

Stoke-on-Trent Healthy Weight Strategy 2016-2019

Tackling obesity in Stoke-on-Trent





STRONGER TOGETHER

Working together to create a stronger city we can all be proud of



Support our residents to fulfil their potential

- Protect and improve mental and physical health and wellbeing
- Transform participation in sport and physical activity across the city



Work with residents to make our towns and communities great places to live

- Ensure our city is clean and well maintained, with high quality green spaces and parks
- Involve communities in making each town and neighbourhood a great, vibrant and healthy place to live and work



Support vulnerable people in our communities to live their lives well

- Improve health and wellbeing of vulnerable groups

The Stronger Together Strategic Plan 2016-20 sets out the vision and overarching priorities and objectives for the Council for the next four years. The diagram above shows how the Healthy Weight Strategy will contribute to the achievement of that vision. This document focuses on how that improvement will be delivered over the next 3 years.

This Plan is rooted in the values that underpin the Stronger Together vision, working as One Team, with One Vision to deliver the best possible outcomes for our residents and the city. Extending and cementing partnerships with organisations and groups across the city is at the heart of this approach and hold the key to ensure the people of Stoke-on-Trent are able to fulfil their potential.

Stoke-on-Trent Healthy Weight Strategy 2016-2019

Ambition: To make a healthy weight the norm across all ages in Stoke-on-Trent, starting with children, through promoting breastfeeding, encouraging physical activity and securing healthier eating habits.

At the centre of this strategy are two fundamental changes necessary to ensure success:

- Families and communities living in Stoke-on-Trent aspire to a healthy weight and have the skills and opportunities to take decisions that will benefit them today and in the future
- The City Council and its partners lead and inspire local organisations and businesses to create an environment which promotes healthy living, and tackles obesity

Outcomes: Reduce the percentage of children in year 6 who are very overweight from the 2014/15 baseline

An increase in breastfeeding maintenance rates at 6-8 weeks of 2% per annum from baseline

- Priorities:**
1. Positive parenting and action in schools
 2. To make Stoke-on-Trent a Sustainable Food City
 3. Create healthy weight neighbourhoods and towns
 4. Timely identification and management of overweight and obesity
 5. Effective communication for tackling obesity
 6. Influencing change through advocacy

Key messages

- The epidemic of obesity poses one of the most serious threats to the public's health in Stoke-on-Trent
- This trend is of particular concern in children and young people
- Obesity levels have increased in recent decades as a result of the changing social, economic, cultural and physical environment

However:

- The obesity epidemic is reversible
- All relevant organisations have a responsibility to act
- Local families and communities have a role to play

Definition

The World Health Organisation defines overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health. For adults, the body mass index (BMI) is used to calculate whether a person is underweight (BMI less than 18.5), a healthy weight (BMI between 18.5-24.9), overweight (BMI between 25-29.9) or obese (BMI greater than 30) for their height. BMI allows for natural variations in body shape, giving a healthy weight range for a particular height. The calculation divides the adult's weight in kilograms by their height in metres squared.

In children, to calculate BMI, weight and height need to be measured accurately. A small error in the height measurement can make a big difference. For children, BMI varies a lot with age, so the child's age (and whether they are a boy or a girl) has to be taken into account. To do this, the BMI is converted into a BMI centile, as on a child growth chart. When measuring an individual child, for example in a clinic or feeding back National Child Measurement Programme results to parents, weight status is defined using the UK90 clinical cut off points.

- BMI below the 2nd centile ('underweight') is unusual. It may reflect a lack of nutrition but it may simply reflect the fact a child is small in build.
- A BMI between the 2nd and 90th centiles is considered to be a healthy weight. Most children will have a BMI between the 25th and the 75th centiles.
- A BMI equal or above the 91st centile suggests 'overweight'.
- A child equal or above the 98th centile is considered very overweight or obese. Obese is a medical term used by doctors and health professionals to describe levels of overweight that pose a risk to future health.

To calculate your BMI visit the NHS Choices website here:

<http://www.nhs.uk/tools/pages/healthyweightcalculator.aspx>

Causes of excess weight

Individuals gain weight when they consume more energy than they use. Energy requirements differ by gender and as we grow older. For example, children and young people use some of their energy requirements for growth, and during pregnancy and when breastfeeding women need to provide energy for the baby in addition to themselves. Nevertheless, even a small but sustained intake of too much energy over an extended period of time will cause obesity.

Key message – Understanding how much energy we need each day

How much energy food or drink contains is measured in units of calories. Commonly kilocalorie (kcal) is used when expressing how much energy we should consume in a typical day, with one kcal equal to 1000 calories. The amount of energy you need will depend on your age, your lifestyle and your size. Within a healthy, balanced diet 2,500Kcal is needed for the average man to maintain his weight. For a woman, that figure is around 2,000Kcal a day.

The way our bodies use energy has remained unchanged for hundreds of thousands of years. This means that the rapid increase of obesity during the last 30 years cannot be blamed on genes or willpower alone. Instead, the obesity epidemic is being driven by other factors. These influences, such as a greater abundance of energy dense food and motorised transport, have been described as the 'obesogenic environment'¹.

¹Government Office for Science (2007) Foresight report Tackling Obesities: Future Choices

Key message – The obesogenic environment

The 'obesogenic' environment; although personal responsibility plays a part in weight gain, human biology is being overwhelmed by the effects of today's abundance of energy dense food, motorised transport and sedentary life-styles. Some members of the population, including the most disadvantaged, are especially vulnerable to the conditions.

Figure 1 Stoke-on-Trent in 2015

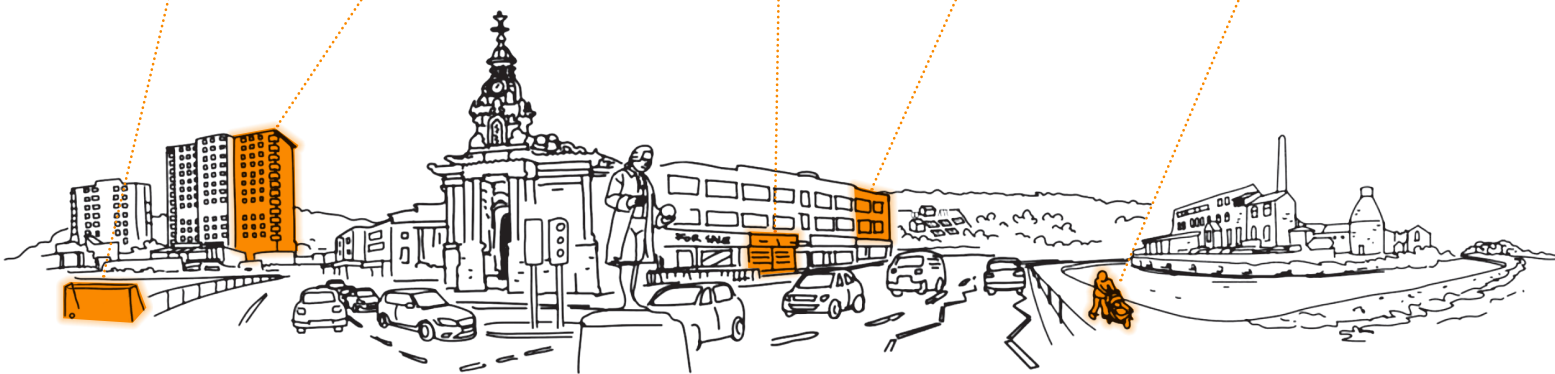
A study by the Children's Society notes that parental anxiety about children playing out unsupervised denies children the freedom to spend time with friends that they once enjoyed themselves

In 2012 the Childwise survey reported that 96% of children aged 11-16 owned a mobile phone and 73% had their own games console at home spending an average of 1 hour 42 minutes a day on their console

Fast-food outlets, generally providing access to cheap highly palatable energy dense food frequently lacking nutritional value, have been found to be more concentrated in the most deprived local authorities

Over half of men and women spend more than 4 hours being sedentary every day.

1 in 8 journeys to work are completed on foot or bike in Stoke-on-Trent



The scale of the problem

There are serious health consequences for people who are obese. Obesity is associated with premature death and increases the risk of a number of diseases including type 2 diabetes, cardiovascular disease and cancer. It is estimated that on average obesity reduces life expectancy by between 3-13 years².

Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than normal weight children³. Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood.

Levels of obesity in England are closely associated with poverty, with higher levels of obesity found among more deprived groups⁴.

² Department of Health (2008) Healthy Weight, Healthy Lives. A Cross Government Strategy for England.

³ Wijga A, Scholtens S, Bemelmans W, de Jongste J, Kerkhof M, Schipper M, et al. Comorbidities of obesity in school children: a cross-sectional study in the PIAMA birth cohort. BMC Public Health 2010;10(1):184.

⁴ The Marmot Review Team. Fair Society, Healthy Lives: Strategic Review of the Health Inequalities in England post-2010: The Marmot Review. London 2010.

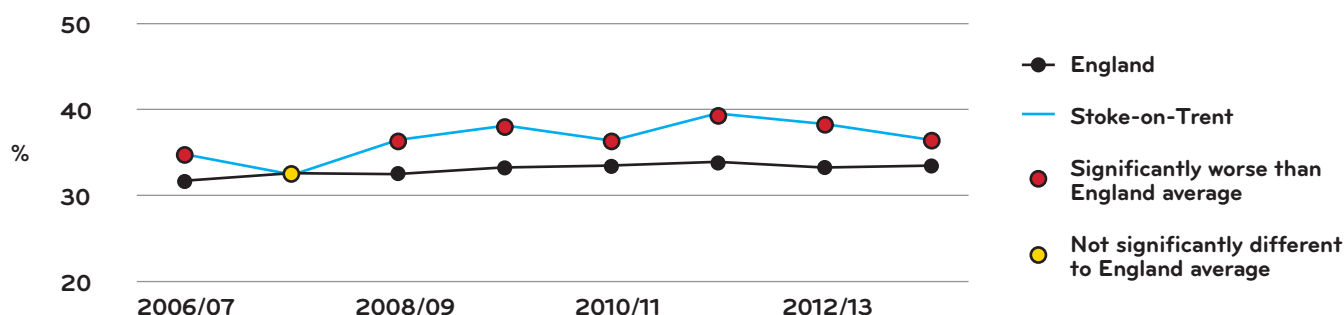
⁵ NCMP Local Authority Profile 2013/14

⁶ Public Health Outcomes Framework indicator 2.12 - Percentage of adults classified as overweight or obese 2012

Local need

By the time Stoke-on-Trent children reach primary school a quarter are overweight or very overweight. Rates continue to increase throughout children's time at primary school and by the age of 10-11 almost 40% are overweight or very overweight⁵.

Chart 1 Excess weight in 10-11 years in Stoke-on-Trent 2006/07 to 2012/13



Two-thirds of adults are also overweight or obese⁶. Perhaps even more worryingly, it is estimated that by 2030 89% of men and 85% of women will be overweight or obese, unless we take action⁷.

Whilst both diet and physical activity are closely linked to the maintenance of a health weight they each have their own independent benefits for good physical health and mental wellbeing.

There are complex messages around what a healthy diet is. It is essential that we all eat, and drink, a balanced healthy diet as our dietary needs change as we grow. Breastfeeding and the timely introduction of solid foods during the first year of life need to be followed by good food in portion sizes appropriate to the age of the child. In adulthood, and for children over the age of 5, the eatwellplate provides a visual representation of a healthy balanced diet, see figure 2.

Recently, the increased risk of weight gain and cancer associated with excess sugar intake has been highlighted in a series of national publications. NICE⁸ recommends that sugary drinks should be avoided, including carbonated drinks, sports drinks, squashes and any other drinks that contain free sugars. Everyone should be encouraged to choose water or other drinks that do not contain free sugars. In 2015 the Scientific Advisory Committee on Nutrition⁹ updated its guidance on free sugar intake and now recommends that the free sugar should not exceed 5% of the total dietary energy intake for age groups from 2 years upwards.

Key concept

“Free” sugar is any sugar that is added to foods by the manufacturer, plus that naturally present in honey, syrups, and fruit juices. It does not include sugar naturally present in milk or whole fruit and vegetables.

Physical activity is a term used to describe any form of movement for example walking and cycling, housework and gardening as well formal and competitive sport. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health¹⁰. Since January 2009 the Active People's survey has collected information on physical activity participation. Currently 35.4% of adults resident in Stoke-on-Trent are defined as being physically inactive, meaning they do less than 30 minutes of at least moderate intensity physical activity per week.

⁷ WHO Global Status Report on Noncommunicable Diseases 2014

⁸ NICE (2015) NG7 Maintaining a healthy weight and preventing excess weight gain among adults and children <https://www.nice.org.uk/guidance/ng7/chapter/1-Recommendations#3-encourage-dietary-habits-that-reduce-the-risk-of-excess-energy-intake>

⁹ Scientific Advisory Committee on Nutrition (2015) Carbohydrates and health report <https://www.gov.uk/government/publications/sacn-carbohydrates-and-health-report>

¹⁰ PHOF (2015) <http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000042/pat/6/par/E12000005/ati/102/are/E06000021/iid/90277/age/164/sex/4>

The estimated annual cost to the NHS in Stoke-on-Trent for treatment of diseases related to people being overweight or obesity is £86.4 million¹¹. However, obesity is not solely a burden on the NHS. Obesity can affect an individual's ability to work and their underlying mental health. Sickness absence attributable to obesity is estimated at between 15.5 million and 16 million days per year nationally¹². Obese people are much less likely to be in employment than those of a healthy weight, with associated welfare costs estimated at between £1 billion and £6 billion nationally¹³. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year¹⁴.

It is difficult to quantify the direct financial impact of excess weight on the Council; however we know that it is significant because of additional social care needs of individuals with limiting long term illness associated with obesity, and that without preventative action it is likely to grow.

The World Health Organisation (WHO) suggests that actions to tackle excess weight can be delivered within one to five years and are very cost effective. These quick wins are reducing salt, replacing trans fatty acids, raising public awareness of healthy diets and mass media physical activity awareness campaigns¹⁵.



¹¹ National Heart Foundation (2008) Healthy Weight, Healthy Lives: A toolkit for developing local strategies

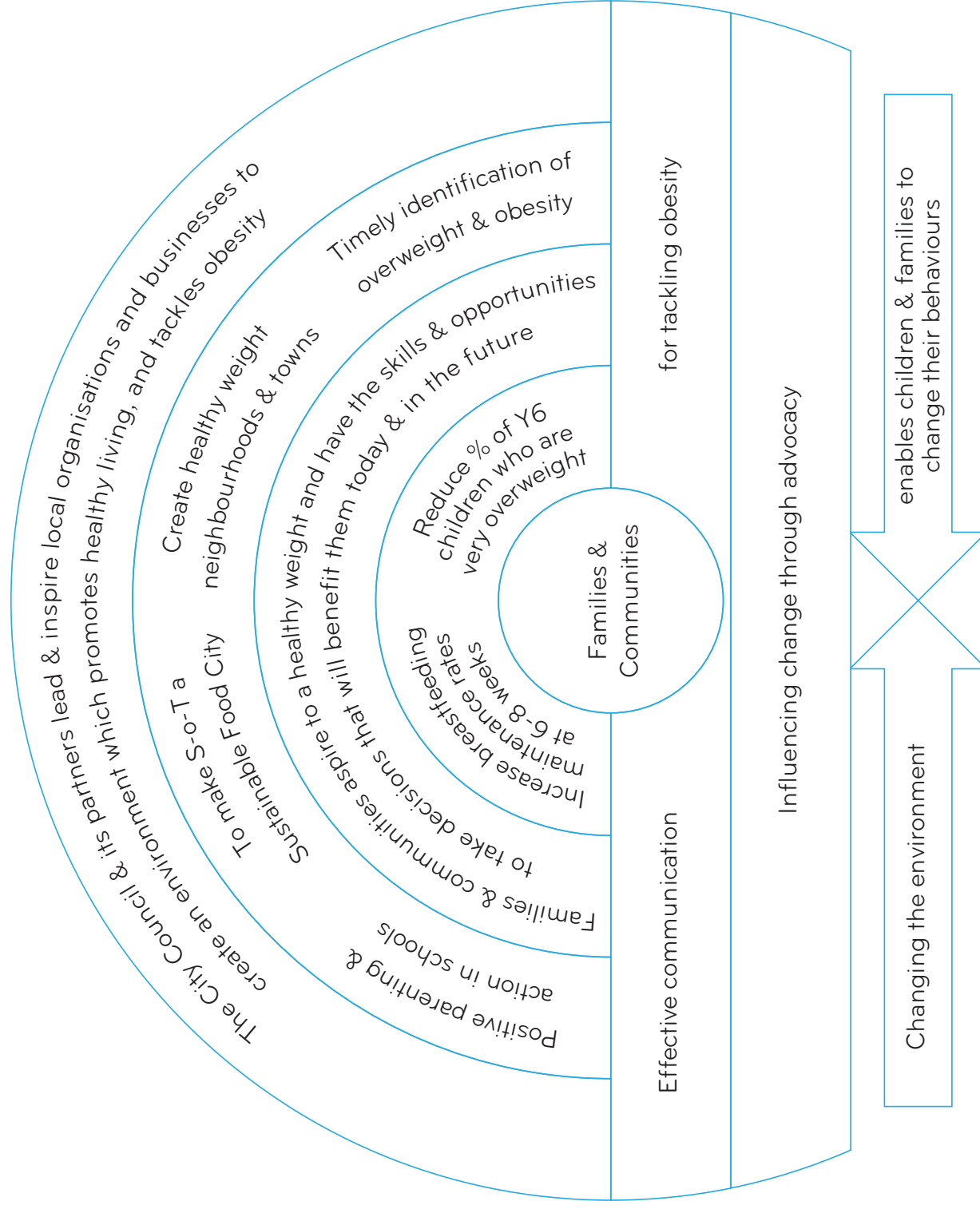
¹² House of Commons Health Committee (2004), Obesity, Third Report of Session 2003-04, HC 23-I, May 2004.⁹ Scientific Advisory Committee on Nutrition (2015) Carbohydrates and health report <https://www.gov.uk/government/publications/sacn-carbohydrates-and-health-report>

¹³ B McCormick (2007) 'Economic cost of obesity and the case for government intervention', Obesity Reviews, vol. 8, 2007, pp. 161-164

¹⁴ As 8

¹⁵ WHO (2014) The case for investing in public health; The strengthening public health services and capacity. A key pillar of the European regional health policy framework Health 2020 p.4 http://www.euro.who.int/_data/assets/pdf_file/0009/278073/Case-Investing-Public-Health.pdf?ua=1

Figure 2 Healthy weight strategy “plan-on-a-page” 2016-19

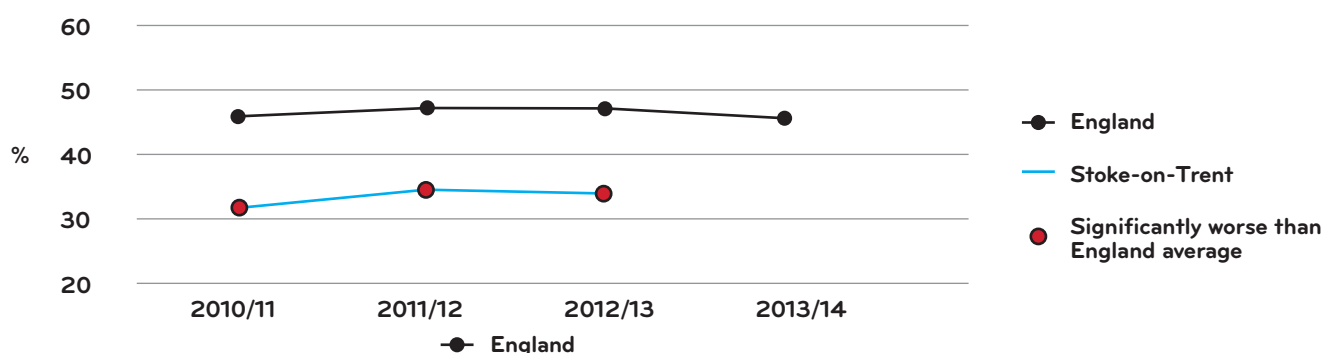


Priorities

The case for increased and sustained effort to tackle obesity is clear. The Council and its partners, working with local residents and communities, must work to co-produce a response to the obesity epidemic found in the city. It is only through concerted efforts to make obesity reduction ‘everyone’s business’ that we will achieve our local ambition to make healthy weight the norm again across all ages in Stoke-on-Trent.

Losing weight is difficult; which makes the maintenance of a healthy weight the overarching aim of this strategy. Prevention must start at the earliest opportunity. The Marmot Review (2010) into health inequalities identified giving every child the best start in life as its first policy objective¹⁶. For obesity this means women of child bearing age maintaining a healthy weight before conception and during pregnancy as neonatal deaths are more common in women who are overweight or obese¹⁷. Following birth, feeding in the first year of life impacts on lifelong health and development. Sustained breastfeeding provides clear health gains for mother and baby with breastfed babies being less likely to become obese adults¹⁸.

Chart 2 Breastfeeding prevalence at 6-8 weeks after birth in Stoke-on-Trent 2010/11 to 2013/14



The Council and its partners working with local residents and communities must find a response to the obesity epidemic. To this end, Stoke-on-Trent participated in a Local Government Association childhood obesity peer review in 2014¹⁹. The review made a series of recommendations that have been used to identify the following six high impact priorities to deliver this strategy’s ambition:

Positive parenting and action in schools; being healthy before and during pregnancy will have a positive impact on a baby’s weight status in later life, as will healthy infant feeding (including breastfeeding). A child’s early years are vital to establishing positive behaviours such as healthy eating and physical activity, including playing, scootering, cycling and walking which can be reinforced and maintained by a supportive school environment, including active transport to school.

Stoke-on-Trent: a Sustainable Food City; our food, and the path that food travels from field to fork, influences our health and the quality of our lives. Food must not just be good for people and their health; it must also be good for the local economy and businesses. Creating a sustainable food city helps to build resilient communities and addresses the issue of food insecurity.

¹⁶ The Marmot Review (2010) <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> (Accessed 30th September 2015)

¹⁷ Avenell A, Broom J, Brown TJ, et al (2004) Systematic review of the long-term effects and economic consequences of treatments for obesity and implications for health improvement. *Health Technol Access*, 8(21)

¹⁸ 3. Department of Health. Implementation plan for reducing health inequalities in infant mortality: a good practice guide http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081336.pdf 14 December 2007 (Accessed 30 September 2015)

¹⁹ Full details here: <http://www.stoke.gov.uk/ccm/content/social-care/health/obesity-folder/childhood-obesity-peer-challenge.en>

Create healthy weight neighbourhoods and towns; building public health considerations into planning policies, decisions and programmes will ensure that the built and green environment of Stoke-on-Trent encourages and enables residents to maintain a healthy weight. By making more space available for people to grow their own produce, designing buildings which encourage stair use and urban planning which facilitates active transport all help increase access to healthy food and opportunities to be more physically active.

Timely identification and management of overweight and obesity; once gained, weight can be difficult to lose. Identifying changes in weight status as early as possible and providing effective advice, support and treatment will assist families and adults to achieve a healthy weight.

Effective communication for tackling obesity; messages around weight, physical activity and food can be confusing and contradictory. Instead, clear and concise messages should be provided to local residents and organisations at every opportunity to strengthen and reinforce people's knowledge and skills.

Influencing change through advocacy; because the negative impact of obesity is not felt by organisations until the condition is well established, tackling obesity may not be a top priority. For our healthy weight ambition to be achieved organisations from across the city and across all sectors must commit to preventative action and be accountable for its delivery.





Actions

Positive parenting and action in schools

- Review advice and support offered to women of a child bearing age and who are pregnant to ensure more women maintain a healthy weight during pregnancy
- Provision of breastfeeding support
- Transform food culture in Primary and Secondary Schools through a local Food For Life (FFL) commission
- Investigate feasibility of introducing a commission to promote a life-course and settings approach to transform health and sustainable food culture (linked to priority 3 Sustainable Food City)
- Support parents, carers and children to choose walking and cycling as the preferred method of transport to school
- Increase participation in school sport as part of European City of Sport 2016

Stoke-on-Trent; a Sustainable Food City

- Support the development of a cross sector food partnership
- Develop an action plan on healthy and sustainable food which includes becoming a member of the Sustainable Foods Cities Network
- Achieve the Bronze Sustainable Food Cities award

Create healthy weight neighbourhoods and towns

- Support the development of the Joint Local Plan and input into the plans monitoring. This may also include the development of supplementary planning guidance
- Ensure Health Impact Assessments are carried out in a timely and appropriate way
- Implementation of a Wayfinding scheme for Stoke-on-Trent, to be linked to Heritage Trail and other initiatives to increase walking and cycling to schools and workplaces
- Implementation of the national workplace health charter to the Council, NHS and small and medium sized businesses, including the Social and Corporate Responsibility Deal

Timely identification and management of overweight and obesity

- Delivery of National Child Measurement Programme (NCMP)
- Re-launch Making Every Contact Count
- Provision of family-based, multi component lifestyle weight management services for children with a BMI on the 91st centile or above, with comorbidities assessed in children with a BMI on or above the 98th centile, starting with children aged 4-11 years old
- Review of current local child and adult weight management pathways and make links to all relevant Long Term Conditions pathways, such as diabetes, to ensure investment is as coherent as possible

Effective communication for tackling obesity

Deliver a partnership Healthy Weight communications plan which:

- Encourages people to make changes in line with existing advice
- Encourages physical activity to avoid low energy expenditure
- Encourages dietary habits that reduce the risk of excess energy intake
- Gives further advice for parents and carers of children and young people
- Encourages adults to limit the amount of alcohol they drink
- Encourages self-monitoring
- Clearly communicates the benefits of maintaining a healthy weight
- Clearly communicates the benefits of gradual improvements to physical activity and dietary habits
- Tailors messages to specific groups

Influencing change through advocacy

- Ensure all council members and all staff working with local communities both within and across partnership organisations, including the media, are aware of the importance of preventing and managing obesity
- Establish an accountable Healthy Weight Alliance to maintaining partnership action across the Healthy Weight Strategy action plan
- Develop a performance management framework to monitor the delivery of the Healthy Weight Strategy action plan



Physical activity recommendations

1. For infants that are not yet walking physical activity should be encouraged from birth, particularly through floor-based and water-based activities in a safe environment
2. Early Years (Under 5s); children of pre-school age who are capable of walking unaided should be physically active daily for at least 3 hours spread throughout the day
3. All children and young people aged 5-18 years should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours a day, with activities including those which strengthen bones on at least three days a week
4. All children and young people should minimise the amount of time spent being sedentary for extended periods of time
5. Adults should undertake 2.5 hours of moderate activity per week, in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency
6. Older adults (65+ years) who participate in any amount of physical activity gain some benefits including maintenance of good physical and cognitive function. Some physical activity is better than none, and more provides greater health benefits.

More information on physical activity recommendations can be found here;
<https://www.gov.uk/government/publications/uk-physical-activity-guidelines>

Healthy eating top tips

1. A healthy balanced diet should contain:
 - plenty of fruit and vegetables
 - plenty of bread, rice, potatoes, pasta and other starchy foods
 - some milk and dairy foods
 - some meat, fish, eggs, beans and other non-dairy sources of protein
 - some foods and drinks high in fat and or sugar are not essential to a healthy diet, and should be consumed only in small amounts.
2. The eatwell plate is a visual representation of how different foods contribute towards a healthy balanced diet. The size of the segments for each of the food groups is consistent with government recommendations for a diet that would provide all the nutrients required for a healthy adult or child (over the age of 5).