. If we do nothing to step in to change this situation, it is predicted that by 2050, 60% of adult men, 50% of women and 25% of children under 16 will be regarded as clinically obese (Foresight: Tackling Obesities, Future Choices, 2007).

The individual health impact and wider social and economic implications of such a scenario are significant with rises in chronic and often incurable diseases such as type 2 diabetes, coronary heart disease, stroke and cancer predicted. The NHS' costs of treating obesity-related conditions could double to £10 billion per year by 2050 and costs to business and wider society could reach around £50 billion per year (Foresight, 2007) e.g. in working time lost due to ill-health, through essential care being provided by parents and families for people with chronic illness due to obesity and by the potential loss of human capital from the economy.

Whilst this portrays a worst-case scenario, it is necessary to take steps now to prevent this becoming a potential reality as our current circumstances have been at least 30 years in the making and it may take just as long to permanently reverse this trend. This is why we have chosen to work to a 10-year vision in Stockport, as the fundamental issues that underlie obesity will not change in the next decade. We will track our progress towards this vision using a 3-year action plan with a review of progress at the end of each 3-year cycle.

Treating obesity as a straightforward 'metabolic imbalance' in individuals - eating too much and exercising too little – overlooks and fundamentally oversimplifies the wider social causes of obesity such as our car-dependent lifestyles; changes in how much freedom parents allow their children to play outdoors; a greater preference for fast and convenience food and less cooking from ingredients; more sedentary working

conditions; and high tech environments which can sometimes unwittingly make walking, cycling and outdoor play and activity the least attractive and most difficult option.

There are some green shoots of progress that are already beginning to emerge such as the broad and growing interest in renting allotments often to 'grow your own' fruit and vegetables, the hard-won progress made around sustainable transport options, the growth and ongoing development of the healthy schools movement including the much improved nutritional content of school meals and the recognition by many new mothers of the value of breastfeeding for health in infancy, early childhood and even beyond.

Our vision for Stockport ten years from now is that we will have genuinely moved towards becoming a 'healthy town'. We will have gained wide recognition of and support for the obesity strategy amongst partners and residents and both will understand their individual, community and organisational responsibilities towards reducing levels of obesity and be making tangible progress towards this.

Parents, children and frontline health and social care workers will understand and be able to enter into an easy and non-stigmatised dialogue about weight and will recognise the importance of preventing and treating sudden or accumulative weight gain at any age.

Our understanding of the main risk factors influencing weight gain and what motivates people to lose weight during the lifecourse will be enhanced and we will proactively use these insights to prevent and reduce levels of overweight and obesity across the Stockport population.

We will understand better what types of service provision and 'interventions' work for men, women and children and also specifically vulnerable groups such as people living in disadvantaged circumstances and people with disabilities; and we will commission services appropriate to and at the right scale to meet these diverse needs.

And finally, evidence gathered through the childhood measurement programme will demonstrate that childhood obesity is showing a reducing trend.

We are committed to achieving this vision by working to a set of principles which will underpin all our work. These are:

- Collaboration and partnership working – we will actively promote joint commissioning between NHS Stockport and Local Authority and ensure effective multi-disciplinary working, planning and sharing of information
- Strong leadership through strategic partnerships
- To reduce health inequalities and target those in greatest need
- Actions will be informed by evidence based practice but this will not restrict our ability to innovate where appropriate
- Early intervention and prevention
- Maximise internal and external funding and resources
- A consistent approach to key messages and an holistic approach to health and wellbeing
- Children, young people and adults should be involved through both consultation and participation to assist with service planning.
- All staff are well trained and all work is evaluated

Stockport's Healthy Weight Strategy - Executive Summary

Overview

The prevention and reduction of obesity is one of the major public health challenges facing England today. Excess weight increases the risk of a range of chronic diseases including type II diabetes and the two major killers - heart disease and cancer. Obesity reduces life expectancy by an average of 9 years.

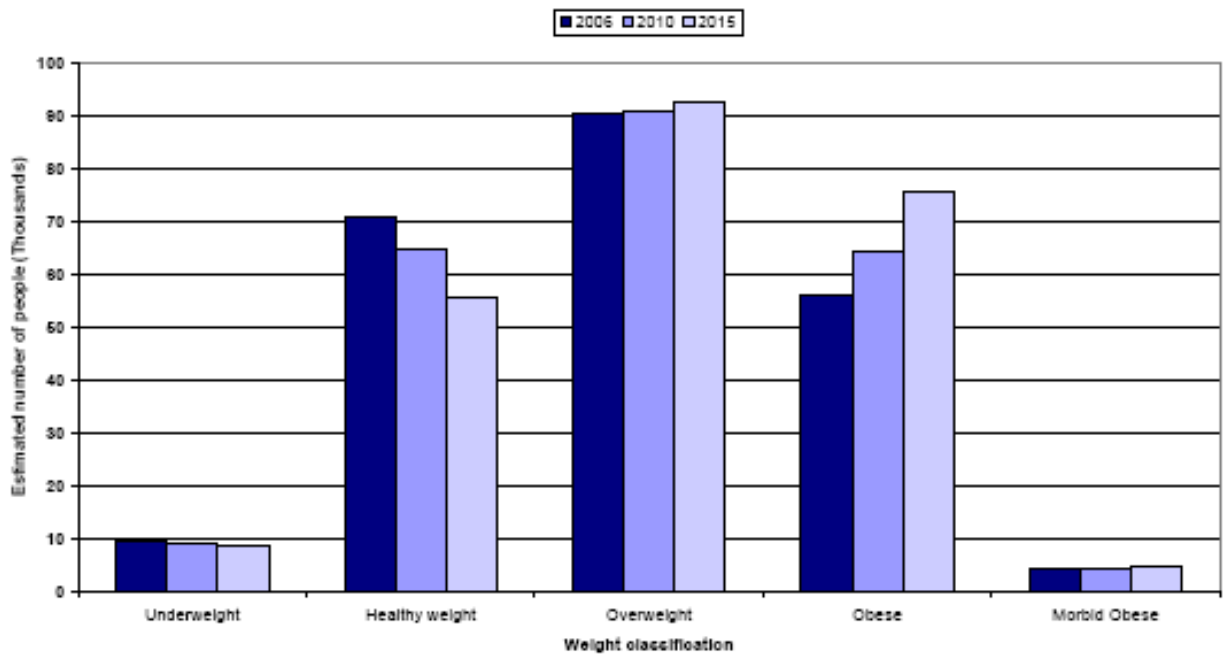
Being overweight or obese has become the norm. Two out of three adults are now overweight or obese, with one in four men and women classified as obese. More alarmingly a third of children are now overweight or obese, and as such, tackling childhood obesity is both a national and local priority.

Levels of obesity have trebled since the 1980s. This rapid increase cannot be attributed to genetic changes, or solely to individual behaviour, but to the impact of modern lifestyles in an increasingly 'obesogenic' society – that is one in which environmental and social factors impact negatively on our ability to maintain a healthy weight.

Obesity was on the public health agenda in Stockport in 1997 with the publication of the borough's first obesity strategy and this was firmly reinforced in 2005 when a number of priority public health issues were agreed through the Public Health Partnership Board of which obesity was one. This was followed by an update in 2006 and in 2008 a broad review, commissioned jointly by the local Director of Public Health and the Executive Council Member for Adults and Health, of work that contributes to obesity prevention and treatment.

This latest refresh of the strategy comes as a response to the 2008 review, the need for a whole system response to this public health issue and the publication of the cross-government obesity strategy Healthy Weight, Healthy Lives (2008). It seeks to align Stockport's strategy with national policy, greatly expanding preventative arenas, sustaining and building on efforts made to date.

Projection of weight classifications in Stockport based on Foresight Report,
Persons, 2006-2015



Healthy Weight Healthy Lives announced a new ambition of a healthy weight for all. The strategy highlighted the need for a long term approach and set out a new Public Service Agreement target for England:

'Our ambition is to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight. Our initial focus will be on children: by 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels' HWHL 2008

Obesity is a complex, multi-faceted problem and as such demands a multi-agency or whole system response, advocated in the Foresight Report, Tackling Obesity, Future Choices (2007). Therefore this strategy is backed by an action plan which details commitments from a range of local partners who all have a role to play in tackling excess weight.

There are already a number of existing services in Stockport for children and adults, which help to treat obesity (see appendix X and section x), and a number are under development, but we recognise that treatment alone will not solve the problem. One of the challenges in any strategic approach to obesity is to be able to meet demand and to a certain degree create the demand for services by individuals and families themselves. In some instances, for example, available services are undersubscribed

as people appear to accept that being overweight is the norm. That is why we have to rise to the challenge to tackle not only issues around diet and physical activity - but also broader behaviour change.

A major factor in tackling obesity is to raise awareness, through as many media and professional contacts as possible, about the wide health risks of obesity and to utilise social marketing to tap into what motivates different groups of people to change for the better their habits and overall lifestyle.

A commitment to tackling health inequalities

Evidence confirms that people who experience the worst general health are those who live in the areas of highest deprivation, therefore, this strategy must make reference to the Stockport Health Inequalities Strategy (2007). The Health Inequalities Strategy, focuses attention on the 40% most deprived areas of the borough and recognises that the gap between the most and least affluent areas in Stockport is *potentially* widening at one of the fastest rates in Greater Manchester. Reducing levels of obesity is one of the strategy's key priorities.

In Stockport adult overweight and obesity increases with deprivation. This pattern is mirrored by national data. Rates of childhood obesity are highest in the second most deprived quintile in the borough – Northwest data is showing similar trends. As such, reducing levels of obesity is one of the Health Inequalities Strategy's five key aims, and a key priority for the Children's Trust.

There are also a number of population groups who are more likely to become overweight or obese, or experience health problems due to excess weight at an earlier stage of weight gain. Therefore the identification and needs of those at greatest risk must be addressed.

Inequality also exists for already vulnerable groups such as people with a range of disabilities who may be more likely to be overweight but for whom mainstream services may not be appropriate or fully accessible.

In the process of developing the strategy and our key aims, a 'life course' audit was conducted to consult with partners to :

- capture the wide variety of activities happening locally across all sectors and all age ranges

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- identify the range of local policies and strategies already in existence
 - inform gap analysis
 - ensure that there is no duplication
 - identify the need for any rationalisation
 - develop networks to facilitate a co-ordinated whole-system partnership approach

As well as information-gathering, this process raised awareness about obesity issues in multi-agency settings in the district – including the Local Authority and NHS workforce. It also ensured that current work undertaken by schools, food groups, physical activity, leisure and sports partnerships, made links with a wider range of diverse partners such as local planning, transport, parks, breastfeeding and weaning, early years, parenting, Arts, culture and visitor attractions, Libraries and the Third Sector e.g. Age Concern.

An integrated Obesity Strategy Group was established to bring together high level partners to agree key priorities and adopt a whole-system approach

This process has resulted in the following 8 key aims:

- KEY AIM 1:** Capture the extent, profile of obesity and overweight in Stockport and use key principles (eg evidence based practice) to underpin prioritisation, decision making and delivery
- KEY AIM 2:** Establish a culture where every child grows up eating well and being active;
- KEY AIM 3:** Promote Healthier Food Choices;
- KEY AIM 4:** Build Physical Activity into our lives;
- KEY AIM 5:** Develop a supportive environment and green infrastructure that promotes healthy lifestyles
- KEY AIM 6:** Support health at work and provide incentives more widely to promote health;
- KEY AIM 7:** Provide and commission effective services that identify, advise, refer and treat those at risk;
- KEY AIM 8:** Communications – effectively promote and coordinate health messages and use of social marketing insight

In order to make this happen we need to drive this through the following cross cutting themes:

- Promote equity in access to services targeting those in greatest need
- Swift access to high quality services
- Improve evidence based practice
- NICE public health programme guidance used to inform strategy development
- Emphasis on Partnership working
- Neighbourhood links – responding to local need
- Performance management
- Developing and initialising care pathways.
- use of opportunities of national programmes such Change4Life range of initiatives including Start4life (breastfeeding) and Adults from Jan 2009

In the Obesity agenda, emphasis is shifting towards large scale prevention: encouraging all to take personal responsibility for things they can do to maintain a healthy weight will assist the chances of good long term health. Following the stewardship model it is clear that Local Authorities, PCT's and other government partners have responsibilities to provide the conditions or environment which encourage people to remain healthy, especially in relation to health inequalities, where people are struggling with social and economic disadvantage.

A King's Fund survey in 2004 (Public Attitudes to Public Health Policy, 2004) concluded that:

- a) Most people (89%) agreed that individuals are responsible for their own health
- b) 86% said the Government should intervene to prevent illness by providing information and advice.

The King's Fund research concluded:

'Support is strongest across the social spectrum for 'encouraging' measures that inform and advise, warn about health risks and encourage employers to promote health. 'Enabling' measures that help to create favourable social, economic and

environmental conditions are also strongly supported, especially by lower social groups.’

Local Authorities and the NHS have a captive audience - and social marketing can help us to address how we win hearts and minds.

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BACKGROUND

Defining Overweight and Obesity

Obesity and overweight are the terms used for excess body fat levels which evidence shows lead to poor health. The likelihood of developing life-threatening illnesses becomes significantly more likely as body weight increases. The weight at which you can be classified as obese or overweight depends on your height, gender and ethnicity, but is relatively easy to work out by BMI measurement and waist circumference.

BMI is an effective measure of weight status but is a less accurate measure of adiposity in adults who are highly muscular; results should therefore be interpreted with caution and used alongside other measures such as waist circumference (National Institute of Clinical Excellence, 2006). The National Institute of Clinical Excellence (NICE) recommends that waist circumference should be used in addition to BMI, to measure central adiposity and disease risk in individuals with a BMI less than 35kg/m². The distribution of excess fat is important because fat which is stored around the abdomen is closely linked to diseases such as CHD and diabetes (NICE, 2006). Measuring waist circumference can therefore be useful to assess whether an individual's weight can lead to health problems. (NICE, 2006).

Excess weight is estimated by calculating the Body Mass Index (BMI), which is calculated by dividing a person's weight by the square of their height. The higher the BMI, the more likely that the person has higher body fat mass. Table 1 shows the currently accepted classification of adult BMI to indicate whether or not a person has excess weight:

Table 1. Body mass index categories in adults.

Body mass index (kg/m ²)	Weight classification
Below 18.5	Underweight
Between 18.5 and 24.9	Healthy Weight
Between 25 and 29.9	Overweight
Between 30 and 39.9	Obese

Over 40	Morbidly Obese
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A different classification is used for children because measuring overweight and obesity in children and young people is more complex: The relationship between BMI and being overweight and obese is subject to variation by age, height and gender. To overcome these problems BMI reference charts are used. NICE (2006) recommends the use of the UK 1990 BMI growth reference standards to give age and gender specific information. A child above the 91st centile is considered overweight and above the 98th centile obese (NICE, 2006).

Obesity: Public Health challenge

Being either overweight or obese increases the risk of a range of diseases that can have a significantly negative health impact on individuals. Because the risks rise with BMI* they are greater for those who are obese: the situation we now face has been described as an obesity epidemic.

"We know we must act. We cannot afford not to act. For the first time we are clear about the magnitude of the problem: we are facing a potential crisis on the scale of climate change and it is in everybody's interest to turn things around."

Alan Johnson Health Secretary 2007

What's causing this?

Obesity is not a stand-alone issue but is very much linked to the environment and changes in lifestyle. New factors operating in society are impacting on eating habits and levels of inactivity for example use of the car, increase in sedentary activities, computer use, home-based entertainment, takeaways, more eating on the run, less structured mealtimes, 'grazing', 'treating' etc. In addition multinational markets heavily promote unhealthy food and drink brands, especially to children.

Managing children's relationship with parents - and grandparents – since they are often involved in providing food for children - is also a significant factor in role-modeling healthy (or unhealthy) lifestyles in early life where messages are reinforced. This can lead to a child adopting attitudes and beliefs detrimental to health.

Health effects of overweight and obesity

The consequences of obesity are wide ranging. Obesity leads to premature mortality from cardiovascular diseases, some cancers and is also a significant risk factor for other conditions such as type 2 diabetes which often develops in later life, asthma, high blood pressure, complications in pregnancy, joint problems and respiratory disorders amongst others.

There are links between overweight and obesity and mental health and well-being, including stigmatisation, poor self esteem, depression, bullying and social exclusion.

(See ref doc)

These factors ultimately shorten life expectancy. Severely obese individuals are likely to die on average 9 to 11 years earlier than those with a healthy weight **SOURCE** ; earlier still if obesity is a problem from childhood and early childhood. This is comparable to, and in some cases worse than, the reduction in life expectancy from smoking. Obesity can also limit people's ability to be an active member of society; when it becomes severe it can inhibit living a normal life, as well as impacting on for example fertility and employment. **REFERENCE**

Future national estimates based on current trends predict that levels of obesity will rise to 60 per cent in men, 50 per cent in women, and 25 per cent in children by 2050, with a further 35 per cent of adults and nearly 40 per cent of children (**Ref: Foresight report**)

Costs of Obesity

Although the proportion of adults who are overweight has not changed significantly, **obesity** has increased markedly among both adults and children since the mid 1990s. Latest figures suggest that nationally, almost a quarter of the population (22.7% of men and 23.8% of women) are obese, and nearly two thirds overweight. (Health Survey for England 2004). Wellbeing is not just a health issue; the added costs of largely preventable lifestyle-related conditions (£224 billion nationally annual cost to public services) **S (Marketing course – identify source of figures)** is becoming critically significant. It is vital to recognize the fundamental impact this will have on NHS resources. Obesity places a significant burden on the NHS with direct costs estimated at approximately £4.2 billion, as well as impacting on the wider economy

by £15.8 billion. These figures are forecasted to more than double by 2050. (Health and Lifestyles in the Northwest NWPHO 2009)

The Department of Health commissioned the British Heart Foundation Health Promotion Research Group at Oxford University to prepare estimates for the costs of **inactivity**. For Stockport, the figs for 2006/7 costs to the PCT were estimated at more than £5million (5,255,520) at the rate of £1,874,234 per 100,000 of population.

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National Context

As we have seen in the overview/executive summary, the Government's stated ambition is to be the first major nation to reverse the rising tide of obesity and overweight in the population.

Since 2002 Government documentation has recommended identifying obesity at early stages and intervening. This to date has only had limited impact and for example we do not know where children are turning the corner from being a healthy weight to an unhealthy weight. What we do know is that it is becoming an issue in early childhood, infancy, pregnancy and pre-pregnancy. It is worth remembering that the national target of addresses children who are being conceived at the very time that we are producing this strategy.

Building on Foresight (Tackling Obesities: Future choices – Modelling Future Trends in Obesity and Their Impact on Health)* National guidance and policy documents in 2008/9 have produced reports, including **Healthy Weight Healthy Lives** (HWHL) and associated documents, which focus on 5 main themes:

- Promoting children's health
- Promoting healthier food choices
- Building physical activity into our lives
- Supporting health at work and providing incentives more widely to promote health
- Supporting local commissioning of effective treatment and support when people become overweight and obese

The 'HWHL 1 year on' follow up in 2009 takes things further - and argues that

like many areas of health improvement such as alcohol and smoking, tackling obesity is at the heart of the issue of personal responsibility: what people choose to eat and how active they choose to be. However government plays a significant role in helping support individuals and families in making those choices – by:

- *Helping people make healthier choices eg introduction of calorie values in takeaway meals and restaurants;*

- *Creating an environment that promotes healthy lifestyles – which includes rebalancing promotion of food and drink to children as well as addressing sedentary behaviour and developing a supportive built environment;*
- *Providing effective services that identify, advise, refer and treat those at risk;*
- *Strengthening delivery*

The latter aspect is of particular interest as the government promises to provide funding to combat overweight and obesity by:

* commissioning an evaluation of the role of the regulatory environment in promoting and encouraging physical activity and healthy food choices: Food Standards Agency (FSA)

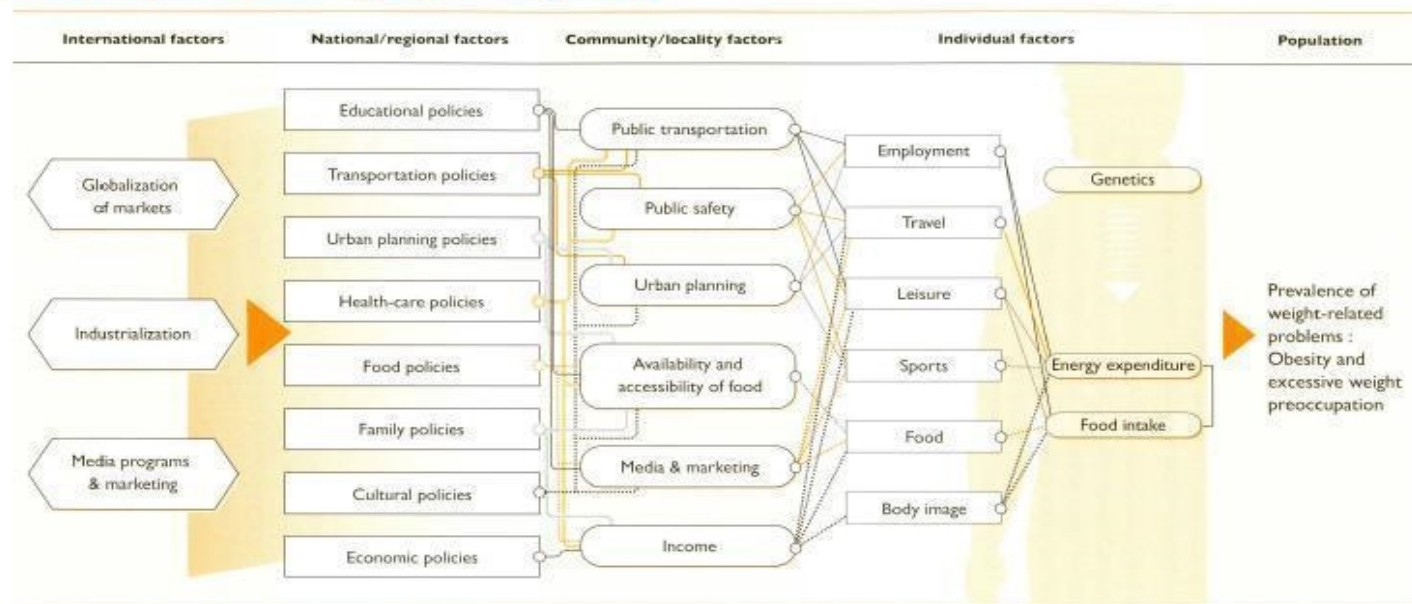
* developing an Obesity Improvement Programme to strengthen local capabilities to both prevent and treat obesity (summer 2009);

* the creation of a toolkit to assist local practitioners evaluate community interventions plus mechanisms for collecting more detailed data nationally and locally for all Local Authorities is now becoming available

* the recently formed National Obesity Observatory has recently published its self evaluation framework

What can be done?

Causal web of factors influencing weight-related problems*



Adapted from Wambough C., Kumavika S., Marabii A., Jeffery R., and Antipova V., *IOFF website*: 1999.
 Figure 4 - Political, socio-cultural, economic, and personal factors which directly or indirectly influence weight-related problems* (*weight-related problems: obesity and excessive weight preoccupation)¹⁴

We can see from the above causal web that the emphasis on tackling obesity calls for action across all parts of society since the domains which contribute are so wide and encompass for example societal influences, food production and consumption, individual activity and psychology, the environment and biology. To be successful, interventions will need to involve a crosscutting, multidisciplinary approach.

Evidence shows that treatment for obesity is likely to be unsuccessful if we deal only with the individual, and not their surrounding family, social and wider environment. For example the prevention of childhood obesity requires a broad based health promotion programme and interventions at a home and school level will need to be matched by changes in the social and cultural context so that lifestyle changes can be sustained and enhanced. Strategies to prevent obesity in a child population e.g. healthy diets and physical activity will benefit the health of all children, whether they are at risk of obesity or not. To achieve change on this scale a co-ordinated approach is vital. (Lobstein et al, 2004).

There is a strong ethical justification for focusing on children since the state has a duty of care towards promoting and improving the health and wellbeing of children (Children's Act) and this is reflected in PSA/LAA priorities FIGS The first few years of life are crucial to the development of a healthy weight and pre-school is an area we need to focus further on. Early acceleration – Evidence; Stats to show weight gain which supports early years interventions (REF Wilkin from Plymouth) Children are increasingly constrained in the independent play they are permitted. This has been characterised as a shift from “free-range” children playing in greenspace, to “battery-reared” children playing in cyberspace. (Ref Dr Steve Watkins DPH Stockport, Stockport Annual Public Health Report, 2008/9 Stockport PCT). This shift has resulted from a desire to protect children, but in fact is causing them more harm than the risks avoided.

Work engaging stakeholders e.g. parents, carers and wider members of the community hosting community events around breastfeeding, weaning, healthy eating, physical activity and cooking are proving popular and over the long term will prove effective. This helps children acquire healthy habits which can last a lifetime and also bolsters the Every Child Matters agenda. We need a wide range of settings to create a social environment which makes it much easier for individuals and families to maintain a healthy weight.

KEY FACTORS AFFECTING THE REDUCTION OF OBESITY

A Supportive Environment

'According to the Foresight report environmental factors are critical in influencing the decisions that individuals and families make about being active. Emerging research continues to demonstrate the potential for preventing obesity through well co-ordinated and sustained community intervention. Changing the build environment in this way both helps tackle obesity and also helps in the fight against climate change. For example, encouraging people to walk or cycle, or providing spaces where they can grow their own vegetables, will not only improve their health but also help reduce their carbon footprint' Healthy Weight Healthy Lives 1 year on

It is recommended that local authorities develop a supportive environment to strengthen delivery. A more active environment is also a more sustainable one and thus supports the sustainability agenda and usefully can also contribute to perceptions of community safety and social cohesiveness.

It is important to acknowledge the potential impact of broader policy and environmental factors (+ links with sustainability) that may act as major contributors to preventing or encouraging obesity. Sustainability is not an alternative name for environmental responsibility – it is a far broader goal that supports local communities, encourages economic growth and protects the environment for future generations. It can provide our 'natural' health service. We must take our services **out** to communities and collaborate with sustainability initiatives and think radically e.g. collaborative procurement to supply local food, active transport /school/green travel routes etc. The **prevention** of illness should be made a greater spending priority to help transform the UK into a sustainable society. This call was made by the Sustainable Development Commission, which recently unveiled 19 of the best ideas to make a sustainable UK a reality

The Sustainable Development Commission champions prioritizing the prevention of illness and argues that this should be made a greater spending priority to help transform the UK into a sustainable society. This chimes in with the obesity prevention agenda, and the Commission suggests raising the proportion of NHS spending dedicated to health promotion from 4% to 20% by 2020.

Creative use of planning can create new play areas, maintain and promote green spaces and limit the health implications of fast-food outlets particularly near schools, plus promote better housing design to include play areas and dining rooms.

More broadly the planning system plays a vital role in providing open space sports, allotments and play facilities, which are an essential element of healthy living. This is why Planners now have health as a subject for study in their Masters training.

Physical Activity:

Physical Activity will play a key role given the majority of adults fail to exercise at a levels which bring the full range of health benefits. It is vital to recognise that a wider range of leisure and informal activities have a contribution to make, including e.g. workplace initiatives, active travel, active conservation, allotments and promoting things such as dance and yoga. Recent policies support these aims: Be Active Be Healthy (A Plan for Getting The Nation Moving) offers the impetus to provide a much more varied menu of activities as a springboard to encompass differing environments in order to offer the variety and choice to reach much wider audiences.

Get the Nation Moving - 4 guiding principles

Informing choice

Promoting activity

Creating an active Environment

Supporting those most at risk

Provide a strategic approach to raising the level of physical activity in the community

'Participation declines significantly with age for both sexes' – GTN Moving 'Fit for the future" initiative?

Chief Medical Officer recommendations – adults 30 mins moderate intensity activity on 5 or more days (60 mins Children and Young People) Legacy Action Plan for the Olympics with 2million more adults active by 2012. Association of Swimming A also is **??????encouraging** more new swimmers.

The national Play Strategy will bring safe welcoming free spaces for children to increase their opportunities to be active.

A systematic review of the evidence base for developing a physical activity and health legacy from the 2012 Olympic and Paralympic Games is now available.

Sporting Equals, working with Age Concern and Help the Aged and other partners, and with funding from the Equalities and Human Rights Commission (EHRC), has produced a guide to help those working in sport to meet their legal obligations and become better equipped to address equality and human rights issues across all sections of the community – young and old, those with disabilities and people of different ethnic origins.

Food and Nutrition

The relationship between food, nutrition and health is now widely recognized. The personal and economic costs of food-related ill health are huge, and due in the main to poor diet. We need therefore to address the impact of unhealthy diets on excessive weight gain and obesity by supporting delivery of the North West Framework for Healthy Weight through the Food and Nutrition Alliance.

The food industry has a key role in supporting healthier food and drink choices, and through the work of the Food Standards agency some good progress has been made. There has been continued progress at national level in reformulating foods so that they are lower in fat and sugar. Ofcom has reported a 34% reduction in children's exposure to TV adverts for HFSS food and soft drink, in part thanks to advertising restrictions. Over 40 companies in the catering sector have made commitments to provide healthier options and 21 companies have signed up to early work on calorie labelling at point of sale. However, we need to ensure that we maintain this momentum and continue to provide choices for the consumer which support healthy lifestyles.

The glaring lack of cooking skills and poor levels of knowledge about healthy food must rightly be addressed. Measures to promote healthy eating must ensure all communities can access for example fresh fruit and vegetables near to where they live, the promotion of breast-feeding, improved and later weaning. Interventions to build confidence in food preparation, cooking, budgeting, and understanding portion sizes, and labelling **must** infiltrate areas of greatest need.

It is important to tackle the negative environmental factors such as junk food advertising and not only offer healthy choices, but understand more about barriers to

making healthy choices. This is where social market segmentation will help us to focus more effectively.

Eat Seasonably was launched on the 28th May 2009 - a Defra-backed campaign to reconnect people with the food they are eating and the seasons in which it's grown launched on 28 May. This builds on the earlier "Grow your own" phase of the campaign which highlights the importance of eating locally grown food. Linked with this campaign is The Big Lunch. On 19 July communities across the UK will be sitting down to lunch together with food, entertainment and decorations that they have come together to make.

Workplace:

Creating an active environment in the workplace can improve people's all round health and wellbeing as well as impacting on reducing absence through sickness. NICE guidance tell us that the workplace is a key area for promoting health messages and recommend greater use of the workplace in preventing obesity and the NHS and Local Authorities are tasked with becoming exemplar workplace champions. Promoting more physical activity at work and encouraging greater self-awareness of staff can take the form of active travel and encouraging the use of stairs rather than lifts. Necessary resources need to compliment such initiatives e.g. workplace shower facilities and cycle-parking.

The workplace can also usefully provide an arena where we encourage healthy seasonal eating, sustainable issues, active travel, and more widely inform healthy choices and also can provide help to obese and overweight individuals and support those most at risk. There are website resources for health and wellbeing and information about calculating BMI.

Children & Primary Prevention

Breastfeeding is a key arena, as is managing weight gain during pregnancy and giving information to help mums-to-be make healthy choices. It has long been acknowledged that attracting families to take part in activities together is an effective route to impacting on and sustaining lifestyle changes which reinforce good health at every stage throughout the life course. For example one local anecdote recorded parents were surprised when they saw children eating (and enjoying) healthy food. They were encouraged to watch for improvements in behaviour as their diet got

better and they were then much more easily convinced that early preferences stay for life.....

If we therefore aim to target key areas e.g. from early years, physical activity and healthy food within families we are likely to have a more successful impact. We also need to be ready to train up our workforce in, for example, how to raise the issue of Obesity, as we know that the clinical definition of obesity can differ significantly from parental perceptions of obesity in their children. We also need to address how to deliver effective Early Years messages and for example improve the nutritional quality of snacks given to children. There must be particular emphasis on capitalizing on opportunities for long-term prevention through early years settings developing high quality intensive support for families at risk through child health promotion and parenting programmes.

Local context: Children

Table 1: Stockport figures for childhood measurement

<u>Stockport</u> <u>2008</u>	Overweight		Obese	
	85 th BMI centile	91 st BMI centile	95 th BMI centile	98 th BMI centile
Reception	252 (10.19%)	212 (8.57%)	166 (6.715)	71 (2.87%)
Y6	393 (14.15%)	375 (13.50%)	402 (14.48%)	207 (7.45%)

- Full Foresight figures including adults Appendix B

Schools

Schools have a key role to play in supporting healthy eating and physical activity.

Taken that schools in recent years have had limited emphasis on cooking on their curriculum it is heartening to see such a flurry of activity around growing, preparing and cooking healthy food. The National Healthy Schools programme encourages a 'whole school' approach, and is being enhanced plus usefully being extended to encompass early years groups.

National Child Measurement Programme Entry and year 6 In addition provides regular feedback to parents and is now a vital and effective source of information on child weight.

Active school travel is being promoted

Ambitious to targets to meet the core offer for physical activity for young people

New white paper 21st Century School where 'health and wellbeing' will be incorporated into the SEF and HMI will inspect.

Use of Social Marketing

A national social marketing campaign supported by the Department of Health, was launched in January 2009. Change4Life is working to develop a nation-wide movement which aims to improve diet and levels of activity, initially amongst children, so reducing the threat to their future health and happiness.

Change4Life (C4L) reframes the issue of obesity and invites every family in England to 'eat well, move more, live longer'. Initial signs are that it is proving effective in getting the message across to encourage target groups to be aware of the risk of accumulating dangerous levels of fat in their bodies and understand the associated health risks. FIGURES and helps parents and carers by providing information, tips and support to empower them to make better food choices for their children and encourage activities like outdoor play, walking and cycling.

A future focus will be on Adults from Jan 2010. Support on a national level is available in various forms from C4L including; a website (which has a fun interactive children's section), advertising, press releases and PR, and a national helpline is to be launched in September 09. In conjunction with this, all the above are available to 'local supporters' to help 'build' the movement as it grows incorporating more themes e.g cycle4life, swim4life and 'start4life' (promoting breastfeeding), alongside marketing resources that health practitioners and partners can make use of. There are also a range of summer activities in Greater Manchester including media bus visits, street parties and concerts. A future focus (Jan 2010) will be on adults. In Stockport our partners are advised to sign up as local supporters and the website is proving a rich and valuable resource for children as well as parents and practitioners. Overarching insights from the qualitative research suggest we need to 'reframe' the issue for all families.

While parents acknowledge childhood obesity is a problem they do not think of it as 'their' problem.

Parents underestimate the amount they and their children eat and over estimate the amount of activity their family does.

A host of 'unhealthy' behaviours have no perceived health risks to parents: e.g. sedentary behaviour, snacking, portion sizes.

'Healthy Living' is perceived to be a middle class aspiration which 'at risk' families believe is undesirable and/or unattainable.

Parents prioritise their children's immediate happiness over their long-term health.

Social marketing considers how best to address the target audience. For example, if we want to provide fresh readily available, cheaper fruit and vegetables in deprived localities – or improve the nutritional quality of snacks given to children – we should assess how will they relate to what we are trying to do. We must ask what is the most effective way to talk to our various communities about this issue and how we can create products, and develop resources and services which are local, popular, fun and easy to access. Anecdotes from a recent child health conference reveal that children eat healthily in daycare and pester their parents for fruit. Which puts a new slant on pester power!

The issue of **social marketing** complements all we do since it offers a different business model. The old methods simply do not work any more. People have lost their trust in 'authority' and we are moving from an 'age of deference' to an 'age of reference'. The new business model looks to move from service-centred to customer-centred by extending the sphere of impact through marketing public health messages to understanding the people we are seeking to serve and appropriately tailoring services to meet their needs.

Social marketing also usefully recognises that 'the community'; is no longer one entity and seeks to 'cluster' or segment people according to their behaviours. This will assist us in better targeting high risk groups.

	Cluster 1:	Cluster 2:	Cluster 3:	Cluster 4:	Cluster 5:	Cluster 6:
	'Pressured'	'Inexperienced'	'Treaters'	'Engaged'	'Traditional'	'Active'

Description	Struggling parents who lack confidence, knowledge, time and money.	Young parents who lack the knowledge and parenting skills to implement a healthy lifestyle.	Affluent families, who enjoy indulgent food.	Already living a healthy lifestyle.	Strong family values and parenting skills but need to make changes to their diet and activity levels.	Plenty of exercise but potentially too many bad foods.
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This insight, along with better co-ordinated cross-sector working, joining up physical activity, food and behaviour change programmes, sustained investment over time – tracking cost benefits and return on investment adjusting as we go gives us the best chance of success.

We must evaluate our many projects – find out what works and upscale them to provide initiatives and industrialize delivery in order to meet the challenges of the prevention agenda.

Treatment

JJ/Tara? Overview

Support complementing preventative measures with treatment and tailored services for those children and adults who already are significantly above their ideal weight.

Local Context – what's happening already?

In our 2007/8 reprise this message was reinforced but went one step further. Whilst outlining the multi-faceted nature of tackling obesity and highlighting all the good work done by a very wide range of practitioners in the PCT/NHS and Local Authority sectors, it was argued that in order to effectively challenge the course of Obesity in Stockport it was imperative to highlight prevention by addressing the settings, the environment and not just the individual and that someone specific needed to be appointed to drive forward the agenda and co-ordinate and monitor local partnerships and programmes. Whilst Sub groups from particular operational settings consolidated a wide range of projects and interventions (and in many cases the outcome measurements from the performance indicators are in place in strategic plans and LAA's), a more holistic approach would help to synchronise the complexity of issues which comprise the obesity agenda. This was duly progressed and an Obesity Strategy co-ordinator was appointed in Oct 2008. This role was created to develop a 'whole system' brief to tackle obesity as highlighted in the Foresight report Tackling Obesities Future Choices, and is supported by both the PCT and the Local Authority. First steps have been to make links and collect data from a wide range of services over and above what may seem more obvious e.g. schools, food, physical activity and sports, and to engage with these diverse areas to co-ordinate and develop partnerships incorporating for example local planning, transport, parks, breastfeeding, parenting and early years.

Our next step was to agree Obesity as a priority with all partners and bring them together to form an integrated Obesity Strategy Group adopting a whole-system partnership approach to plan, develop and agree high level priorities to frame local work and provide the long term rationale behind the 3 year plan and 10 year strategy.

Examples of settings for current work in Stockport

- Foundation Trust
- Early years Health Trainers and community health work
- Prevention and treatment for children and adults - some of this is focussed on Children's Centres and priority 1 neighbourhoods such as breastfeeding and weaning support, food skills for parents, 'mini movers', PARiS (a local physical activity referral scheme) had until April 2009 a focus on more deprived areas building on this success it has now been rolled out across the borough. In addition the MEND and A2A programmes also offer overweight and obese treatment focussed on families with overweight /obese children. Insert Case Study (Denise). Schools across the borough also support this work.

The audit also provided data to inform gap analysis. This process has also made it easier to view the wider generic work of a number of directorates including the Transportation and Health team, Parks and Recreation Service and Stockport Sports Trust amongst others.

- Schools
- Leisure
- Parks
- Communities

Stockport has impressive natural resources in the range and extent of green spaces but in addition has developed the urban environment by providing facilities and schemes such as cycling and walking routes in every area of the borough, with cycle parking, lively green area maps, and has recently set aside 1.1million to develop safe play areas and 100,000 to develop Allotments.

Swimming over 60's has been welcomed. After walking, swimming is one of the most popular forms of physical activity* (Sport England 2008 Active people survey national results) so the sports trust is working with ASA encourage more new swimmers

In adding Life To Years 18th public health report for Stockport 2009 notes that:

'Obesity is a problem on the increase nationally. Stockport data suggest lower levels of obesity and overweight amongst adults and children, but the trends are rising here as elsewhere. There are an estimated 54,000 obese adults locally'

According to NICE guidance we understand healthy weight derives from limiting excess food uptake and taking sufficient physical activity. In addition it is now recommended that an effective obesity programme also focuses on behaviour change as well as improving nutrition promoting physical activity.

In terms of prevention, we have a range of community based programmes that offer support to people to change their habits, increase their activity and healthy diets, in many settings. This includes the work of the Community Food and Health team in targeted communities, work to promote breastfeeding and healthy weaning, making obesity prevention part of the core offer for the roll-out of local Children's Centres, and the Healthy Schools Programme which supports healthy eating and increasing physical activity across the school day and into Extended Schools provision.

We are creating a workplace obesity prevention programme to develop the PCT and Council as exemplar employers, creating a healthy environment that encourages staff to eat more healthily and take more physical activity. This will back-up current work to train frontline staff to support patients and clients in their turn, and will be extended to other workplaces.

Since 2005/6 we have implemented the National Child Measurement Programme which measures height and weight of local schoolchildren in Year Reception and Year 6 (approximately 4 and 11 years old), achieving our coverage targets. We have established some weight management provision for overweight and obese children on our home-grown "Be Active" programme for teenagers, and on MEND programmes, and have developed "All 2gether Active" for children and families with serious weight concerns. We have begun a lottery-funded programme covering two wards called "Food Families and Fitness", which supports the whole family where there are overweight children, covering growing, shopping for and cooking food, and increasing physical activity.

There is an increasing trend towards marshalling the support of families, parents, carers and families and Social Marketing has thrown up some interesting findings about segmentation and as mentioned earlier (pg ref) has identified 6 groups at risk for different reasons. This process takes into account specific population groups,

their priorities, the particular barriers they face and offers tailored health messages appropriately.

FORESIGHT see [appendix](#) also identified key points in the life-course where interventions can be most successful but whilst treatment is relatively easy to quantify and time parameters are clear, prevention can be difficult to cost since lower clinical evidence base, co-morbidities often long and flexible timetables. We need a strategy based on the needs of the population. Social marketing can usefully inform where to target activity and resources to inform our commissioning and get the best outcomes.

To map the extent of the problem with adults Stockport are re-commissioning an adult lifestyle survey and are working with GPs to increase the measurement coverage of Body Mass Index (BMI) through our Cardiovascular Disease Screening Programme which gives advice on lifestyle change to those aged between 35 and 70. Those people with weight problems living in deprived areas will then be offered support from our new Health Trainers to help them improve their diet and take more physical activity, linking up with appropriate services.

The local Sports Trust is extending classes for overweight and obese people (Intashape) across Stockport, and collaborating to train leisure centre staff to deliver comprehensive lifestyle advice around weight loss and obesity prevention.

A new Lifestyle Service is in development, which will offer advice and motivational support to all who need it, and refer to a range of new and existing services. These include local allotments and Green Gyms, and our Health Walks programme, making use of local greenspace. For adults with weight problems a weight management pathway has been developed, and a number of new initiatives are being trialled to support people to lose weight. Targeted cooking skills support has been in one geographical area and a programme of weightwatchers-on-referral for particular populations. For adults who have tried diets and slimming clubs, but are still struggling with their weight, our popular “Keep It Off For Good” programme is now being evaluated. In a good example of partnership working, Sainsbury's is going to be piloting a 4 - 6 week cookery course as a follow up for ‘Keep It Off For Good’ clients and this could possibly be used as a model to attract funding to continue or expand it in a similar shape or form. The PCT/NHS have worked with the Foundation Trust to develop a weight management pathway for in-patients and training to support staff in its delivery. There is a new weight management

coordinator who will initially work with people who are morbidly obese, For adults with a BMI over 30 (classed as obese), we are extending our existing Physical Activity on Referral scheme to cover the whole of Stockport, and are developing a tailored service for those with higher BMIs.

- Healthy Schools is being enhanced plus it is expanding into Early Years
- LA/PCT promoting Catering guidelines
- £1.1m Playbuilder 22 play areas in locations where no access to play currently– children involved in design
- Stay Active Stay Healthy (SASH) and Dental health resource
- Freshfields stay and play group 0-3
- Community Safety Unit green growing project. Polytunnels - joint project between Wood bank nursery/probation and young offenders
- Stockport Dads and Lads library and activity project
- A range of services supporting the prevention and treatment of obesity, promoting healthy lifestyles to children, young people and their families.
- A CYP Physical Activity Strategy is being developed
- Childhood programmes evidence gathering NWMP
- PAYP/SAVY Youth action Stockport info – Stockport Sports Trust working with Children’s Trust working together on new business plan - social inclusion agenda consultation **PLINGS** Places to go things to do for young people (Mike Walsh)
- On the treatment side we now have weight management programmes for CYP
- Eat your Art out project
- £100,000 Allotments devt
- Stockport Council is trialling a new Sustainability Checklist. The self-assessment checklist will help developers and building professionals to evaluate the sustainability of their projects at the design stage.

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- This checklist will help developers to state what actions they are going to take and help planners and councillors to interpret the sustainability of planning applications.
 - New PCT Brief interventions role

A number of sub groups and strategies already exist to progress these aims e.g. PESSYP, SPAA, Obesity Think Tank, Food in Schools Group, Local Partnerships etc (OTHERS – see appendix)

Gap analysis

Across Stockport there are many dedicated practitioners and examples of good practice – however obesity rates continue to rise and these often short-term project activities need to be delivered on an industrial scale if obesity challenge is to be met.

- Many agencies are already involved in effective work in the borough but there are few examples of initiatives where food and physical activity are being linked.
- Currently no strategic approach to raising the level of physical activity in the community
- Lack of co-ordination of current multidisciplinary work
- Limited scale and lifespan hamper the impact of activities
- Members of the PCT NHS and Local Authority workforce lack confidence in how to approach the issue of obesity
- Engagement – strengthen marketing and recruitment for tailored programmes
- Some parents not confident about cooking and preparing food, they may equate healthy food with expensive food, and fear rejection by children. Parents - and grandparents who are often involved in food preparation for children – need to be made more aware of the importance of healthy eating and the benefits of physical activity bring to children's wellbeing
- Some of the barriers to participation in local activities identified by young people in Stockport –e.g. cost, transport, safety, awareness, need to be addressed. Parents worry about safety on the streets therefore keep family indoors

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- Not all schools have 'whole school approach' to both healthy eating and physical activity.
 - Shortage of robust data and intelligence – particularly for adults - of the extent, profile of obesity and overweight in Stockport
 - Engage more GP's
 - Develop 'Early Years' group to specifically address food, nutrition and physical activity in the nursery years (to include breastfeeding?)
 - a 'personalised advice and support' group to look at clinical (and non clinical) interventions for those over their ideal weight.

The roadmap for developing an Strategy to tackle Obesity should encompass the following processes: Working out prevalence, Estimating the costs of obesity, identifying priority groups, setting local multi agency goals, choosing appropriate interventions, targeting behaviour, commissioning weight management services and utilizing social marketing techniques plus importantly marketing services and collating evidence indicators

Importantly the solutions to these problems lie not just within the health and education arenas but in areas as diverse as planning, parks, transport, police and environmental services. This will involve committed partnership working and a multi-agency strategic approach to jointly create an environment conducive to maintaining a healthy weight.

Recommendations - what else needs doing?

The increase in obesity has been caused by changes in diet and reduced physical activity due to sedentary occupations, computer use, less walking and cycling, and less physical recreation. For many individuals the forces that drive obesity are now overwhelming and appeals to eat less and exercise more are not sufficient to tackle for example powerful corporate marketing messages. We need therefore to tackle the obesogenic environment creating more tempting and easily available healthy options.

Promoting walking and cycling – especially tackling the ‘school run’ is a potential major contributor to addressing the problem. US research has shown a 6lb difference in average weight between those living in a pedestrian friendly street design and those in a pedestrian-impermeable street design. The BMA has calculated that promoting walking and cycling for short journeys could **alone** achieve heart disease prevention targets.

Other helpful measures include development of recreational facilities, more physical recreation in schools, green gyms, measures to promote healthy eating (including cooking skills and better access to healthy foods particularly fresh fruit and vegetables), the promotion of breast-feeding, improved and later weaning, better housing design to include play areas and dining rooms, and promoting more physical activity at work (such as incorporating workplace shower facilities, cycle-parking, cycle mileage allowances and encouraging the use of stairs rather than lifts). We also need to provide help to obese and overweight individuals, and tackle negative environmental factors such as junk food advertising.

Green gyms (where people obtain their physical activity by helping with physical tasks to improve the environment) bring a double benefit of addressing obesity whilst also improving the environment.

A key area of work identified through the life-course gap analysis is to address the prevention agenda through food, nutrition, behaviour change and physical activity for children in early years, schools, parenting and family settings; and adults in community and workplace settings.

We also need to continue to capture a build a detailed picture of the problem, identifying where obesity and overweight, or the risks of obesity and overweight are

the most acute, who this affects, and thereby more effectively target and co-ordinate interventions. Key Aim 1 (See maps to help C4L Soc [Mkt etc Appendix 4](#)) addresses this aspect, and the other key aims encompass issues including:

- Leadership through strengthening strategic partnerships and delivery arrangements
- Focus on early prevention of excess weight problems.
- Develop a focus on early intervention and prevention of obesity in the Early Years of life
- Continue to implement and extend programmes in schools to promote healthy lifestyles
- Increase involvement of parents and target whole family with messages and activities (including grandparents)
- Involve everyday activity in informal settings e.g. by creating safe neighbourhoods where people of all ages can enjoy a more active lifestyle near to home and have good access to quality, safe, attractive urban and rural areas
- Develop planning policies to reflect the obesity agenda e.g creating a Supportive Built Environment - infrastructure promotes active travel and transport and opportunity for play and link this in with the sustainability agenda.
- Ensure buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways)
- Investing in social marketing in order to effectively address changes in behaviour and culture.
- Effectively supporting those who are 'hard to reach', already vulnerable or disadvantaged including those who may be most in need of services but who do not recognise the need for change.
- Healthy food is accessible and available in places where children, young people and families spend their time
- Appoint ambassadors (key staff, practitioners, parents, volunteers) to develop and keep the momentum going e.g workplace agenda and C4Life
- Engage more with GPs and other front-line health workers

Cross cutting themes:

- Promote equity in access to services targeting those in greatest need
- Swift access to high quality services

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- Improve evidence based practice
 - NICE public health programme guidance used to inform strategy delivery
 - Emphasis on Partnership working
 - Neighbourhood links – responding to local need
 - Performance management
 - Employ care pathways
 - Change4Life range of initiatives including Breastfeeding Start4life and Adults from Jan 2009

PLEASE NOTE - It is proposed that this particular issue is the topic of an engagement event in the Autumn which will focus on the structures and processes which will facilitate local delivery of the obesity strategy and our 10-year vision.

Conclusion

The purpose of this strategy is to bring together and further develop already existing good practice in tackling obesity, and to strengthen delivery by ensuring a co-ordinated approach of partners working towards joint key priorities. It will also inform the commissioning of services and provision around this agenda. To develop coherence we have consulted and collaborated widely both with NHS, LA and Third Sector practitioners plus drawn from service users via the adult lifestyle survey, Children and Young People's consultation and lifestyle survey, drawing together variations in the way existing initiatives have progressed. We have evaluated effectiveness, and we will build on successes.

Local Authority departments from planning, parks to transport and the NHS must energise and expand delivery around prevention on an industrial scale, engaging with individuals, children, families and adults, working alongside the food industry, retailers and also NGO's who in particular are often best placed to address diverse audiences. By adopting a Cross-sector- multi agency working combined with sustained intervention and a systematic approach we aim to ensure a positive contribution from all partners in order to balance prevention with treatment and fortify provision. We must improve evidence-based practice tracking children being born now because they are the ones we are going to be measuring in 2020.

In terms of climate change, the work highlighted in the accompanying Obesity Action Plan to promote walking and cycling should assist the Council's efforts on achieving climate change targets, whilst delivering the obesity reduction aims of the Plan. This highlights the added value of the Obesity Strategy and the work to tackle climate change.

The Sustainability Policy Officer for the Council, is working on the Council's Climate Change Action Plan and may well have other actions within this plan which help to address actions in the Obesity Action Plan. National Indicators 185 (reduce carbon emissions from the Council's own estate), 186 (reduce the per capita CO₂ of the Borough) and 188 (Adapting to Climate Change) are all addressed in some form by the walking and cycling agenda which helps to reduce obesity whilst reducing carbon emissions from transport across the borough – two birds with one stone!

By aligning the strategy content with that of the regional (North West Healthy Weight Framework) and national (Healthy Weight, Healthy lives) obesity strategies, we can ensure that our priorities reflect and are aligned with those across the North West and England, whilst being tailored to meet local needs Stockport Borough. This gives us the flexibility to draw on support and expertise from regional and national teams, whilst identifying specific priorities to focus on in our own locality.

The issues around healthy weight must be addressed, and efforts redoubled to change the wider arenas which make it easier for people to make healthier choices to slow down the rate of increased weight gain. By creating an environment which supports healthier choices, offering incentives alongside health messages and ensuring all those involved in delivery to work effectively together to educate about benefits we can

There is a huge amount of work to be done if we are to fulfill the government's promise to reverse the tide of Obesity; we need to provide effective delivery of information, resources and services to create a sustainable legacy. The government has facilitated the national dialogue around the issue of Obesity and whilst children continue to be the central focus, stresses the importance of addressing the needs of the whole population. The national strategies, frameworks and guidance are in place to inform our work and an increasing number of supportive networks at regional as well as local level assist us in sharing learning with practitioners and partners from outside our own areas, to guide and share good practice with there is no better time to progress.

SETTINGS	INDICATORS	OBJECTIVES
Early Years, Preconception and antenatal care	NI53 NI120 PSA 12	Ensuring services promote healthy weight before, during and after birth
Early years and infant feeding	NI 53 NI120 PSA 12	Promote change in the culture towards breastfeeding and safer weaning practices Start4life actively supported and delivered by partners
Early Years- preschool	NI55 NI120 NI199 VSB 09 PSA120 LAA	Target parents, carers and early years provision to encourage active play, healthy eating and prevention of Obesity (recommended NW guidelines) in Early years settings Early identification of children at risk Workforce training Promote C4L
Schools and colleges	NI55 NI56 NI57 NI120 VSB 09 PSA12 PSA 22	Educational environment fully exploited to encourage physical activity and healthy eating – whole school food policy On-site catering, take up of school meals, healthy lunchboxes Building layout and provision of recreational spaces - take pupils views into account. The curriculum, cooking skills, school travel plans, Healthy Schools Programme and enhanced HSP National PE and Sports strategy- cycling Extended Schools

		Promote C4L Workforce training
Workplace	NI8 NI120 NI153	Encourage healthy eating and physical activity e.g. Informing choice Promoting activity Creating an active environment Preventing sickness Supporting those most at risk Exemplar workforce - champions Incentivising healthy choices in staff restaurants and corporate catering, calorie counted options? Promoting active travel, use of stairs lunchtime walks and use of local leisure facilities Active workplace plans - healthy food policies
Community and Environment	NI5 NI6 NI8 NI17 NI22 NI47 NI57 Ni116 NI120 NI175 NI186 NI188	Develop a supportive environment and strengthen delivery Ensure all communities can access fresh fruit and veg near to where they live Interventions to build confidence in food prep, cooking, budgeting, portion sizes, labelling etc Provide a strategic approach to raising the level of physical activity in the community Creative use of planning to create new play areas, maintain and promote green spaces and limit the health implications of fast-food outlets particularly near schools Routine use of HIA? Perceptions of community safety

	NI195 PSA12 PSA18 PSA22	
Comms		Social marketing insight – targeting Comms Policy Promotion of facilities Evidence gathering Workforce awareness-raising

National indicators relating to childhood obesity:

- NI 8 Adult participation in sport
- NI 50 Emotional Health and Well being of children
- NI 52 Take up of school lunches
- NI 53 Prevalence of breastfeeding at 6-8 weeks from birth
- NI 55 Obesity among primary school children in reception year
- NI 56 Obesity among primary school children in year 6
- NI 57 Children and young people’s participation in high quality PE and sport
- NI 69 The number of children who have experienced bullying
- NI 88 Number of extended schools
- NI 109 Number of sure start children’s centres
- NI 110 Young people’s participation in positive activities
- NI 126 Early access for women to maternity services
- NI 175 Access to services/ facilities by public transport, walking and cycling
- NI 186 Per capita reduction in omissions
- NI 198 Children travelling to school – mode of transport usually used

NI 199 From April 2009 - Children and young people's satisfaction with parks and play areas

NI's which relate to Core Strategy and Sustainable Design & Construction areas relevant to Obesity:

NI 8 Adult participation in sport;
NI 55 obesity among primary school aged children in Reception Year;
NI56 Obesity among primary school age children in Year 6;
NI 57 Children and young people's participation in high-quality PE and sport;
NI119 Self-reported measure of people's overall health and wellbeing;
NI120 All-age all cause mortality rate;
NI 121 Mortality rate from all circulatory diseases at ages under 75;
NI 122 Mortality from all cancers at ages under 75;
NI 124 People with a long-term condition supported to be independent and in control of their condition;
NI137 Healthy life expectancy at age 65;
NI 138 Satisfaction of people over 65 with both home and neighbourhood;
NI167 Congestion - average journey time per mile during the morning peak;
NI 175 access to services and facilities by public transport, walking and cycling;
NI 176 Working age people with access to employment by public transport (and other specified modes);
NI 177 Local bus passenger journeys originating in the authority area;
NI 178 Bus services running on time;
NI 186 Per capita CO2 emissions from the LA area;
NI 187 Tackling fuel poverty; NI 188 Adapting to climate change;
NI 189 Flood risk management;
NI 194 level of air quality;
NI 198 Children travelling to school - mode of travel usually used.

Relevant to Social Cohesion which can impact on obesity as more people are likely to be active in a community which is trusting, facilitating activity outdoors and in community facilities:

NI 1 % of people who believe people from different backgrounds get on well together in their local area;
NI 2 % of people who feel that they belong to their neighbourhood;
NI 3 Civic Participation in the local area;
NI 5 Overall / general satisfaction with local area;
NI 9 Use of public libraries; NI 10 Visits to museums or galleries;
NI 11 Engagement in the arts;
NI 13 Migrants English language skills and knowledge;
NI118 Take up of formal childcare by low-income working families

Significant/contributory groups (not complete)

Food in Schools group

Breastfeeding Strategy group

Healthy Schools group

Healthy schools early years group

Obesity think tank

Obesity project group etc

PESSYP

PARIS

SPAA

All our tomorrows

KEY PARTNERS

Stockport Council

Children & Young People's Services lead

Active Stockport

Weight Management Service? (A2A)

Extended Schools and Children's Centres

School Improvement

Sure Start

Physical Education, Physical Activity & School Sport Partnership

Early Years

SMBC Environmental Services Sustainability transport team

SMBC Parks

SMBC Comms

SMBC Planning

SPAA

SMBC Transport

Stockport Sports Trust

NHS Stockport

Obesity lead

Health Visitors

School nurses

Midwifery

Breastfeeding strategy group Dietetics

Community food team

Early years

Weight Management service

Brief interventions

Lifestyle Service

Acute Trust

Consultant Paediatrician

Breastfeeding team

Appendices

Appendix A Links to local strategies and plans Life course Audit doc

Appendix B Local Targets - Foresight mapping to 2020

Appendix C C4Life info for 'local supporters

Appendix D Mapping National Indicators

Appendix E Equality & Diversity Impact Assessment

References and KEY DOCUMENTS:

Foresight Tackling Obesities: Future Choices Modeling Future trends in Obesity and Their impact on health 2nd Edition (Govt Office for Science 2007)

*Healthy Weight Healthy Lives 08

Cross Government Strategy 08

HWHL Toolkit 08

Consumer Insight summary 08

HWHL Northwest Children Food Nutrition and PA 08

Cross Government Research and Surveillance Plan for England Inequalities doc

+ 1 year HWHL update 6/4/09

Physical Activity Strategy Feb 09

Be Active Be Healthy Getting the Nation Moving Feb 09

Nutrition and Food Poverty Strategy Toolkit

Sport England Strategy

Play England Play Strategy

JSNA Stockport Digest Obesity Dec 07

Before and After: Making the most of the Olympic and Paralympic Games

Nat Weight Mgt Programme and Training Providers framework 09

Healthy Lives, Brighter Futures: Strategy for Children and Young People's Health 09

Healthy Schools

SFTrust Foodforlife Caroline Walker guidelines Early Years Food and Nutrition

NW guidelines EY Food, Nutrition and Physical Activity (in progress)

Healthy snacks guide

Play Strategy

Neighbourhood strategies

NICE GUIDELINES

*Obesity *Promoting PA Children and Young People

*Physical Activity and the Environment

*Promoting PA in the workplace

*Health Related Behaviour Change

*Maternal and child nutrition

*Community Engagement

Choosing Health: making healthy choices easier

LOCAL DOCUMENTS/PLANS

Health and Lifestyles in the Northwest NWPHO

Adding Life to Years 18th annual Public Health report for Stockport 2009

See Life Course Audit doc Appendix A

Stockport PCT 2006/2010/2015 Obesity Modeling

All figures in Thousands

Age group population projections to 2015 split by gender

AGE GROUP	Males			Females		
	2006	2010	2015	2006	2010	2015
15-19	9.5	9.2	8.2	9.2	8.3	7.5
20-24	7.8	8.7	8.6	7.5	8.3	7.7
25-29	7.1	8.4	9.6	7.6	8.5	9.4
30-34	8.2	7.6	9.3	8.9	8.0	9.2
35-39	10.8	9.0	8.2	11.2	9.5	8.3
40-44	11.4	11.0	9.3	11.5	11.3	9.5
45-49	9.7	10.9	10.9	10.1	11.3	11.1
50-54	9.0	9.3	10.7	9.0	9.6	11.0
55-59	9.6	8.6	8.8	9.5	8.4	9.2
60-64	7.5	8.8	7.9	8.0	9.1	7.9
65-69	6.5	6.5	8.0	7.0	7.2	8.5
70-74	5.3	5.7	5.8	6.4	6.5	6.7
75-79	4.1	4.2	4.8	5.8	5.7	5.8
80-84	2.7	2.9	3.2	4.5	4.5	4.7
85+	1.6	1.9	2.4	4.3	4.6	5.0
ALL AGES	110.8	112.7	115.7	120.5	120.8	121.5

(Source: Population projections 2006, ONS)

Foresight estimated projections of weight status to 2015

National	2006	2006	2010	2010	2015	2015

WEIGHT STATUS	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Underweight	2.5%	5.5%	2.0%	5.5%	2.0%	5.0%
Normal	25.0%	36.0%	22.0%	33.0%	17.0%	29.5%
Overweight	46.0%	33.0%	45.0%	33.5%	44.5%	34.0%
Obese	26.0%	22.5%	30.5%	25.0%	36.0%	28.0%
Morbid Obese	0.5%	3.0%	0.5%	3.0%	0.5%	3.5%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

(Source: Tackling Obesity: Future Choices - Modelling Future Trends in Obesity and their impact on Health, Foresight Report published 2008)

Estimations of population split by weight status, this is the population projections multiplied by the Foresight estimations for each gender

	2006	2006	2010	2010	2015	2015
WEIGHT STATUS projections by gender	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Underweight	2.8	6.6	2.3	6.6	2.3	6.1
Normal	27.7	43.4	24.8	39.9	19.7	35.8
Overweight	51.0	39.8	50.7	40.5	51.5	41.3
Obese	28.8	27.1	34.4	30.2	41.7	34.0
Morbid Obese	0.6	3.6	0.6	3.6	0.6	4.3
	110.8	120.5	112.7	120.8	115.7	121.5

Overall percentage estimations of weight status

Percentage estimations of weight status all ages	2006	2010	2015
Underweight	4.1%	3.8%	3.5%

Normal	30.7%	27.7%	23.4%
Overweight	39.2%	39.1%	39.1%
Obese	24.2%	27.7%	31.9%
Morbid Obese	1.8%	1.8%	2.0%

Estimations of population split by weight status, this is the population projections, multiplied by the Foresight estimations for all people

WEIGHT STATUS projections all people	2006	2010	2015
Underweight	9.4	8.9	8.4
Normal	71.1	64.7	55.5
Overweight	90.7	91.2	92.8
Obese	55.9	64.6	75.7
Morbid Obese	4.2	4.2	4.8

The foresight report uses a different measure of childhood obesity than other national reports, instead focusing on the International Obesity Task Force (IOTF) cut-off as its measure. In Stockport the obesity prevalence from the childhood height and weight screening programme using this measure was just 3.5%; compared to a national estimate of 8% for males aged under 20 years and 10% for females aged under 20 years. In the future the obesity levels for the under 20's are predicted to increase to around 15% by 2025, and to approximately 25% by 2050. Extrapolating to Stockport this would equate to **6,250 obese**

children aged under 20 in 2004, 9,300 obese children aged under 20 in 2025 and 15,450 obese children aged under 20 in 2050 (using 2029 population projections). This means an increase of 3,050 children between 2004 and 2025 and a further increase of 6,150 between 2025 and 2050 – and if, as emerging trends seem to show, the total child population begins to grow again these levels could increase further.

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