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Weight? We can't wait

A call to action to tackle obesity in Wolverhampton

Annual Report of the Director of Public Health 2013/14

www.wolverhampton.gov.uk

Wolverhampton City Council

Bluebells in Wolverhampton

Contents

Foreword

Councillor Sandra Samuels, Cabinet Member for Health and Wellbeing, Wolverhampton City Council

As Wolverhampton's Cabinet Member for Health and Wellbeing I welcome the practical and joined up approaches tackling the serious challenges of obesity affecting the City's population. We must however utilise local initiatives, promote good practice and work in partnership to develop local and national solutions to address what is a rising trend across Wolverhampton - the National Child Measurement Programme twelve months ago classed 24.2% of the City's year six children as obese.

It is now just over a year since public health returned to the Local Authority after a forty year absence. This report not only demonstrates the value of embedding our public health functions into local communities, but crucially highlights the role we all play as public health advocates in promoting a healthier City and preventing ill health within our families and communities. We must liaise with our businesses, public and private sector to enhance some of the excellent initiatives Wolverhampton has in place.

The Health and Wellbeing Board fully endorses the report and encourages other stakeholders to support us through making a practical pledge in helping to make a difference to the wellbeing of the citizens throughout the City.

Councillor Sandra Samuels

Councillor Sandra Samuels

Cabinet Member for Health and Wellbeing

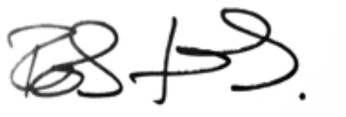
Foreword

Ros Jervis, Director of Public Health, Wolverhampton City Council

Each Director of Public Health is required to produce, and the local authority to publish, an annual report on an important public health issue. This year, my first annual report as Director of Public Health for Wolverhampton City Council seeks to tackle one of the most important and difficult health issues facing our generation – the rising levels of overweight and obesity in our society. The popular view of the issue of obesity all too often draws on stereotypes, presents simplified descriptions of the problem, and presents an unrealistic assessment of the solutions. However, these oversimplifications do not reflect the current state of scientific evidence and understanding, nor do they help us to develop a sustained response to a problem that will have profound long-term consequences for health and well-being and major costs to the health budget and the wider economy.

Obesity is also a global problem – so how can Wolverhampton tackle what is a problem of modern life – fast food, two for the price of one offers, increasingly sedentary lifestyles, inactivity and ever available high calorie foods? This is what this annual report is all about. It will not be a quick fix – the evidence shows that this issue will need sustained action over the long term and from all partners and sectors, and in particular, the community itself.

So our 2013/14 Public Health Annual Report – our first in our new local authority home – is a call to action for all organisations and communities in Wolverhampton to make sure that we are all aware of the public health threat that faces us, but that we are all equally aware of the response that is needed to tackle it and that we are prepared to make the collective commitment that is needed in order to make a difference.



Ros Jervis

Ros Jervis

Director of Public Health, Wolverhampton City Council

Contributors and Acknowledgements

I would like to thank the public health team for their contributions to this annual report and to other colleagues in Wolverhampton City Council who also contributed pictures, information and ideas. I would also like to thank Karen Saunders from Public Health England for being a 'critical friend' and providing invaluable input to our early drafts.

Contributors

Public Health team:
Sue Wardle
Glenda Augustine
Katie Spence
Juliet Grainger
Richard Welch
Jo Birtles
Jason Gwinnett
Karla Bailey
Sandra Squires
Sue McKie
Margaret Liburd
Andrea Fieldhouse
Louise Sharrod
Dawn O'Brien

Other contributors:
Andrew Clarke
Parampreet Tamber
Tina Clark
Helen Heywood
Communications and Marketing Team
Karen Saunders, Public Health England

Northycote Farm and Country Park Wolverhampton

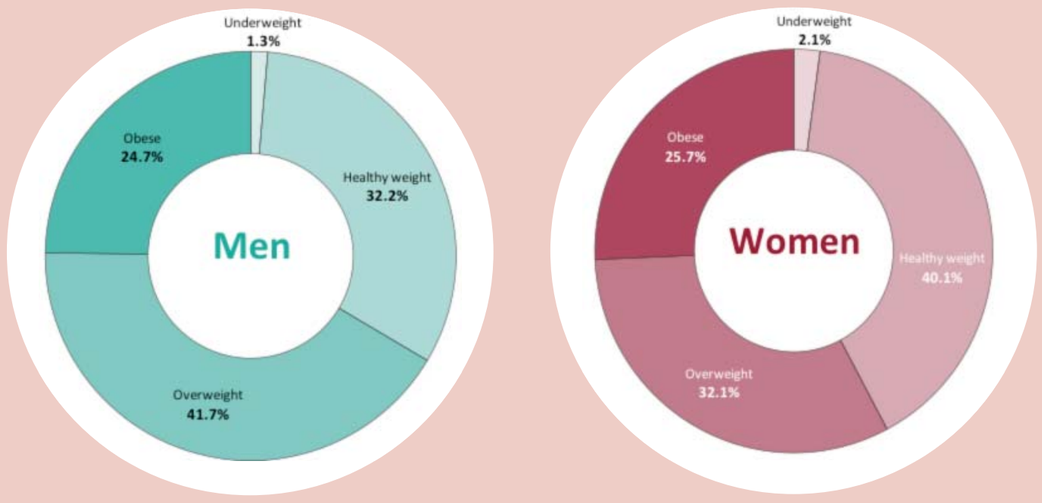
Part I Why obesity?

1. Introduction

1.1 Why is obesity the subject of the Director of Public Health Annual Report for 2013/14?

Obesity has been chosen as the subject for the 2013/14 Director of Public Health (DPH) Annual Report because the data available on obesity for children and adults in Wolverhampton indicates that levels of obesity are increasing year on year, with projected continual increase in the future. However, the population of Wolverhampton is not unique as across the UK the rates of obesity have more than doubled in the last 25 years. In fact, **being overweight is now the norm for adults as more than 6 out of 10 men (66.5%) and more than 5 out of 10 women (57.8%) are either overweight or obese** [1] (Figure 1). Healthy weight prevalence is much lower for men than for women, even though obesity prevalence is marginally higher for women than for men. This is because there is a much higher recorded prevalence of overweight in men than in women.

Figure 1: Adult BMI Status by Sex (Health Survey for England 2010 – 2012)



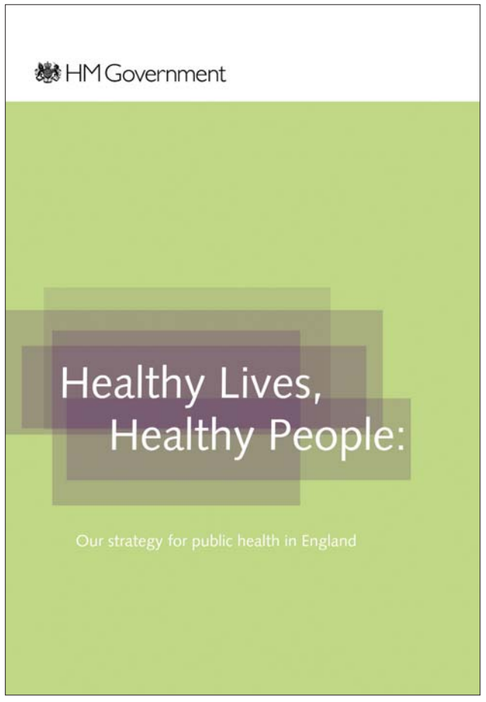
Source: Public Health England

The number of people who are overweight and obese has increased to such an extent that analysis by the government's Foresight programme [2] estimated that 60% of the population could be obese by 2050. This means that if things continue at the same rate **we are in real danger of obesity ultimately becoming the norm**. The increase in overweight and obesity is seen in virtually all age groups, including most worryingly pre-school and primary school age children.

1 Health Survey for England 2012

2 Foresight – Tackling Obesities – Future Choices Project 2007
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/DH_079713

Therefore, our Annual Report sits alongside the national **Call to Action** [3] which is the Government's national approach to reducing excess weight in both children and adults by 2020. Similar to our Wolverhampton Call to Action, it sets out how, by working together, a wide range of partners - local authorities, businesses, charities, health professionals and individuals can make a difference to this complex problem.



1.2 What do we mean by obesity?

Obesity is a term used to define someone who is very overweight, with a high degree of body fat that may have an adverse effect on health and wellbeing, so it is more than an issue of appearance. The Body Mass Index (BMI) gives a measure which provides an indication of whether a person is a healthy weight for their height, and allows categorisation of weights into what is normal and healthy, overweight, or obese for someone of a particular height and gender. This allows for trends in population levels of obesity to be tracked over time.

The measure uses weight as measured in kgs divided by height in metres squared (m^2) i.e.:

$$\textbf{BMI} = \frac{\textbf{weight (kg)}}{\textbf{height(m) x height (m)}}$$

BMI can be measured more simply by using a BMI calculator.[4]

Box 1 provides the classification of the BMI range and what it means for each individual. However, BMI can in some cases need careful interpretation and can be unreliable on an individual basis, for example:

- BMI can be overestimated in very athletic people who may have a lot of muscle
- Pregnancy will increase weight, therefore pregnant women will have an increased BMI
- Black, Asian and other minority ethnic groups are at an equivalent risk of diabetes, other health conditions or mortality at a lower BMI than the white European population (see section 1.3.4).
- In children, the relationship between BMI and being overweight or obese is more complex. As children are still growing, their age, height and gender need to be taken into account. Being overweight or obese must therefore be defined by referring to reference charts that take both age and gender into account. However, these measures are only a guide, as every child is different and grows at different rates.

3 Healthy Lives, Healthy People: A call to action on obesity in England' https://www.gov.uk/government/news/department-calls-for-action-on-obesity

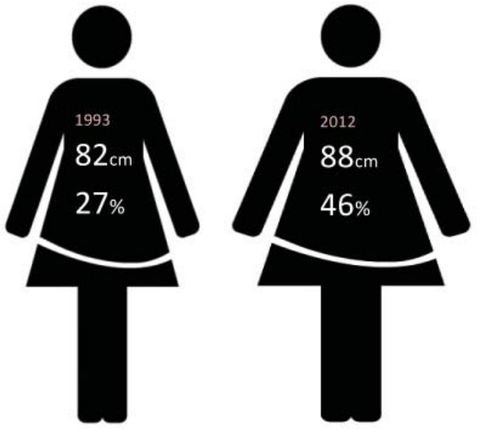
4 An example of a BMI calculator can be found at: http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx or by using a height/weight chart to look it up, for example http://www.nhs.uk/Livewell/healthy-living/Pages/height-weight-chart.aspx

Box 1: Body Mass Index Ranges

Classification	BMI range (kg/m²)	What it means for you
Underweight	under 18.5	Being underweight is not healthy. If you have a BMI under 18.5 this may mean that you need to build your weight up. Discuss with your GP how to do this in a healthy way.
Healthy weight	18.5 to 24.9	Being a healthy weight means you are at a lower risk of heart disease, stroke and type 2 diabetes than someone who is overweight or obese
Overweight	25.0 to 29.9	If you are overweight, you are at higher risk of diseases such as heart disease, stroke and type 2 diabetes. You should think about whether you need to lose weight to improve your health
Obese	30.0 to 39.9	Being obese or morbidly obese means you are at a greater or increased risk of health problems and should discuss with your GP how to lose weight the healthy way
Morbidly obese	40 and over	

It is also important to think about where the weight is located on the body, for example, a person who has a lot of weight around the middle may be unhealthy, even if BMI appears to be within normal range. In this case there are alternative ways to look at healthy weights, for example, to measure waist circumference or to look at the ratio between waist and hips as these measures may be more accurate predictors of disease in some groups. Over the years, the prevalence of raised waist circumference has also shown an increase. Since 1993, both average waist circumference and the proportion of people with a raised waist circumference have increased for both men and women. Raised waist circumference is higher among women than men (Figure 2).

Figure 2: Adult (aged 16 years and over) waist circumference (Health Survey for England)*



Key: - Year of survey
- Mean waist circumference (cm)
- % with raised* waist circumference

* Raised waist circumference is taken to be greater than 102cm in men and greater than 88cm in women
% with raised waist circumference is a three year average for 1993-95 and 2010-12

Source: Public Health England

Many parents of obese children underestimate their weight. Research in the United States[5] found that nearly 51 percent of parents with overweight or obese children tended to underestimate their child's excess weight. In addition, one in seven parents of normal-weight children worried that their child might be too thin. This suggests that parents could have difficulty assessing their child's weight because childhood obesity has become so commonplace. Although this research was conducted in the United States, it is likely that a similar situation may exist in Britain and indicates a need to educate parents about healthy weights.

From a young person's perspective, more than half of 12 to 16 year-olds surveyed by the British Heart Foundation thought that parents are responsible for rising childhood obesity. This survey also revealed a lack of cooking skills among teenagers with more than one in 10 (13%) unable to complete basic tasks, such as scrambling eggs, make a fruit scone, spaghetti bolognaise, homemade pizza or preparing a fruit salad by themselves. Guidance from the British Nutrition Foundation and the National Curriculum for England suggest that all 13 year-olds should be able to do these. While children can learn these skills at home, the findings reinforce the need for basic cooking lessons as part of the national curriculum.

1.3 Why is obesity important?

1.3.1 Relationship between obesity and physical illness

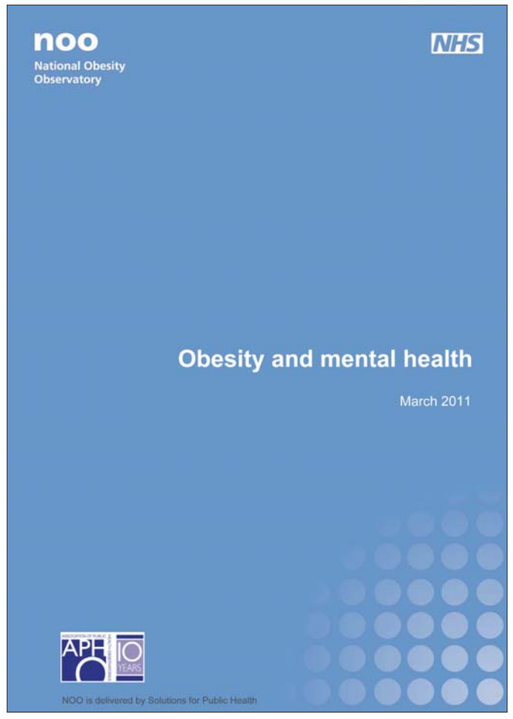
A number of severe and chronic medical conditions are associated with overweight and obesity, including type 2 diabetes, hypertension, coronary heart disease, stroke, osteoarthritis and some cancers (Figure 3). In addition, Body Mass Index (BMI) is a strong predictor of premature mortality among adults. Overall, moderate obesity (BMI 30-35 kg/m^2) was found to reduce life expectancy by an average of three years, while morbid obesity (BMI 40-50 kg/m^2) reduces life expectancy by 8-10 years. This 8-10 year loss of life is equivalent to the effects of lifelong smoking. Box 2 reports some statistics on the effects of being overweight or obese. Not only do medical conditions adversely affect people's health and quality of life, but they create serious and rising financial and social care burdens which are not sustainable into the future.

5 http://www.philly.com/philly/health/kidshealth/HealthDay684400_20140203_Many_Parents_of_Obese_Children_Underestimate_Their_Weight.html#rtyFl2JSrUsl0PqX.99

Wolverhampton City Centre

1.3.2 Relationship between common mental health disorders and obesity

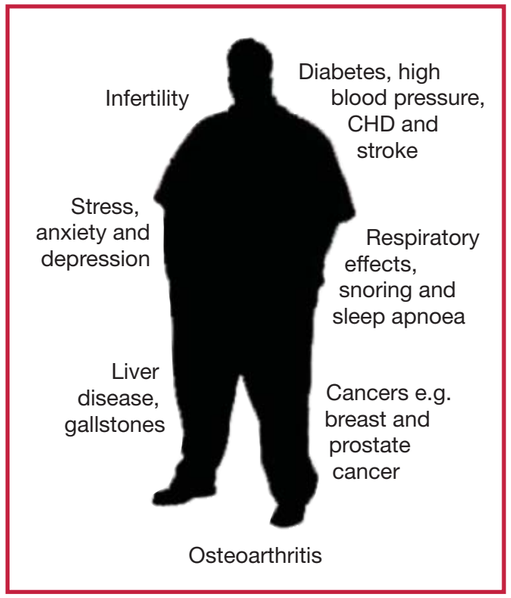
A report from the National Obesity Observatory[6] highlighted that there is not enough emphasis on the association between mental health, emotional wellbeing and obesity. The relationship is complex with some researchers suggesting that obesity can lead to common mental health disorders, whilst others have found that people with mental health problems are more prone to obesity. Results from a recent review of the evidence found a relationship between obesity and depression and a less strong link between obesity and anxiety disorders.



Obese persons had a 55% increased risk of developing depression over time, whereas depressed persons had a 58% increased risk of becoming obese.

- Reasons why obesity causes mental health disorders in adults include low self-esteem, stigma, the cycle of dieting and gaining weight, medication, and hormonal imbalances.
- Reasons why mental health disorders cause obesity in adults include unhealthy lifestyles, medication and reduced support.
- There is strong evidence to suggest an association between obesity and poor mental health in teenagers and adults

Figure 3: Obesity is associated with serious medical complications.

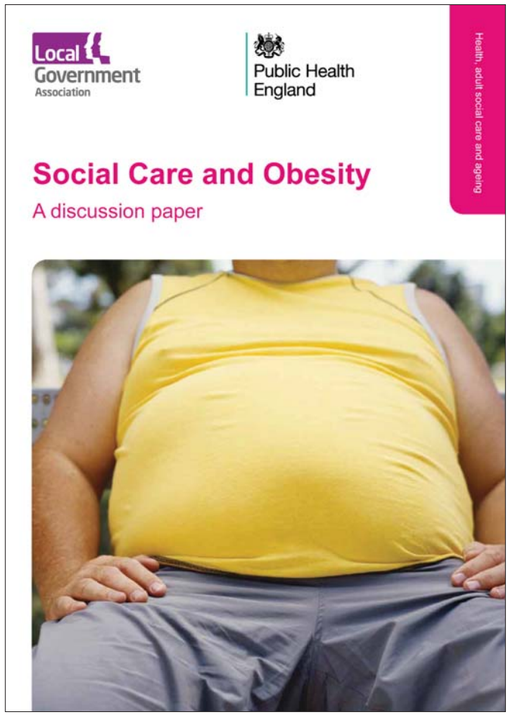


6 http://www.noo.org.uk/uploads/doc/vid_10266_Obesity%20and%20mental%20health_FINAL_070311_MG.pdf

1.3.3 Social care implications and obesity[7]

Adults with severe obesity may have physical difficulties which inhibit activities of daily living and this can have resource implications for social care services including:

- housing adaptations such as specialist mattresses, doors, toilet frames, hoists and stair lifts
- specialist carers (trained in manual handling of severely obese people) for people who are house bound and have difficulties caring for themselves
- provision of appropriate transport and facilities (such as bariatric patient transport and specialist leisure services).



Box 2: Some statistics on the effects of overweight and obesity:

- 90% of type 2 diabetics are borderline overweight or obese
- 85% of higher blood pressure is linked with overweight or obesity
- Obese men and women under 50 years have increased risk of coronary heart disease and stroke
- A neck circumference of greater than 43 cm in men and greater than 40.5 cm in women is associated with obstructive sleep apnoea
- 10% of all cancer deaths among non-smokers are related to obesity – higher for some cancers
- 6% of infertility in women is attributable to obesity and impotency and infertility are frequently associated with obesity in men
- Risk of disability in the elderly attributable to osteoarthritis is equal to that of heart disease and greater than any other medical disorder of the elderly
- There are links between mental health problems and obesity, with levels of obesity, gender, age and socioeconomic status being key risk factors
- The mental health of women is more closely affected by overweight and obesity than that of men

Source: Foresight Report/National Obesity Observatory

1.3.4 Obesity and ethnicity

The National Institute for Health and Care Excellence (NICE)[8] has issued guidelines that suggest that millions of people from ethnic minority groups, who may be at risk of weight-related diseases, are not showing up as obese under current BMI guidelines. NICE is suggesting that BMI obesity and overweight thresholds could be lowered, as for good health, ethnic minority groups need to be slightly slimmer for their height than people who are White.

Type 2 diabetes, heart disease and stroke are potentially life-threatening conditions, which people of African, Caribbean and Asian descent and other minority ethnicities are significantly more likely to develop than the wider population. People from these ethnic backgrounds are up to six times more likely to be diagnosed with type 2 diabetes, and they are 50% more likely to die from cardiovascular disease. They also suffer from these conditions at a younger age.

This is an important consideration given the ethnic makeup of the population in Wolverhampton where 68% of the population is White and the remaining 32% is made of up of people from Asian (18.1%); Black (6.9%); Mixed (5.1%); and Other (1.1%) ethnic groups.

7 http://www.local.gov.uk/documents/10180/11463/Social+care+and+obesity+-+a+discussion+paper+-+file+1/3fc07c39-27b4-4534-a81b-93aa6b8426af

8 http://guidance.nice.org.uk/PH46

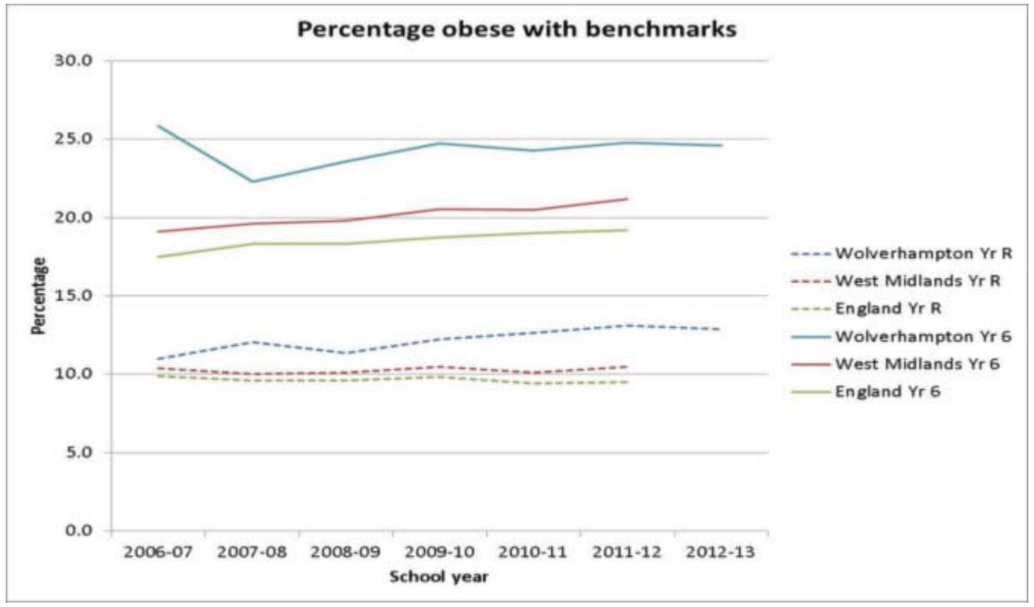
2. What do we know about the obesity challenge in Wolverhampton?

2.1 Children

Most of what we know about obesity in Wolverhampton comes from the data we collect in schools from the National Child Weight Measurement Programme (NCMP). This programme assesses the height and weight of primary school children in England and gives an accurate and almost complete picture as the data is collected in all schools by school nurses. The data tells us that obesity is a considerable local issue in Wolverhampton, 12.9% (372 children) and 24.6% (612 children) of children in Reception (age 4-5 years, year R) and year 6 pupils (age 10-11 years) respectively, are obese, compared to the England averages of 9.5% and 19.2%.

Figure 4 below shows the trend in Years R and 6 obesity rates since the NCMP programme began. From this chart we can see that year R obesity rates have risen in Wolverhampton, increasing the gap to the West Midlands and England average figures. Year 6 obesity rates have persistently been higher than the England and West Midlands averages, in recent years the upward trend in Year 6 obesity has slowed in Wolverhampton but remains high in comparison to England as a whole.

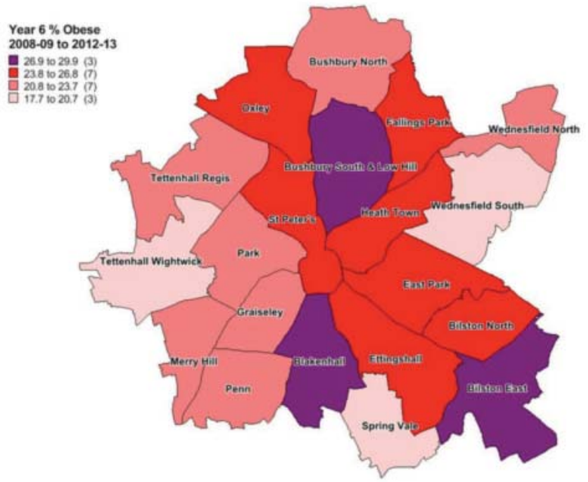
Figure 4: Percentage of children obese at year R and year 6 in Wolverhampton



Source: Public Health England

Figure 5 shows how childhood obesity rates vary across wards in the city. We can see that rates are broadly higher in those areas with higher deprivation levels although this relationship is not as strong as for other public health needs. The highest rates of obesity in children are found in Bushbury South & Low Hill, Blakenhall and Bilston East. Only Tettenhall Wightwick has rates of obesity below the England average.

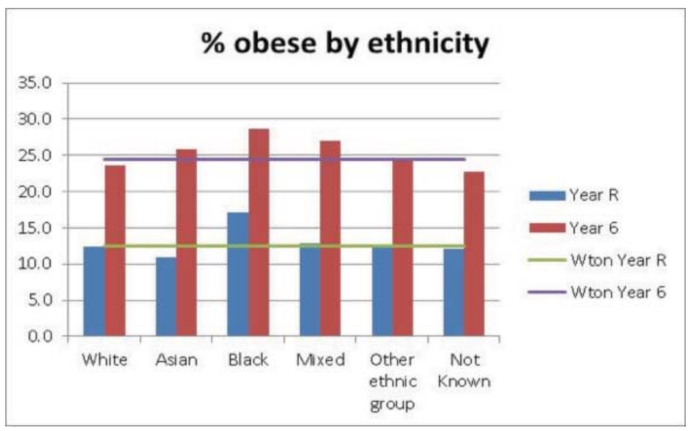
Figure 5: Percentage of children obese at year 6 in Wolverhampton by electoral ward



Source: National Child Measurement Programme

Obesity rates do vary by ethnic group within the city at year R and year 6. Higher rates are found amongst black children and this may be partly explained by differences in physiological make up amongst black children. Asian children observe the biggest increase in obesity from year R to year 6, with rates below average at year R but above average at year 6. (Figure 6).

Figure 6: Percentage of children obese at year R and 6 by ethnicity



Source: National Child Measurement Programme

2.2 Adults

The data we have on obesity levels for adults comes from the 2012 Active People Survey (see section 2.3) produced by Sport England. Unlike the data we have to monitor childhood healthy weights, this survey data uses self reported information on heights and weights and so may be less accurately measured. Sport England analysts then compare this data with the Health Survey for England and adjust the figures to give the best estimates of BMI ranges in our population. This is the data that is used to monitor obesity in the Public Health Outcomes Framework.

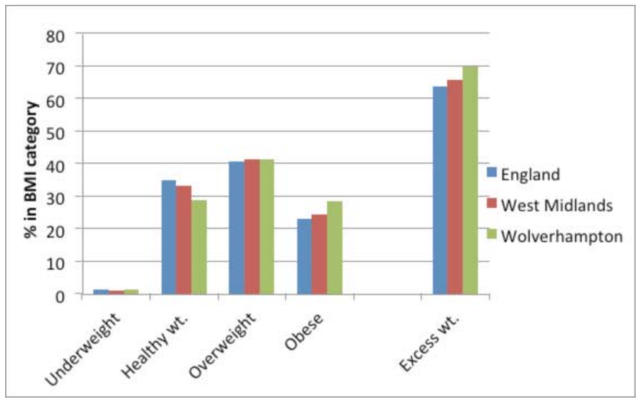
Table 1 and Figure 7 show that compared to England and the West Midlands, Wolverhampton has a smaller proportion of its population who are of a healthy weight; a similar proportion who are overweight (at 41%), but at 28.5%, a much higher percentage of its population who are obese compared to England (23%) and the West Midlands (24.5%). **This means that nearly 70% of the adult (16 and over) population in Wolverhampton is estimated to be either overweight or obese**.

	England	West Midlands	Wolverhampton
Underweight	1.2	1.1	1.5
Healthy weight	35	33.2	28.7
Overweight	40.8	41.2	41.3
Obese	23	24.5	28.5
Total excess weight	63.8	65.7	69.8

Table 1: Adult (16+) Body Mass Index in Wolverhampton, 2012 (%) Adjusted prevalence of underweight, healthy weight, overweight and obesity in adults in England 2012

Source: Active People Survey http://www.noo.org.uk/LA/obesity_prev/adults

Figure 7: National, regional and local % BMI in adults, 2012



Source: Active People Survey

Local obesity estimates can also be found from GP Quality and Outcomes Framework data (QOF) which requires GPs to keep a register of obese patients. These data show that in 2012-13, 13.4% of patients over 16 were recorded on an obesity register. This is less than half of the Sport England best estimates of 28.5% and indicates that there are a large number of obese patients not being picked up by GPs and whose weight is likely to be causing health problems but who are not recorded on their GP's register. There are an even larger number of people who are overweight who would also benefit from advice about their weight before the onset of health problems as outlined in section 1.3.

2.3 Physical activity in Wolverhampton

Levels of physical activity are closely linked to the prevalence of obesity with fewer people taking enough exercise to maintain a healthy weight. Physical activity includes all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport.

Start Active, Stay Active, the joint report from the Chief Medical Officers in England, Scotland, Wales and Northern Ireland[9] outlined the need for each person to aim to participate in an appropriate level of physical activity for their age. These age appropriate guidelines are set out in Box 3.

Unfortunately, measures of physical activity to monitor the Start Active, Stay Active recommendations are not routinely available at a local level. An alternative measure is however provided by the Active People Survey which continuously measures the number of people taking part in sport and active recreation (which includes activities such as recreational walking and cycling) across the nation and in local communities[10]. The survey is carried out annually from October throughout each year and in each local authority a minimum of 500 interviews are carried out.

A key measure in the survey is the '1 x 30' indicator. This is the percentage of the adult population participating in sport and active recreation, at moderate intensity, on average at least once a week. Higher levels of physical activity are also recorded, for example on average three times a week.

Table 2 shows that, although fluctuating, the numbers of adults participating in sport and active recreation nationally and also in Wolverhampton appear to be increasing slightly since 2005/6 which is an encouraging trend to build upon. However, nationally just over a third of adults are undertaking sport and active recreation at least once a week, and less than this number in Wolverhampton.

Table 2 : Adult (16+) participation in sport and active recreation at least once a week, by year

Year	Wolverhampton	West Midlands	England
2005/06	27.9%	31.9%	34.2%
2007/08	25.9%	33.4%	35.8%
2008/09	30.9%	33.6%	35.7%
2009/10	31.2%	32.9%	35.3%
2010/11	33.2%	32.7%	34.8%
2011/12	31.0%	31.2%	33.5%
2012/13	33.3%	36.0%	35.7%

1 session a week (at least 4 sessions of at least moderate intensity for at least 30 minutes in the previous 28 days)

Source: Sport England Active People Survey

9 Start Active, Stay Active A report on physical activity for health from the four home countries' Chief Medical Officers http://www.bhfactive.org.uk/userfiles/Documents/startactivestayactive.pdf

10 Sport England Active People Survey http://www.sportengland.org/research/about-our-research/active-people-survey/

When broken down by age and gender, it is apparent that whilst all groups show increasing activity, women have particularly low levels of participation in sport and active recreation compared to men, and activity levels also decrease with age. Therefore, activities need to be planned that appeal to women and older age groups (Table 3).

Table 3 : Adult (16+) Participation in sport and active recreation - at least once a week by population group

	2005/06	2012/13
Male	33.8%	35.2%
Female	22.4%	26.9%
16 - 25	45.6%	*
26 - 34	36.0%	*
35 - 54	31.0%	37.0%
55 and over	12.9%	14.4%
White	27.3%	34.1%
Non white	30.4%	*
All	27.9%	31.2%

** data is suppressed due to small sample size leading to issues of confidentiality and reliability*

1 session a week (at least 4 sessions of at least moderate intensity for at least 30 minutes in the previous 28 days)

Source: Sport England Active People Survey

Table 4 shows participation in sport and active recreation at higher levels, i.e. on average 3 times per week. Once again, participation levels have increased over time for all groups, but numbers participating overall are significantly lower – 21% undertaking sport and active recreation 3 times per week in 2011/13 compared to 31% doing so at least once a week. A worrying trend is that activity levels for non white groups appear to be declining in Wolverhampton. Fewer people participate in sport and recreational activities more than 3 times a week – figures for 5 times a week show that 16% of men do so and 8% of women.

Further information can be found about Wolverhampton residents' participation in physical activity from Sport England's Sport and Active Recreation Participation Profile http://www.sportengland.org/our-work/local-work/local-government/local-sport-profile/

Table 4 : Adult (16+) Participation in sport and active recreation – at least 3 times per week by population group

	2005/06	2012/13
Male	20.9%	27.9
Female	11.6%	15.2%
16 - 25	22.7%	28.1%
26 - 34	23.2%	*
35 - 54	16.1%	23.7%
55 and over	9.9%	12.1%
White	15.7%	23.7%
Non white	17.6%	15.5%
All	16.1%	21.1%

** data is suppressed due to small sample size leading to issues of confidentiality*

3 sessions a week (at least 3 x 30minutes of moderate intensity activity

Source: Sport England Active People Survey

Wednesfield Bowling Club

Box 3: Physical activity guidelines for each age group

Early Years (under 5s)	Children and Young People (5 - 18 years)
Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day. All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).	All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

Adults (19 - 64 years) and Older Adults (65+ years)

- Adults and older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
- Alternatively, or for those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
- Adults and older adults should also undertake physical activity to improve muscle strength on at least two days a week.
- All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.
- Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
- Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.

2.4 Impacts and financial effects

As already stated, obesity is a contributing factor to a number of chronic illnesses most notably heart disease and diabetes. We know that there is expected to be an increase in the percentage of people with diabetes in the city from 9.5% in 2013 to 12.4% in 2030 and that increasing adult obesity rates are a significant factor behind this projected increase.

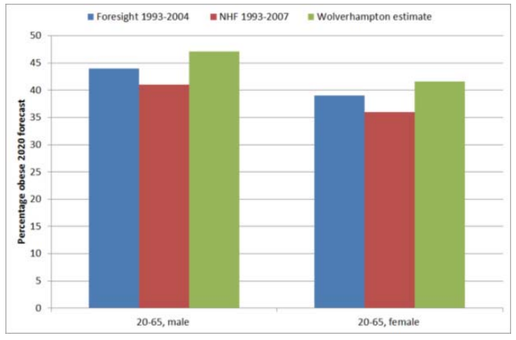
Research suggests that for each unit of increase in BMI, annual health care cost is increased by £16 with a doubling of annual healthcare costs for a BMI of 20 to 40. These costs add up to considerable sums. The cost to the UK economy of overweight and obesity was estimated at £15.8 billion per year in 2007. The Foresight report looked at the estimated costs of treating overweight and obesity to the NHS alone. In 2007 they estimated this cost in Wolverhampton to be £73.8 million rising to £81.9 million in 2015. The cost of inactivity alone is estimated to be £22.5 million per year in Wolverhampton according to the report "Turning the Tide of Inactivity". [11]

11
www.ukactive.com/downloads/managed/Turning-the-tide-of-activity.pdf

2.5 Future predictions

Obesity levels are predicted to rise in the near future although there is less clarity around future childhood obesity levels. Adult obesity estimates for England were published as part of the Foresight review and this predicted by 2020, 20 to 65 year olds would have an obesity prevalence of 44% for males and 41% for females. This has been backed up further by a UK Health Forum report[12] using more up to date data from the Health Survey for England that estimated corresponding rates for 20 to 65 year olds of 41% for males and 36% for females by 2020. Both sets of predictions can be used as a proxy for what might happen in Wolverhampton in the next 7 years. With obesity rates already higher than the England average **it would be prudent to expect adult obesity rates to be around 45% for men and 40% for women in 2020**. (Figure 8)

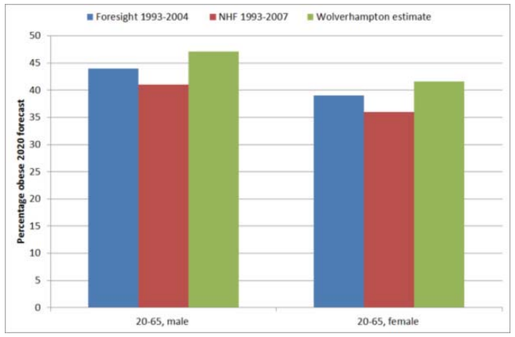
Figure 8: Forecasted obesity prevalence in 2020 for adults aged 20 to 65



Source: Foresight, UKHF and Wolverhampton Public Health Department

In 2007 when the Foresight report was published, childhood obesity rates for England were expected to increase significantly by 20% for boys and 14% girls. Updated research from the UK Health Forum has now revised these figures downwards as a result of the slowing in obesity trends in recent years. The obesity levels for England are expected to remain similar to today's values at 13% for boys and 10% for girls. Even if this were the same for Wolverhampton and rates of obesity remained stable over the next 7 years this will still mean that **around 13% of year R and 25% of year 6 pupils will be obese in Wolverhampton in 2020.** (Figure 9)

Figure 9: Forecasted obesity prevalence in 2020 for children aged 2-11



Source: Foresight, NHF and Wolverhampton Public Health Department

2.6 Summary

This section has shown that we have considerable knowledge, particularly about childhood obesity which is related to age, ethnicity and where people live in Wolverhampton which should allow targeting of interventions and policies in the most appropriate way. Estimates of excess weight and levels of physical activity in adults outline the scale of the problem and the fact that obesity and overweight prevalence is higher in Wolverhampton than in other areas. However, the next section begins to look at some of the reasons for increasing weight and what we can do in Wolverhampton to take action.

12
http://nhfshare.heartforum.org.uk/RMAssets/NHFMediaReleases/2014/Statement%20from%20UK%20Health%20Forum%20on%20NOF%20report.pdf

Part II We need a new approach

3. What has led to our obesity crisis?

The average daily calorie intake for men, women and children is given in Table 5 below, but more and more people are exceeding these limits and the population is slowly getting fatter. This is true worldwide, nationally and in Wolverhampton.

Table 5: Recommended daily calorie intake

Men	Women	Children aged 5-10
2,500	2,000	1,800

Source: NHS England

The causes of obesity are relatively well understood from the scientific evidence base[13]. The common view is that if overweight people ate less and did more exercise then this would solve the problem. However, it is not just an issue of personal willpower. Individuals have less choice in the matter of their weight than we might assume. The current epidemic of obesity does not solely arise from individual over-indulgence or laziness. Instead, human biology has become out of step with society. This is because humans evolved to respond to hunger by eating and we are only weakly able to notice when we have had enough and stop eating. The ability to stop was effective when food was scarce and hard to find, but now high energy cheap food is all around and easy to access. In addition, many people lead more sedentary lifestyles with less and less physical activity. The combination of access to cheap, high energy and high calorie foods with low nutritional value, together with the lack of physical activity conspire to create an 'obesogenic environment'. We are defining an 'obesogenic environment as:

Fast Food

'an environment that promotes the gaining of weight and makes it difficult to lose weight'

A key message is that while physical activity is important, for most of us, reducing the amount of calories we consume is key to weight loss and to stay within a healthy weight, most people would have to override their instincts, habits, upbringing, and all the triggers in their day to day lives that enable and encourage the consumption of food. Fewer and fewer people manage to do this.

13 Foresight Tackling Obesities: Future Choices project is the most comprehensive investigation into obesity and its causes. The aim of the Foresight programme is to build on the scientific evidence base to provide challenging visions of the future to help inform government strategies, policies and priorities

3.1 The impact of poverty and welfare reforms

Children from low income backgrounds are more likely to be overweight and obese and also face health problems and poorer educational attainment - children can feel the stigma of their health problems and this can impact on their school attendance and behaviour[14].

Research from the consumer group Which?[15] shows that for families on low incomes food is costing more of their household spending. The economic downturn, falling incomes and cuts to welfare have coincided with a steep rise in food prices.

A Food Ethics Council report[16] highlights that the cost of a 'minimum' basket of food has gone up significantly more than general inflation with those on the lowest incomes hardest hit. They report a wide range of coping strategies including eating cheaper products and buying (and eating) less food. They found that the lowest income households also reduced their fruit and vegetable purchases by an average of 20% between 2007 and 2010, down to an average of just 2.7 portions per person of their 5 A Day allowance in 2010. This also means that in some low income families, children might not eat a balanced healthy diet, but understandably, parents would prefer their children to eat something they like rather than risk buying something that their children might not eat (which might be wasted), not having the luxury of being able to offer an alternative if their child doesn't want to eat the meal put in front of them. Thus, people can be 'forced' into negative choices ('40 frozen sausages for 85p' kind of deal), which is a temptation to eat unhealthily but very cheaply. Therefore, cheap food 'deals' can often point people in unhelpful directions.

While some parents do need to get better at making sure their children get a healthy diet - some families also have additional difficulties that present further barriers to being able to buy and cook fresh food. Being homeless or living in temporary accommodation, mental health difficulties, disabilities and living with little social support make it harder for some parents to buy good food and create a household routine around meals.

Over half (51%) of all households in Wolverhampton live in the most deprived (poorest 20%) households in England and this includes 55% of children and young people (under 16). Therefore our approaches need to reflect the differing financial circumstances of families in the city.

Meal deal offers in the city centre

14 Family Action 2014: http://www.family-action.org.uk/standard.aspx?id=23263

15 Cutting back and trading down: the impact of rising food prices. Which? Consumer Report November 2013 http://www.staticwhich.co.uk/documents/pdf/which-report-cutting-back-and-trading-down-the-impact-of-rising-food-prices-341023.pdf

16 Affordable food: getting values into the value range. How can we make healthy, fair, sustainable food affordable to all – including those on low incomes? Food Ethics Council. A report of the Business Forum meeting on 22nd January 2013 http://www.foodethicscouncil.org/system/files/130122-Report-FINAL.pdf

4. What does the evidence say about what works?

Fast Food

The research evidence shows that the increasing prevalence of obesity is a consequence of modern life and there is no easy fix. It is also a complex problem and there is no single intervention or agency that can tackle this alone. Any response needs to be multifaceted and aimed at different stages in life, in particular how to promote healthy weights during pregnancy, establish appropriate child growth through healthy eating and physical activity in childhood and throughout life. Therefore, there is a clear need to bridge the gap between awareness of the problem and practical implementation of the necessary environmental and lifestyle changes for the population.

Given this complexity we need to recognise that tackling a multi-factorial problem like the rising levels of overweight and obesity in society requires an equally multi-factorial, long term solution. This must be our starting point in tackling this issue together as agencies, individuals and communities.

The evidence relating to obesity mostly concentrates on the causes and treatment of obesity rather than its prevention. Few interventions have been shown to be successful in reducing the prevalence of obesity at a community level and even the most promising research conducted (amongst children)[17] needed 8 years before a decline in prevalence was apparent and this was achieved only by all local agencies working together with local communities and required real commitment to tackling the problem. This illustrates why we need this 'Call to Action' to bring together Wolverhampton City Council, Wolverhampton Clinical Commissioning Group, local NHS Trusts, local businesses, the voluntary sector and other partners and local communities to take action to start the long journey that will be needed to make a difference to this difficult problem.

However, even in the absence of a robust evidence base, there is a pressing need to act, for the health of our population and because of the cost of obesity to public services. As a starting point, there is a growing body of evidence to show what approaches have been successful on a smaller scale and what individual organisations can do.

We already have some universal services that target the whole population to promote healthy weights and some services that target those who are overweight or obese. These are mapped out in Figure 10 for different age groups. However, we have few services that we have clear evidence will actually impact on weight. Therefore a useful approach is to:-

- make our existing resources and what we currently have in place work better, and
- undertake more work to tackle the underlying causes of overweight and obesity and promote healthy weights.

We will need to accept that our local approach may need to include interventions for which the evidence is incomplete and this requires accepting the risk that some interventions may fail or need to be refined and enhanced as their effects become better understood.

17 Fleurbaix Laventie Ville Santé (FLVS) Study. Epode European Network
http://www.epode-european-network.com/en/background/epode-background.html?start=1

Figure 10: Current interventions available to promote healthy weight in Wolverhampton

Pregnancy and Healthy Pre-School (under 5s)

Adventure Playgrounds
Change 4 Life Pre-School Clubs
Children Centres
Leisure Centres
Parks, countryside and greenspaces

Healthy Schools (5 -18 yrs)

Healthy Schools Team
Free Swimming (under 17s)
Change 4 Life Sports Clubs (primary & secondary)
Health & Well Being Schools
Let's Get Cooking
School nursing
Food Dudes
National Child Measurement Programme
School Food Action Plan
Partnership and school sports

Healthy Families

Child Weight Management (Family Clubs, Inc. Family Learn to Swim)
British Heart Foundation Hearty Lives
Adventure Playgrounds
Leisure Centres
Parks (orienteering)
Bikeability
Community Hubs and community centres
Parks, countryside and greenspaces
Allotments

Healthy Adults (19 – 64 yrs)

Adult Weight Management (GP/Weight Watchers/Health Trainers)
Fit for a Fiver
Leisure Centres
Sports Clubs
Community Hubs and community centres
Parks, countryside and greenspaces
Allotments

Healthy Ageing (65+ yrs)

Health Trainers
Walking for Health, Strength & Balance Programme
Leisure Centres
Parks, countryside and greenspaces
Age UK Young at Heart Programme
Allotments
Community Hubs and community centres
Older people's gyms

Part III Action against obesity in Wolverhampton

Now we understand that an obesogenic environment is one that makes it easy to gain weight but difficult to lose weight, how do we make Wolverhampton a less obesogenic place to live? Can we create an environment that better suits our bodies and supports individuals to develop and sustain healthy eating and physical activity habits and behaviours? If we treat obesity as simply a health issue, or a matter of individual choice we will fail to make an impact. Therefore, this section looks at some practical actions, firmly focussed on prevention and opportunities that could be developed locally, to halt the rise of obesity in adults and children.

5. Adopting a life course approach

Existing evidence highlights a number of points across an individual's life course where there may be specific opportunities to influence behaviour, related to life or health events. Early life, pregnancy, menopause or spontaneous changes in behaviour such as leaving home or becoming a parent, alongside periods of significant shifts in attitudes like peer group pressures, or the diagnosis of ill health all have an impact. There is no one point where an intervention is particularly successful, but progress through life offers a number of naturally occurring opportunities where intervention can be successful. However, while it is important to use these critical opportunities, the most significant predictor of a child becoming obese is parental obesity.

Table 6 shows these trigger points in more detail and looks at some practical examples of what would be needed to turn these opportunities throughout life into practical actions to create a less obesogenic environment in Wolverhampton. This table provides a blueprint for an action plan for Wolverhampton, further developed in the Action Cards in Part 4.

Further work is needed to develop a multi-agency action plan to enable all agencies to work together to realise this vision.

Phoenix Park Sensory Garden

Table 6: Critical opportunities for intervention during an individual's life course – A 20 point Action Plan for Wolverhampton

Age		Stage	Issue	Examples of what we can do to make Wolverhampton a less obesogenic place to live
Pre conception and early infancy		Preconception in utero	Healthy lifestyles programmes focus on mother and foetus and wider family	1. Promote advice and support to maintain a healthy weight during pregnancy and quitting smoking during pregnancy 2. Give advice on postnatal and nutrition during early years 3. Encourage breastfeeding and support 4. Improve parenting skills to prevent an obesogenic home environment and encourage behaviour change
	0 – 6 months	Post-natal	Breast feeding	
	6 – 24 months	Weaning	Low sugar foods	
School age	2 – 5 years	Pre school	Low sugar foods, introduce '5 a day' fruit and vegetables Active Play	Improve parenting skills to prevent an obesogenic home environment and encourage behaviour change 5. Review effectiveness of existing programmes and scale up lifestyle programmes aimed at promoting healthy weights in both children and families 6. Develop evidence based physical activity and healthy weights programmes in schools 7. Ensure that the National Child Measurement Programme (NCMP) is performing well and that support and follow up is provided where necessary. 8. Maximise opportunities through the School Food Action Plan[18] 9. Report the findings from NCMP data collection to the Health and Wellbeing Board to inform strategic decisions 10. Work in partnership with schools and nurseries to address issues relating to overweight and obesity by promoting healthy eating plans and active lifestyles
	5 – 11 years	Primary school	Development of physical skills and food preferences	
	11 – 16	Secondary school	Development of individual behaviours	
Early adulthood/ Adulthood	16 – 20	Leaving home	Exposure to alternative cultures/ behaviour/ lifestyles patterns (e.g. work, living with friends etc.)	11. Encourage workplace health programmes with an emphasis on healthy food choices and promotion of physical activity in the workplace (starting with Wolverhampton City Council and other public sector workplaces)

18 http://www.schoolfoodplan.com/

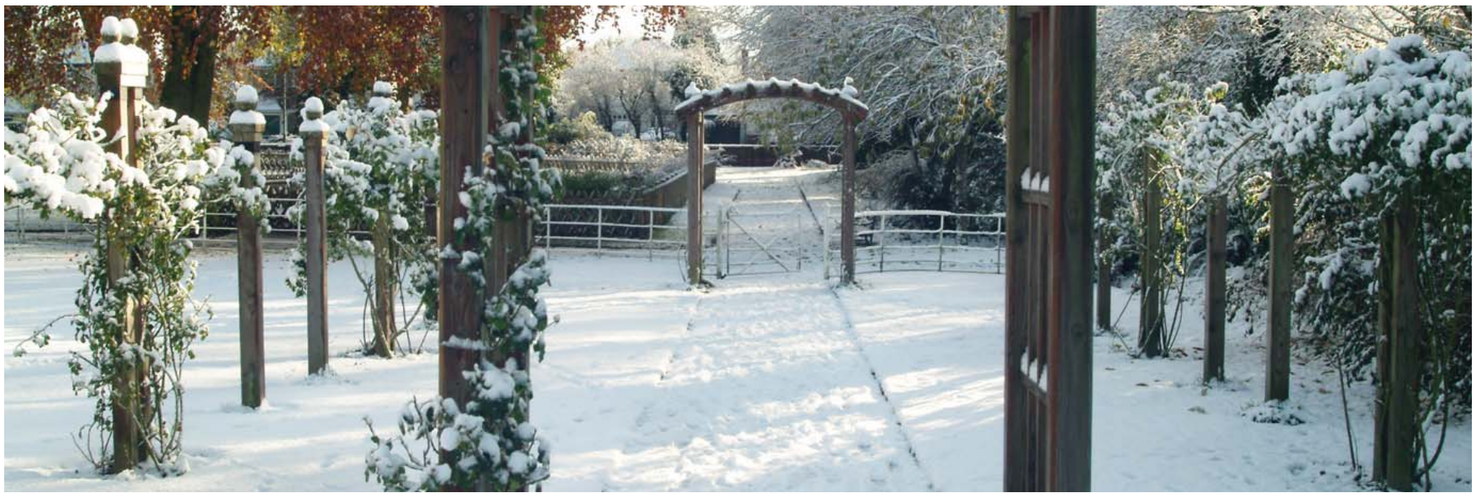
Table 6: Continued

Age		Stage	Issue	Examples of what we can do to make Wolverhampton a less obesogenic place to live
	16 and over years	Becoming more health aware	Health awareness prompting development of new behaviours eg decision to quit smoking	12. GPs increased recording of BMI to increase number of people 'diagnosed' as obese and referred to healthy lifestyle service 13. Encourage walking and cycling 14. Work with local food retail businesses and restaurants /retail food outlets (See point 1 re health in pregnancy)
	16 – 40 years	Pregnancy	Maternal nutrition	
Later adulthood	45 – 55 years	Menopause	Biological changes	As above
	60 + years	Ageing	Growing awareness of physical health prompted by diagnoses of disease in self or others Lifestyle change prompted by changes in time availability, budget, work life balance Occurrence of ill health	15. Management of overweight and obese adults in NHS settings to diagnose co-morbidities earlier and prevent complications
All ages				16. Establish a multi-agency partnership programme of work which addresses healthy eating, overweight and obesity 17.Smart commissioning • Coordinate commissioning across organisations and make sure pathways are integrated • Optimise Making Every Contact Count (MECC) approaches • Explore opportunities to join up small scale initiatives to provide a whole population approach to tackling obesity

Table 6: Continued

Age		Stage	Issue	Examples of what we can do to make Wolverhampton a less obesogenic place to live
All ages				18. Use of evidence • Use an evidence approach to target those areas where there is most need • Use a consistent branding informed by social marketing and using behavioural insight. 19. Explore opportunities to develop programmes with other partners/organisations – for example transport, planning, environment, education, social care 20. Utilise local assets, for example leisure and community facilities, green and open space and community groups, and use the Health and Wellbeing Board to promote healthier communities.

Some examples of how to achieve this life course approach are given in section 6 overleaf.



A winter walk in Bantock Park

Springvale Park Wolverhampton

6. Opportunities to make Wolverhampton a less obesogenic place to live

6.1 Opportunities in the NHS and General Practice

The current Quality and Outcomes Framework (QOF) Primary Care indicator on obesity only requires GPs to register their obese patients and there is no requirement to take any further action – to discuss weight issues or take appropriate action on a patient's weight, even though in many cases the condition that the patient is presenting with is clearly weight related. This is a missed opportunity. Identifying overweight and obese adults in general practice and other NHS settings and taking steps to control or reduce weight will enable better management of the condition and also early diagnosis of co-morbidities to prevent complications from hypertension, diabetes, CHD and stroke. Addressing weight issues, even when a patient does not present with a weight related issue, is still an opportunity to prevent ill health in the future and improve quality of life.

It is not only GPs who have a responsibility to identify and refer patients – this is an opportunity for all health and care staff to promote healthy weights and good nutritional standards. The case study below shows how seriously the medical professions take this issue, with a specially commissioned report by the Academy of Medical Royal Colleges on obesity[19]. Professor Terence Stephenson, a paediatrician and chair of the Academy, said:

"As health professionals, we see it across all our disciplines – from the GP's surgery to the operating table and everything in between. So it is no exaggeration to say that it is the biggest public health crisis facing the UK today. Yet too often, vested interests dub it too complex to tackle."

"It's now time to stop making excuses and instead begin forging alliances, trying new innovations to see what works and acting quickly to tackle obesity head on - otherwise the majority of this country's health budget could be consumed by an entirely avoidable condition."

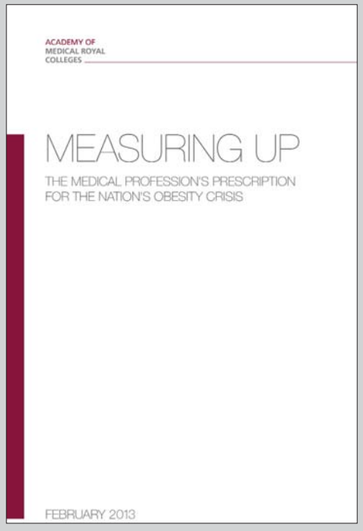
Case Study: Doctors Unite to deliver 'prescription' for UK Obesity epidemic

A recent report produced by the Academy of Medical Royal Colleges (AoMRC) which comprises medical professionals from surgeons and psychiatrists to paediatricians and GPs – has set out their joint recommendations for tackling obesity entitled, 'Measuring up: the medical profession's prescription for the nation's obesity crisis'. The report presents 10 key recommendations falling into three areas:

- *Actions to be taken by health care professionals*
- *Changing the obesogenic environment*
- *Making the healthy choice the easy choice.*

Actions to be taken by healthcare professionals are:

- *Education programmes within the next two years to ensure 'making every contact counts' becomes a reality*
- *Investment in weight management services*
- *Nutritional standards for food in hospitals*
- *Increasing support for new parents to increase basic food preparation skills and guide appropriate food choices.*



19 http://www.aomrc.org.uk/doc_details/9673-measuring-up

6.2 Opportunities in Schools

Schools present a range of opportunities to tackle obesity and increased physical activity, for example

- through healthy school meals and a whole schools approach to diet and nutrition,
- through the curriculum to promote knowledge of healthy eating and knowledge of how to cook – See School Food Plan[20]
- through participation in physical activity
- schools also provide an opportunity to work closely with families and communities
- schools have a range of facilities and open space that can be utilised by the wider community

Multi Use Games Area at Phoenix Park

Case Study: Primary PE and Sports Premium

The Primary PE and Sports Premium is a direct funding scheme for school sport, announced as a two-year initiative to run until 2015-16, is now expected to run for another five years. Each year primary schools will continue to receive £8,000, plus £5 per pupil. The funding is meant to improve sports lessons, such as paying for specialist coaching, equipment or to help after-school clubs.

East Park Children's Playground

Case Study: Community Uses of School Sites

Schools are essential to provision of sustainable high quality sport and leisure facilities. Education-based provision accounts for 64.5% of overall provision in Wolverhampton. This is very high compared to West Midlands (51%) and national (46%) averages and reinforces the importance of community access to schools.

In a nutshell, the efficient, effective programming and use of school indoor and outdoor sports facilities (plus associated changing accommodation and on-site parking) for community benefit is vital to increasing physical activity and sustaining participation levels.

For sports halls, the position is more extreme. Most capacity in the city is provided at schools, with very little provided directly by the Council or commercial sector. Therefore, gaining access to school provision to cater for sport and physical activity is a vital component of improving physical activity levels amongst the whole population.

20 http://www.schoolfoodplan.com/

6.3 Opportunities in local business and workplaces

Businesses and workplaces also present ideal opportunities to make Wolverhampton a less obesogenic place. The Public Health Responsibility Deal[21] was established to encourage businesses (including food and drink manufacturers and retailers) to do their part in reducing obesity levels by making it easier for individuals and families to make healthy choices. The Department of Health and the Local Government Association has produced a toolkit to localise the Public Health Responsibility Deal which sets out a menu of simple, effective actions which a range of local businesses could take to support their customers and staff make healthier choices. Examples relating to obesity are:

- encouraging physical activity in the workplace for example by signposting employees to local opportunities to be physically active and promoting the use of stairs rather than lifts
- promoting active travel, i.e. walking, cycling and running, for example by providing secure cycle storage, and changing and showering facilities
- where food and drinks are available to staff (including through vending machines), ensuring that there are healthier choices and appropriate portion sizes.
- for catering outlets, making products healthier by using healthier oils, less salt and more fruit and vegetables

The Responsibility Deal has a collection of pledges that (at a local level) small to medium sized business are encouraged to commit to. However, if local businesses and workplaces do not want to sign up to the pledges in the Deal, they can still take action on the above areas and greater attention should be given to the role of business and workplaces in promoting physical activity and healthy eating - with public sector organisations taking a leadership role here. Some case studies follow – further examples are available on the website.

Cycle Storage

21 https://responsibilitydeal.dh.gov.uk/category/showcase/

Case Study: Eat Out, Eat Well – Surrey County Council Trading Standards Service

Surrey County Council developed The Eat Out Eat Well Award to reward caterers throughout Surrey who make it easier for their customers to make healthy choices when eating out. It has three levels – Bronze, Silver, and Gold, and it is open to all types of catering establishments including cafes, takeaways, sandwich shops, private schools and staff restaurants that are 'broadly compliant' in relation to food safety and food standards.

Case Study: Salt and saturated fat reduction in fish and chip shop's project in Stoke-on-Trent

Stoke on Trent City Council environmental health and trading standards officers have helped local fish and chip shop owners to reduce salt and saturated fat levels in their products as part of a drive to help promote healthier eating.

6.4 Local authority opportunities

Local authorities are very large organisations and have a range of legislative and policy levers at their disposal that can help create places where people are supported to maintain a healthy weight in their role as commissioner, regulator and community leader. The treatment of obesity has traditionally been viewed as an NHS issue yet all areas of the council have an important role in supporting individuals and communities to achieve and maintain a healthy weight. Virtually all council services have something to contribute to the reduction of obesity levels in Wolverhampton.

Obesity is an issue that should be of special interest to officers and elected members, especially portfolio holders for health, social care, planning, transport, regeneration, business, and this section highlights some of the significant areas that can make a difference.

6.4.1 The role of planning

The move of public health from the NHS to local authorities provides a great opportunity to produce an environment which really promotes health and this is vital to making progress on tackling complex health issues such as obesity and there is now a wealth of guidance available on how to promote healthy communities. For example:

The recent report by the **Town and Country Planning Association and Public Health England** 'planning healthier places – report from the reuniting health with planning project' has emphasised the role of health in planning and planning in health and in the desirability of developing an integrated health and planning work programme and the need to enhance competence and share knowledge. It produced a series of findings and recommendations in relation to health and planning, i.e:

- Economic growth requires places that promote good health – the focus on short term financial viability threatens to undermine this.
- Public health priorities and evidence must be better linked to places and planning processes
- Tackling local health inequalities needs to be emphasised more strongly in local planning processes
- Raising the design quality of developer schemes would create incentives to improve health
- Local plans should be flexible enough to facilitate placed-based innovations that could improve health and wellbeing.

Unless action is taken, the cost of obesity has the potential to derail the goals of achieving sustainable economic growth and a healthier Wolverhampton.

Messages for localities

- Local authorities should drive an integrated work programme to support health promoting environments
- Local authority partners should be encouraged to work more closely together around shared objectives
- Developers must fulfil their role in creating health-promoting environments.

Messages for planning, public health and relevant practitioners

- Think laterally and work collaborative
- Build shared knowledge and competencies on the role of planning

Allotments

Wolverhampton skyline

A report from the **Royal Institute of British Architects** draws parallels with the public health pioneers and urban reformers in the 19th and early 20th centuries, who helped overcome infectious diseases like cholera and TB by improving our buildings, streets and neighbourhoods. The report 'City Health Check: How design can save lives and money'[22] examines how in the 21st century the design of our cities can play a crucial role in combating some of the new public health epidemics – in particular obesity and related chronic diseases such as diabetes and heart disease whilst at the same time delivering savings of £900 million a year for the NHS. The report looks at London and England's eight Core Cities - Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham and Sheffield – examining three major health problems and comparing the amount of green and public space available. The results were clear – **the areas of our cities with the poorest health outcomes had the least amount of green space**.

The report outlines a series of actions that developers, councils and the Government can take to help make them healthier places.

The role of Health and Wellbeing in Planning - In March 2014, the Department for Communities and Local Government launched its planning practice guidance as a web-based resource which includes guidance on the role of health and wellbeing in planning.[23]

The guidance states that local planning authorities should ensure that health and wellbeing is considered in local and neighbourhood plans and in planning decision making in order to promote healthy communities and emphasises that the built and natural environment are major determinants of health and wellbeing. The importance of the role of planning in promoting health and wellbeing is emphasised in the promoting healthy communities section of the guidance and links are also found in guidance on transport, good design, and the natural environment.

In relation to the promotion of healthy weights, planning guidance states that development proposals should be subject to the following considerations:-

- Proposals should 'help create healthy living environments which should where possible include making physical activity easy to do and create places and spaces to meet to support community engagement and social capital'.
- Proposals should have considered opportunities for healthy lifestyles e.g. planning for an environment that supports people of all ages in making healthy choices, helps to promote active travel and physical activity and promotes access to healthier food, high quality open spaces and opportunities for play, sport and recreation'.

Therefore, the Health and Wellbeing Board can provide a valuable forum through which partners can help ensure that planning proposals have a positive impact on the health and wellbeing of communities.

22 http://www.architecture.com/TheRIBA/AboutUs/InfluencingPolicy/CityHealthCheck.aspx/#.Uyntvfl_snU

23 http://planningguidance.planningportal.gov.uk

Case Study: Making it happen – Recommendations from 'City Health Check: How design can save lives and money'

__In 2013__ responsibility for public health was handed over to local authorities across England, bringing with it new possibilities to join up housing, planning and health strategies in order to encourage healthier lifestyles through healthier __local environments__. The report calls on local authorities to integrate public health considerations into planning policies and programmes and to have a truly joined-up approach to improve their city's health through the following steps:

Recommendations for local authorities

1. Local authorities that are comprised of less than 50% green space and/or have a housing density of over 5% __must produce a Healthy Infrastructure Action Plan as part of their Local Plan in conjunction with Health and Wellbeing Boards__. They must outline their strategy for making streets and parks safer and more attractive and they must outline the principles they expect new developments to meet in order to gain planning permission.

2. Local Authorities that are comprised of less than 50% green space and/or have a housing density of over 5% should __redirect a proportion of their Community Infrastructure Levy (CIL) receipts to fund their Healthy Infrastructure Action Plan__.

Recommendations for central government

3. Planning guidance must include __guidance as to how planners and developers can aid healthy lifestyles by ensuring places are safe and attractive, to encourage people to walk and cycle more safely__.

4. Seven of the 10 city local authorities with the worst health performance have not received the higher growth rate (10% or above) of ring fenced grants to spend on public health services. These __local authorities should be prioritised in the next round of grants and should use the increase to invest in actions specified in their Health Infrastructure Investment Plan__.

Recommendations for developers and architects

To truly transform our cities and make them healthier places, we need to think about how we design and build in health from the outset. __Developers and architects__ need to recognise the responsibility they have in creating healthier environments. We recommend that:

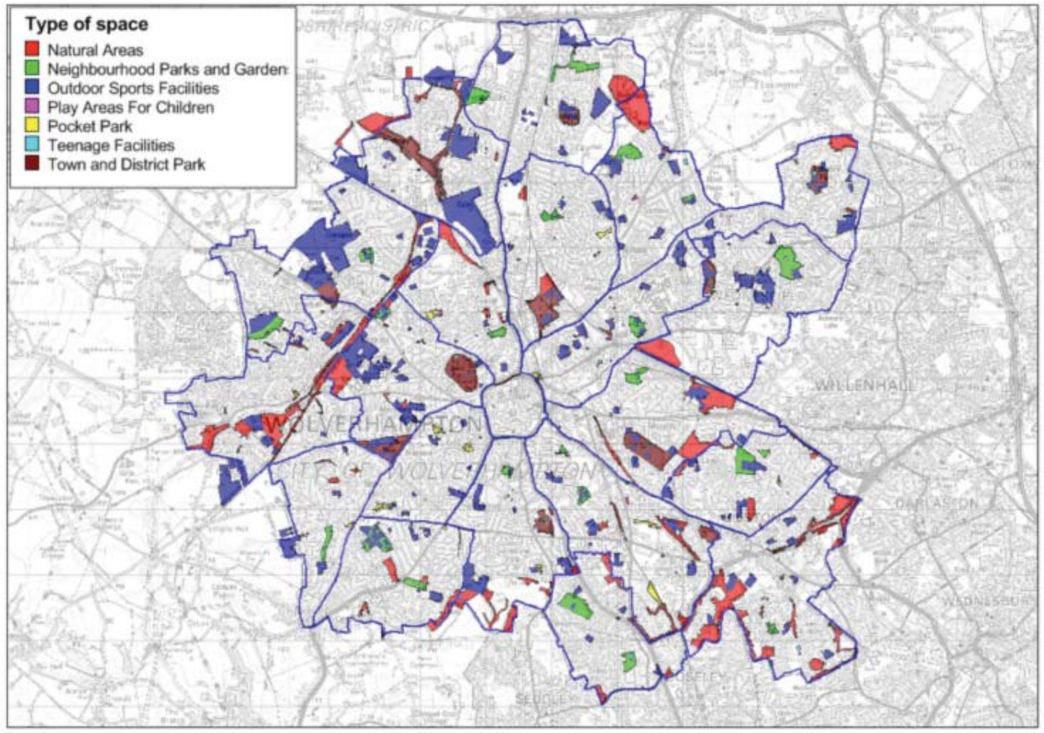
5. Built environment organisations, in particular __housing developers and architects should commit to pledges 3 and 4 of the Responsibility Deal Physical Activity Network__.

6. Developers should __use the Design and Access Statement to prove how their new developments will benefit public health though their design of the public realm__ and its links to existing infrastructure. They should identify characteristics of the local area and the view of local people as to what constitutes beautiful architecture and public space.

6.4.2 Sport and leisure facilities

Nowhere in Wolverhampton is far away from a park or leisure facility of some kind (Figure 11) and there are a wide range of green space and facilities to suit all ages and abilities and in particular provide opportunities for walking, cycling and outdoor play.

Figure 11: Sport and Leisure Facilities



Source: Wolverhampton Public Health

Table 7 shows the number and type of sports and leisure facilities in Wolverhampton which highlights a range of opportunities available to enable participation in sport and fitness activities. An existing example of a successful scheme in Wolverhampton is the case study on community gyms, highlighting the successful use of some of the local community facilities mapped out in Figure 11.

Table 7: Sport and Leisure Facilities

Facilities	Number in Wolverhampton
Athletics Tracks	3
Golf	4
Grass Pitches	86
Health & Fitness Suites	18
Indoor Tennis Centre	1
Sports Halls	39
Squash Courts	4
Swimming Pools	18
Artificial Grass Pitches	10

Source: Wolverhampton Public Health

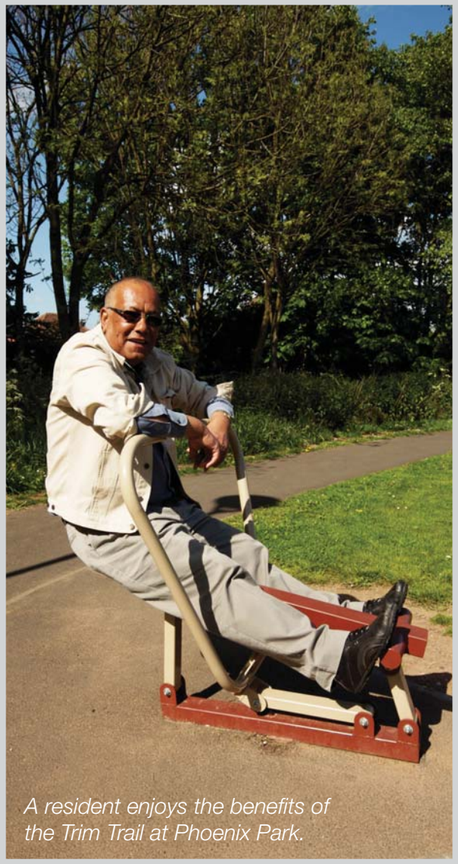
Transit Trix Winners at Phoenix Park

Case Study: Fit for a Fiver – Community Gyms

The concept of 'Community Gyms' is that sessions for local people will be delivered by local people in facilities within local communities. Community members don't have to worry about travelling too far to access affordable activity as Community Easy Line Gyms are available on their doorsteps and are being delivered by real people from within their areas who have been empowered to become deliverers.

Within these community gyms, we currently deliver a Fit for a Fiver programme aimed at people with a high Body Mass Index (BMI) – 30 or more, diabetes or any other long-term medical condition, and enables them to enjoy 12 weeks of exercise. The programme costs just £5 and provides vouchers enabling participants to use Easyline gyms over a 12-week period.

An example of the impact of the scheme can be seen in Bob of Bilston. Bob was referred to the scheme by his health trainer after suffering bouts of depression and has been on the programme for 20 weeks. He works out at the Easyline Gym at Lower Bradley Community Centre and has already lost two-and-a-half stone. Bob completed the initial 12-week programme and has made such good progress that he has been given a second set of vouchers so that he can continue his improvement.



A resident enjoys the benefits of the Trim Trail at Phoenix Park.

He said: ***"My health trainer recommended that I take up the Fit for a Fiver programme and I haven't looked back."***

"I love the sessions – they've not only helped me lose weight and feel better physically but they have also made me feel better in myself."

"The hardest part was getting the courage to come through the door that first time but I'm so glad that I did. The sessions are a social get-together as much as a fitness class and that's what makes them work so well."

The community gyms have made a noticeable impact within the community. This is due to the joined up approach adopted for the development of the community gyms and the implementation of schemes linked to them.

6.4.3 Walking and cycling

Walking for Health at Graiseley Recreation Ground

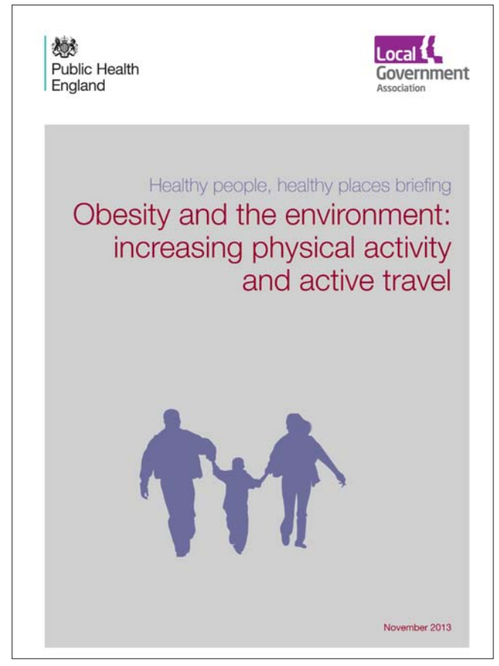
An important part of any action to counter rising obesity levels is to increase overall exercise across all levels of society and all ages. Broader environment considerations such as travel to work distances, distance to shops, schools, perceived safety, greenery and aesthetics and upkeep of neighbourhoods and paths all encourage walking. The appeal of buildings themselves is an important factor, for example having prominent and appealing staircases rather than escalators and lifts. Increased attention to community safety may be needed which can be a barrier to people being more active.

As stated above, planning authorities can influence the built environment to improve health and reduce the extent to which it promotes obesity and health should be an important consideration of planning policy decisions, for example through a health impact assessment. Creating an environment where people actively choose to walk and cycle as part of everyday life can have a significant impact on the public's health and is an essential component of a strategic approach to increasing physical activity and may be more cost effective than other initiatives that promote exercise, sport and active leisure pursuits[24].

Similarly, safe, accessible and pleasant outdoor spaces can enhance children's active outdoor play, and initiatives on road safety are key opportunities to create better conditions for walking and cycling. Moving to a default 20 mph speed limit for streets where people live, work and shop may be the most effective approach available at present.

Public Health England have produced a briefing paper 'Obesity and the environment briefing: increasing physical activity and active travel'[24] which addresses the issue of creating environments where people are more likely to walk or cycle for short journeys.

The briefing summarises the importance of action on obesity and a specific focus on active travel, and outlines the regulatory and policy approaches that can be taken together with examples of what can be achieved – See Case Study.



24 Obesity and the environment briefing: increasing physical activity and active travel. Public Health England. https://www.gov.uk/government/publications/obesity-and-the-environment-briefing-increasing-physical-activity-and-active-travel

East Park - Walkers

Case Study: 20 mph: saving lives while creating space for cycling, walking and play

More than four-fifths of child casualties occur on roads with a 30 mph speed limit. The North West Public Health Observatory undertook a modelling exercise to investigate the impact of implementing 20 mph traffic speed zones in residential areas (other than main roads) across the North West. This showed that 140 killed or seriously injured children could have been prevented in the region each year between 2004 and 2008

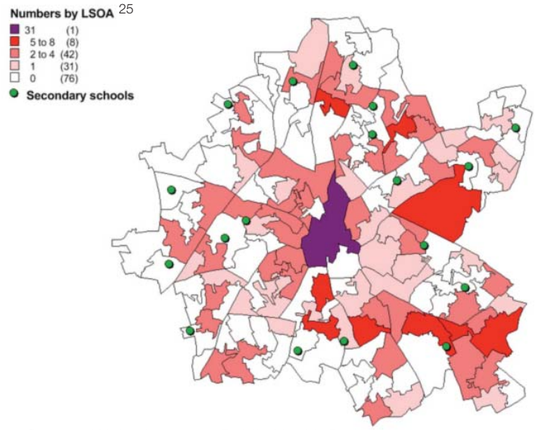
Source: Obesity and the environment briefing

6.4.4 Regulating the growth of fast food outlets

One of the trends in recent years has been an increase in the proportion of food eaten outside the home, including in hot food takeaways, which tend to sell food which is more likely to be high in calories, fat and salt, and low in fibre, fruit and vegetables. Research on a causal link between food availability and obesity is still underdeveloped but a clear relationship exists. Public Health England has produced analysis that shows the density of fast food outlets varies between 15 and 172 per 100,000 population and that there is a clear association with deprivation in that there is a higher density of fast food outlets in the most deprived areas, potentially contributing to increasing health inequalities.

Improving the quality of the food environment around schools has the potential to influence children's food purchasing habits, potentially influencing their future diets. However, taking action on hot food takeaways is only part of the solution to improving children and young people's diets and does not address sweets and other high calorie food that children bring to schools and can buy in shops near schools.

Figure 12: Fast food outlets: density in Wolverhampton

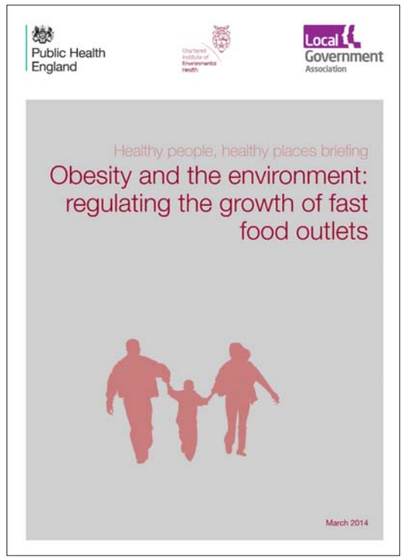


Source: Wolverhampton Public Health Department

Figure 12 maps the density of fast food outlets in Wolverhampton which shows the highest density in the city centre, but that there are high concentrations in many parts of the city. The map also shows the distribution of secondary schools in Wolverhampton.

The Local Government Association (LGA) and the Chartered Institute of Environmental Health (CIEH) have produced a briefing 'Healthy people, healthy places briefing Obesity and the environment: regulating the growth of fast food outlets'[26].
It addresses the opportunities to limit the number of fast food takeaways (primarily hot food takeaways, especially near schools) and ways in which fast food offers can be made healthier. The report provides numerous case studies and outlines the regulatory and other approaches that can be taken at local level. For example, there are three broad approaches that could be used by local authorities to address the problem of hot food takeaways in city centres or near schools:

1. Working with the takeaway businesses and food industry to make food healthier
2. Working with schools to reduce fast food consumed by children
3. Using regulatory and planning measures to address the proliferation of hot food takeaways.



Reviews of the evidence suggest that although specific actions can sometimes be useful, without overall coherence in policy and clear political drivers, they are most unlikely to deliver the required change. Even at a micro level, this appears to be the case. Usually, reviews of interventions in school settings suggest that a 'whole school' approach e.g. meal services, vending machines, class teaching, physical education, out of school activities is more likely to be successful than one targeting individual children.
In principle, the greater the environmental change, the more chance of a sustainable change in health behaviour.

25
A Lower layer Super Output Area (LSOA) is a geographic area generated to give a consistency of population size to improve reporting of statistics for small areas. the minimum population is 1,000 with an average of 1,500.

26
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/264914/Briefing-OBESITY-FASTFOOD-FINAL.pdf

7. Significant behaviour change is needed

None of these opportunities can make any difference to levels of overweight and obesity in Wolverhampton unless significant behaviour change takes place. This is needed to enable individuals, communities and agencies to make the changes required to reduce the obesogenic environment within Wolverhampton. Commitment is needed from all organisations having an influence on individuals' lives and behaviour as well as the personal motivation needed from individuals themselves. Insights into understanding behaviour (for example from social marketing) will lead to new opportunities and approaches to use in the new health and care landscape.

7.1 Individual behaviour change

Evidence from social marketing research suggests it is unlikely that large scale information giving campaigns on physical activity and healthy eating will be enough to address obesity. Interventions that do more than just giving information, for example, programmes that simultaneously inform, shift motivation and provide the necessary skills to enable change are more likely to lead to actual changes in behaviour. Particularly important in Wolverhampton is that any promotion or education campaigns or services need to take into account cultural diversity and be equally accessible to low income groups. Locally targeted social marketing campaigns can help in this aspect.

Achieving behaviour change also needs to deal with the different consequences of helping that change in behaviour; for example tackling obesity involves challenging attitudes to diet, changes in shopping behaviour, increases in exercise, different choices of transport, reduction is alcohol consumption, changes in shopping/eating habits etc.

Considerable psychological effort is needed to combat the temptation of an unhealthy lifestyle and freedom of choice can sometimes make it more difficult to resist temptation when unhealthy options are so abundant in modern life. Choice, stress and habit make it hard to resist unhealthy options. Long term effectiveness depends on appropriate environmental changes and strategies that help sustain new behaviour as evidence shows that promoting healthy behaviour to individuals is unlikely to succeed if not supported by environmental change otherwise old environmental cues will trigger old habits.

St Christopher's Park in Low Hill - demonstrating pedal power to make a fruit smoothie

Case Study: Football Fans in Training

Football clubs can be a catalyst for weight loss amongst children, as demonstrated by Wolverhampton's 'Wolfie's Workout'. However, research evidence shows that they can also be a great place to engage older men who are overweight or obese who are the most reluctant group to join organised weight loss programmes. Professional football clubs are popular venues for (mostly) male fans and have the potential to be appealing places for men who want to lose weight and live more healthily. This is demonstrated by a large scale (over 700 participants) randomised controlled trial called 'Football Fans in Training' which was undertaken amongst overweight and obese Scottish football fans (men aged 35 to 65 years) who were at a very high or extremely high future risk of obesity related ill health. [27]

The results showed that those men who took part in a programme of 12 weekly group sessions at the football club they supported lost, on average, nearly 5kg (11 lbs) more weight than those who did not take the programme which is enough to improve their health and reduce their risk of diseases such as type 2 diabetes, high blood pressure, heart disease and stroke.

The draw of the football club was very important in getting men to attend when they would otherwise be reluctant and the style of the sessions fostered team spirit and the men appreciated being with other men 'like them' who were overweight and unfit but who shared an interest in the football club.

"I've struggled with my weight since, maybe, early-twenties and I've tried various diets, various things, and you seem to get to a stage where you're successful, then you fall back out the way again. So, when I seen this advertised in the paper... the main thing that drew us to it was because it's (Club07). You're going to be involved at (Club07) whether it just be at the ground, stadium.... That was what really attracted me to it". [28]

Therefore, this study shows that it is possible to engage overweight and obese men in weight loss programmes and that they can lose the amounts of weight that can make a difference to their health and that this can be sustained.

7.2 Organisational behaviour change

Public health gains can only be sustained if the behaviour change can be maintained by encouraging and promoting organisational and environmental change that encourages the healthy behaviour and sustains and makes the healthy choice, the easy choice. The examples given in section 6 shows some of the ways that this can be done.

27 Football Fans in Training (FFIT): a pragmatic randomised controlled trial of a gender-sensitised weight loss and healthy living programme delivered to men aged 35-65 years by Scottish Premier League football clubs. The Lancet. www.thelancet.com/protocol-reviews/11PRT8506

28 Do weight management programmes delivered at professional football clubs attract and engage high risk men? A mixed-methods study BMC Public Health www.biomedcentral.com/1471-2458/14/50

Part IV Recommendations and Actions

8. Pledge your support

Recommendation 1 – Hold an Obesity Summit in October 2014

On 28th June, 2013, Professor Sir Liam Donaldson, former Chief Medical Officer for England, gave a special lecture entitled 'Healthy, Wealthy and Wise' – the third event in the series of Wolverhampton Debates. Sir Liam discussed some of the challenges facing the city, the impact of lifestyle choices and the consequences for the future prosperity of cities. He shared his experiences as the Royal Physician and as Chief Medical Officer during the Swine Flu epidemic and his current role in the international efforts to eradicate polio. His challenge to the audience to improve the health of the city was 'to choose one thing and do it well'.

One year on, this annual report, with its focus on tackling obesity, picks up Sir Liam's Challenge and makes the recommendation to hold an Obesity Summit in October 2014, with the remit to develop a Wolverhampton wide action plan.

Recommendation 2 – Pledge your support

At the 'Healthy, Wealthy and Wise' Wolverhampton Debate, participants were also asked to pledge their support to improving the health of Wolverhampton residents, either for themselves, or on behalf of the organisations and communities they represented. In preparation for the Autumn Obesity Summit, recommendation 2 asks readers to sign up to the Summit and make a pledge to contribute to the obesity challenge. Sign up and pledges can be made at www.wolverhampton.gov.uk, or by returning the proforma overleaf.

Wolverhampton City Council makes the first pledge of organising a workplace health pilot with the remit of promoting healthy eating and physical activity amongst the City council employees.

Ros Jervis, Director of Public Health for Wolverhampton and Councillor Sandra Samuels, Portfolio holder for Health and Wellbeing, supporting pledges from the 2013 Healthy, Wealthy and Wise Wolverhampton Debate.

What can I Do?

Recommendation 3 highlights what are considered to be the 6 priority areas for action to tackle obesity in Wolverhampton. These are given in Section 9, Table 8, in addition Section 10 provides some handy Action Cards.

These are all based on best evidence and may help you think about what you or your organisation can do, but innovation and knowing the local community is important too, so pledges of support can reflect this.

I would like to express an interest in the Autumn Obesity Summit and wish to receive further information when available.
Organisation Name:
Address:
Postcode:
Telephone:
Email:

Organisation Name:
Our Obesity Pledge

Please return to: **Public Health, Civic Centre, St Peter's Square, Wolverhampton WV1 1RT**

9. Recommendation 3 - Priority Actions

Table 8: Priority action to tackle obesity in Wolverhampton.

Priority	Rationale	Take action by:
Priority 1. Encourage and support breastfeeding	There is strong evidence to support the maternal and child benefits associated with breastfeeding in both the short and long-term. However, it is not enough to encourage breastfeeding, as whilst it may increase initiation, adequate on-going support is required to sustain breastfeeding for the recommended length of time during infancy	• Promote the breastfeeding session at New Cross hospital to encourage all pregnant women to attend • The importance of breastfeeding incorporated in the healthy schools programme • Peer support for breastfeeding mothers
Priority 2. Improve parenting skills to prevent an obesogenic home environment and encourage behaviour change	Parenting skills are key to the development of family health and wellbeing, providing the opportunity to promote healthy lifestyle choices	• Health visitor and schools based programmes to support parenting skills which include raising awareness of the importance of healthy eating and encouraging physical activity for the family
Priority 3. Develop evidence based physical activity and healthy weight programmes in schools	The school food agenda has been a primary focus and it is equally important to address the need for promoting and improving levels of physical activity to support the achievement and maintenance of a healthy weight	• Review current service provision and ensure commissioned services are evidence based and provide effective outcomes that improve physical activity and support maintaining a healthy weight
Priority 4. Establish a multi-agency partnership programme of work which addresses healthy eating, overweight and obesity and which focus on the wider social determinants of health to tackle the obesogenic environment.	Addressing the obesogenic environment cannot be achieved in isolation and will require multi-agency partnership commitment to support the Call to Action.	• Establish a multi-agency partnership forum to drive the programme of work and ensure organisational commitment to achievement of outcomes. • Make full use of the planning practice guidance to ensure that health and wellbeing is considered. The Health and Wellbeing Board has a key role to play in ensuring that planning proposals are likely to have a positive impact.

Table 8: Continued

Priority:	Rationale:	Take action by:
Priority 5. Encourage workplace health programmes with an emphasis on healthy food choices and promotion of physical activity in the workplace (starting with Wolverhampton City Council and other public sector workplaces)	There is evidence that improving the health outcomes of local employees has the potential to have a significant impact on families and the community with additional tangible benefits for the employer. Workplace health initiatives need to support employees to make healthier choices.	• Workplace survey on food choices at work, and desire for support regarding healthy weight and physical activity • Review food choices within the workplace and make recommendations on improving proportion of healthy options if required. • Offer employees the opportunity to have an NHS health check.
Priority 6. Develop and promote the universal offer around physical activity across the life course. Focus on availability of local facilities to support accessible and sustainable opportunities for play.	A huge opportunity exists to exploit social media, digital marketing and mobile devices (information, apps & exercise videos) to motivate people and encourage physical activity amongst the less active. This approach has already begun to be promoted nationally. For example, the Change 4 Life 'Couch to 5k' app.[29]	• Developing a healthy lifestyles brand, perhaps building upon the Change4Life brand; known and trusted. • Review and re-align the content and purpose of web pages for Public Health and or other service websites in Wolverhampton. (Nottingham Public Health's home page may be a good example to help shape thinking and ideas for developing a model for Wolverhampton. http://www.nottinghamcity.gov.uk/article/24176/Public-Health)

29 Couch to 5k' app, http://www.nhs.uk/Change4Life/Pages/couch-to-5k.aspx

10. Action Cards

Action Card

Encourage healthy eating

- Encourage awareness of eligibility for welfare benefits and other schemes that supplement the family food budget.
- Use existing powers to control the number of take-away and other food outlets in a given area, particularly near schools.
- Ensure healthier choices are included in catering contracts and are promoted through pricing and educational initiatives.
- Encourage Food Co-ops and local growing projects

Action Card

Encouraging physical activity

- Work in partnership to create and manage more safe spaces for incidental and planned physical activity, addressing any concerns about safety, crime and inclusion. Audit and amend bye laws that prohibit games.
- Plan local facilities and services to ensure they are accessible on foot or by bicycle.
- Ensure leisure services are affordable, culturally acceptable and accessible by public transport or by safe 'active travel' routes. Ensure provision is made for women who wish to breastfeed.
- Consider pedestrians and cyclists when designing, developing or maintaining streets or roads, for example, by introducing traffic calming measures.

Action Card

Promote workplace health

- Support employees to make healthier choices.
- Set an example by ensuring on-site catering offers healthier choices.
- Encourage physical activity by improving the decor and signposting of stairs and by providing showers and secure cycling parking to encourage active travel.
- Offer lifestyle weight management services for overweight or obese staff who would like support to manage their weight.
- Promote Change 4 Life through websites.
- Offer employees an NHS Health Check.

Action Card

Local businesses and social enterprises

- Local organisations and businesses promote health and wellbeing. For example, ensuring the range and content of the food and drink sold does not create an incentive to over-eat and gives people the opportunity to eat healthily. Provide information, such as the calorie content of meals, on menus.
- Venues frequented by children and young people to resist sponsorship and product placement from companies associated with foods high in fat, sugar and salt.
- Encourage breastfeeding, for example by local businesses being more supportive of breastfeeding mothers
- Use food labelling

Action Card

Involving the community

- Local people, groups and organisations to decide what action to take. Use community engagement and capacity-building methods to identify networks of local people, champions and advocates who can help. Council leaders and elected members raise the profile of obesity prevention initiatives through informal and formal meetings with local people.
- Use NCMP to engage schools and parents.
- Address local people's concerns about issues such as the cost of eating more healthily or being more physically active and the perceived dangers of children playing outside. Monitor the number of Food Banks in local areas
- Train lay or peer workers from black and minority ethnic communities and lower socioeconomic groups to promote physical activity and healthy eating.

Action Card

Organisational development and training

- Ensure all relevant professionals are trained to be aware of the health risks of being overweight and obese and the benefits of preventing and managing obesity.
- Ensure all relevant staff who are not specialists in weight management or behaviour change can give people details of local services that can help them maintain a healthy weight.
- Ensure the links between nutrition and health are an integral part of training for catering managers. See Healthier and more sustainable catering: a toolkit for serving food to adults https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-food-to-adults

Action Card

Promote healthy lifestyles in and through schools

- Gain whole school support for improving the food and physical activity environment and ethos in school, including that from SLT, teachers, support staff, governors and parents.
- Review food and physical activity provisions ensuring a ‘whole school approach’ where consistent healthy messages are received by all.
- Support staff CPD through access to appropriate training on nutrition, health, physical education and school sport.
- Implement the new food based standards in school from January 2015, for all school provided throughout the school day.
- Increase school meal uptake, particularly for those entitled to free school meals.
- Ensure breaktime and lunchtime arrangements facilitate healthy choices and a positive dining environment.
- Support parents to make healthier choices for themselves and their families, including in the provision of healthy choices for school food that is provided from home.
- Ensure pupils are provided with opportunities to learn about the importance of healthy eating and excerise through a broad, comprehensive PSHE education curriculum.
- Provide cooking as a curriculum entitlement for key stages 1 to 3 from September 2014.
- Consider the need for a breakfast club to ensure provision of a healthy breakfast.
- Effective use of the PE and School Sports Premium to improve opportunities for pupils.
- Ensure curriculum entitlement of two hours quality PE per week striving towards three to four hours when including extra-curricular provision.
- Offer a breadth of activity clubs for all pupils ensuring provision across age, gender and ability levels.
- Involve the whole school community, including pupils and parents.