

# Nottingham City Physical Activity & Nutrition Declaration

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Version Control			
Version	Date	Change Details	Author
0.1	April 2017	Original report and declaration written by DJ and LL	DJ & LL
0.2	June 2017	Amendments following consultation with POD Steering Group	DJ
0.3	Sept 2017	Amendments following consultation with select members of the Health and Wellbeing Board	DJ & CK

#### PURPOSE OF REPORT:

This paper is intended to provide Nottingham City Health and Wellbeing Board (HWB) with a framework on which future strategic partnership aimed at tackling inactivity and improving the quality of the diet of Nottingham City population.

Members of the Health and Wellbeing Board are asked to endorse the paper and accompanying declaration and encourage partner organisations outside of its membership to sign the declaration.

#### RECOMMENDATIONS:

The Health and Wellbeing Board are asked to:

1. Note and support through signatory the Declaration on Physical Activity and Nutrition, and its contribution to the wider Physical activity, Obesity and Diet Strategic Plan.

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## 1. INTRODUCTION

- 1.1. The Declaration is intended for the Nottingham City Health and Wellbeing Board, comprising of key local leaders from the City Council, NHS and the wider community as well as external organisations who impact the health of the population. It provides an agreed framework to work together to develop an insight and behaviour change approach to physical activity and nutrition across Nottingham City in order to impact on the health, social and economic outcomes for the city.
- 1.2. The framework will provide an approach which ties together the goals of the Health and Wellbeing Board with the strategic goals of Nottingham City Council Public Health and other organisations (e.g. Sport England). It places the people of Nottingham City first and central to all thinking and delivery whilst contributing to individual organisations' strategic priorities.
- 1.3. The origins of the strategic partnership arise from significant work by the Health and Wellbeing Board and Nottingham City Council to position the case for action on physical activity, obesity and diet in order to impact wider economic, health and social priorities.
- 1.4. At a national level the timing is opportune given new national policy around diet quality and physical activity.
  - 1.4.1. The National Childhood Obesity Plan includes plans for sugar reduction and the introduction of a soft drinks levy.
  - 1.4.2. The Committee of Advertising Practice has extended bans on the advertising of food or drink high in fat, salt or sugar (HFSS) across all non-broadcast media targeted at under-16s from July 2018.
  - 1.4.3. NHS England has launched a voluntary sales reduction scheme, asking suppliers on NHS premises to reduce the total volume of monthly sugar-sweetened beverage sales to 10% or less of their total volume of drinks sales.
  - 1.4.4. Sport England has released the 'Towards an active nation' strategy that, alongside the governments 'Sporting Future' strategy, shifts away from sport for sports sake with renewed focus on the individual, social, and economic outcomes as well as recognising the need to direct resources towards the least active in society.

- 1.5. The proposed declaration has been developed as a part of Happier Healthier Lives, the Nottingham City Joint Health and Wellbeing Strategy 2016-2020 and the associated Healthy Lifestyles Action Plan which includes an action to reduce access to unhealthy food and increase access to healthy food in workplaces and public buildings. The Nottinghamshire Sustainability and Transformation Plan 2016-21 and aligned Physical Activity, Obesity and Diet Strategy 2017-2020 also supports the intent of this declaration through a commitment to increasing physical activity within partner organisations and local businesses.
- 1.6. This work has included broad consultation with various stakeholders including the HWB to understand priorities and opportunities for changing population level health. It identified the need for a more radical approach that shifts population culture not just individual behaviours.
- 1.7. Two Health and Wellbeing Development sessions have been held 21<sup>st</sup> December 2016 and 30<sup>th</sup> August 2017, hosted by Nottingham City Council Public Health with senior representation from within the council and across a variety of organisations.

## 2. THE CASE FOR CHANGE

2.1. The evidence base for taking action on nutrition and physical activity is compelling.

### 2.2. Obesity

2.2.1. The National Child Measurement Programme (2015/16) shows that Nottingham's children have significantly higher levels of obesity compared to the England average at age 4 to 5 years (12% compared to 9%), and at age 10 to 11 years (24% compared to 20%)<sup>1</sup>.

2.2.2. One in four of the City's adults are obese (24%) and the city has poorer rates of breast feeding initiation, child tooth decay and fruit and vegetable consumption, than the England average<sup>2</sup>.

2.2.3. Excess weight and poor nutrition are not distributed evenly amongst the population. Nationally, children from the poorest income groups are more than twice as likely to be obese compared to their most well off counterparts<sup>1</sup>. The deprivation gap as measured by the differences in obesity prevalence between the most and least deprived areas continues to increase over time<sup>3</sup>. These differences are also present amongst adults<sup>4</sup>.

2.2.4. Obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture<sup>5</sup>. As such, strategies to improve population nutrition need to be diverse and act across the whole system.

## 2.3. Nutrition

2.3.1. Diet quality is estimated to contribute to 15.5% of the ill health burden in Nottingham City, second only to tobacco smoke (16.2%). In addition to the health burdens associated with excess weight (13.8%) and child and maternal malnutrition (1.5%) diet quality is an influential, modifiable factor in the burden of ill health on the Nottingham City population (Local analysis of Global Burden of Disease model<sup>6</sup>).

2.3.2. Malnutrition (or “undernutrition”) affects over 3 million people in the UK. It is estimated that 30-42% of patients admitted to care homes and 10-14% of people living in Sheltered housing are at risk of malnutrition<sup>5</sup>.

## 2.4. Physical Inactivity

2.4.1. Inactivity is defined as doing less than 30 minutes of moderate intensity activity per week<sup>7</sup>. It is one of the top ten causes of early mortality in England<sup>6</sup>.

2.4.2. Nottingham has a high level of inactive population (24.8% of the population v England average of 22.0%)<sup>2</sup>, with an estimated cost to health services in Nottingham City of £2.02m per year (2013/14 prices) related to preventable diseases (heart disease, diabetes, CVD, cancer)<sup>8</sup>.

2.4.3. In addition, costs to the wider economy are also evident including social care and losses to business such as: health-related productivity losses often resulting in sickness absence, increased staff turnover, loss of skills base, downtime, recruitment and re-training.

## 2.5. Taking action

2.5.1. In 2016, the UK government released details of a Childhood Obesity Plan. This plan outlined a need for a comprehensive approach to preventing obesity with a range of proposed measures. These included but were not limited to: a new soft drinks levy; supporting reformulation of existing products to reduce sugar; making healthy options available in the public sector; and making schools healthier.

2.5.2. In 2015, Public Health England<sup>8</sup> and Health Select Committee<sup>9</sup> both released reports which discussed the evidence behind options for the Childhood obesity plan. In addition to the final plan these two documents discussed marketing and promotions highlighting the effect, particularly on children's preferences, purchase behaviour and consumption.

2.5.3. The Obesity Health Alliance, a collaboration of a variety of UK leading medical bodies<sup>i</sup> and charities<sup>ii</sup> released a joint policy position on obesity in 2017<sup>10</sup>. They called on the government to make healthy choices easier (e.g. reformulation, retail environments and clear labelling); create healthy environments (e.g. Schools, Hospitals and give additional powers to LA); train the workforce and support individuals; and protect children (e.g. close existing loopholes to restrict children's exposure to junk food including additional rules to cover sponsorship of sports and family attractions).

2.5.4. The Sport England Strategy 2016-2021: Towards an Active Nation<sup>11</sup> set out the organisations plans to re-focus its resources on tackling inactivity; build positive attitudes on physical activity through investment in Children; support those already taking steps to increase their physical activity; encourage collaborative working; and innovative practice that keeps up with technological advancements and behaviour change theory.

### 3. THE OPPORTUNITIES

3.1. The declaration lays out a shared set of principles to guide both individual organisations and a way of working together to deliver change.

3.2. In particular, the declaration provides a unique opportunity to:

3.2.1. Embed the contribution good nutrition and physical activity can have into the structures and systems within the Health and Wellbeing Board and across its organisations.

3.2.2. Provide a framework which offers fundamentally different propositions that acknowledge not just the role individuals play but the contribution communities,

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<sup>i</sup> e.g. British Medical Association, Academy of Medical Royal Colleges, Faculty of Public Health, British Dietetic Association and others

<sup>ii</sup> e.g. British Heart Foundation, DiabetesUK, World Cancer Research Fund and others

culture, and the built environment can make to the nutrition and physical activity behaviour of those people living and/or working in Nottingham City.

3.2.3. Demonstrate impact across the Health and Wellbeing Board Strategy and Sustainability and Transformation Plan and contribute in new ways to achieving the shared performance measures.

3.3. The members of the Health and Wellbeing Board have the opportunity to hold each other to account. Nottingham City Council Public Health can facilitate this by outlining a structure on which to report annual progress.

#### 4. PRIORITIES FOR INITIAL EXPLORATION

4.1. Priority themes include:

4.1.1. **Work and Health** - encouraging organisations to take a lead through a focus on the physical activity and nutrition environment provided to employees using the national health and wellbeing charter as a guide to build upon.

4.1.2. **Advertising and Sponsorship** - encouraging responsible partnership and avoiding conflicts of interest through the sponsorship of events and schemes by sectors of the food industry whose primary products are not in-line with the interests of the health of the population, especially with respect to Children.

4.1.3. **Changing Culture** - working to ensure organisations consider the impacts of policies and actions on the nutrition and physical activity behaviours of those it comes in contact with. To also establish a social movement around good nutrition and physical activity where we strive to make the healthy option the easy/default option.

#### 5. RECOMMENDATIONS

5.1. The Health and Wellbeing Board are asked to:

5.1.1. Note and support, through signatory, the Declaration on Physical Activity and Nutrition, and its contribution to the wider Physical activity, Obesity and Diet Strategic Plan.

**Nottingham City**  
**Health and Wellbeing Board**  
**Physical Activity & Nutrition**  
**Declaration**

DRAFT



*“This declaration encapsulates a vision to improve physical activity and nutrition in Nottingham City and in doing so secure the health and well-being of the local population.”*

DRAFT

## **1. PARTIES TO THIS AGREEMENT**

- 1.1. This declaration on physical activity and nutrition is a statement owned by the voting and non-voting members of the Nottingham City Health and Wellbeing Board<sup>iii</sup>.
- 1.2. It is open to signatory from all local organisations who wish to demonstrate a commitment to improving nutrition and increasing physical activity (or decreasing physical inactivity) through promoting the health and wellbeing of staff and citizens.
- 1.3. A list of signatories will be hosted on the Health and Wellbeing website.

## **2. OPPORTUNITY**

### ***As local leaders in public health we welcome the:***

- 2.1. Opportunity for local health and social care organisations to lead local action to prevent obesity, improve physical activity and nutrition, securing the health and wellbeing of our residents whilst considering available social, environmental and financial NHS and social care resources.
- 2.2. Opportunity to protect some of the most vulnerable in society by giving children the best start in life and enabling all children, young people and adults to maximise their capabilities and make informed choices.
- 2.3. Opportunity to solidify a set of common principles that can guide fundamentally different propositions. These can help local organisations contribute in new ways to the achievement of the Health and Wellbeing Board's Strategy and performance measures.

## **3. ACKNOWLEDGEMENT OF THE EVIDENCE BASE**

### ***As local leaders in evidenced based public health we acknowledge that:***

- 3.1. Physical inactivity, poor nutrition and obesity are significant contributors to premature death and morbidity (e.g. cardiovascular disease, cancer and type 2 diabetes) in our communities.

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<sup>iii</sup> A list of voting and non-voting members can be found at <http://www.nottinghamcity.gov.uk/health-and-social-care/adult-social-care/looking-after-yourself-and-keeping-healthy/health-and-wellbeing-board/>

- 3.2. Levels of obesity, diet quality, and physical inactivity are inequitable and vary by income and ethnicity;
- 3.3. Reducing the prevalence of obesity, malnutrition and physical inactivity in our communities significantly reduces costs to public services;
- 3.4. Obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture. It cannot be addressed through the actions of a single organisation and requires a 'whole system' approach;
- 3.5. Exposure to food and drink marketing can influence health and nutrition behaviour, particularly in Children. Advertising and marketing of energy-dense, processed foods and drinks increases their consumption.
- 3.6. Education, information and the increased availability of healthy alternatives help individuals to make healthy, informed food and drink choices;
- 3.7. The environment in which we live plays an important role in individuals' physical activity levels and has the power to encourage or discourage sedentary lifestyles.
- 3.8. The evidence base continues to evolve and innovation can be achieved through continued learning and engagement with research partners is required.

#### **4. ROLES AND RESPONSIBILITIES**

***We, the signatories, commit from this date to the principles outlined below and towards protecting the health and wellbeing of those who live and work in our city through a culture where physical activity and healthy food choices are promoted.***

##### **4.1. LOCAL & NATIONAL VOICE**

- 4.1.1. Use influence to encourage national government to take the most effective, evidence-based action to reduce physical inactivity and promote healthy food choices.
- 4.1.2. Increase the knowledge and understanding of the benefits of adequate nutrition, healthy food choices and physical activity amongst those living and working within Nottingham City.

## 4.2. HEALTHY WORKPLACES & SCHOOLS

- 4.2.1. Complete individual action plans and annual self-assessments of workplace activity. This should be guided by Sections 6 (Physical Activity) and 7 (Healthy Eating) of the National Workplace Wellbeing Charter or through the creation of a local charter to be agreed by the members of the Health and Wellbeing Board.
- 4.2.2. Review provision, procurement and placement of food products in all buildings, facilities and providers to make healthy foods and drinks more convenient and affordable and limit access to high-calorie, low-nutrient, processed foods and drinks.
- 4.2.3. Support the creation of workplace and community champions to advocate for and conduct brief intervention with regards physical activity and nutrition.

## 4.3. SPONSORSHIP/PARTNERSHIP WITH FOOD AND DRINK INDUSTRY<sup>iv</sup>

- 4.3.1. Protect residents from the commercial pressures and vested interests of the food and drink industry supplying processed foods high in % saturated fat, salt and/or sugar.
- 4.3.2. Ensure that commercial partnerships promote positive communications around diet, physical activity, oral health and healthy weight to the local community.

## 4.4. CULTURE CHANGE

- 4.4.1. Support the health and well-being of all citizens and take action to create a culture and ethos where the healthy food and physical activity choice is the easy/default choice.
- 4.4.2. Consider health in all policies – use existing powers including strategies, licensing and infrastructures including town planning and/or individual organisations' new building plans, to create sustainable, active environments and promote a healthy food culture.

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<sup>iv</sup> Where contracts/partnerships already exist these should be reviewed to minimise their impact on children and families. Commitments in 4.3 should subsequently be enacted at a time of partnership/contract renewal or extension.

- 4.4.3. Ensure public events promote active travel first and that the food and drink provided includes healthy provisions, supporting food retailers to deliver this offer.

## **5. WORKING RELATIONSHIPS**

### **5.1. SHARED APPROACH TO DELIVERING CHANGE**

- 5.1.1. Work will be insight led, based on a deep understanding of individuals and communities.
- 5.1.2. Innovation and 'test beds' are welcomed, Nottingham City has a desire to do things differently and to make a difference. Those engaging in innovative practice should work with partners from the Health and Wellbeing Board to identify and agree on key performance measures and rigorous evaluation methodologies.
- 5.1.3. Health and Wellbeing Board members will be expected to adopt a high challenge yet supportive approach to this agenda.

### **5.2. INFORMATION SHARING AND FREEDOM OF INFORMATION**

- 5.2.1. Organisations will be open and transparent regards the work being conducted to support their commitment to this declaration. Health and Wellbeing Board members will be expected to report annually and provide a written and/or verbal update on work and progress to support their on-going commitment to the declaration.
- 5.2.2. Signatories acknowledge that many Health and Wellbeing Board members are subject to the requirements of the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations and shall assist and co-operate with each other to enable compliance with its information disclosure obligations with regards the commitments under this declaration.

### 5.3. WIDER OPPORTUNITIES

5.3.1. This declaration is not intended to limit the scope for potential joint work and all parties may, within the spirit of Section 4.3, seek to explore any collaboration, locally, nationally or internationally, which might deliver against health and social care targets.

### 5.4. TIMESCALES FOR REVIEW

5.4.1. Health and Wellbeing Board members are expected to provide a written or verbal update of work and progress to support their on-going commitment to the declaration on an annual basis in keeping with 5.2.1.

5.4.2. All other signatories are encouraged to review progress on an annual basis and, if requested, provide written/verbal updates to the Health and Wellbeing Board within an appropriate timescale.

### 5.5. GENERAL

5.5.1. This declaration will come into force on the date of signature below and will remain in force unless terminated.