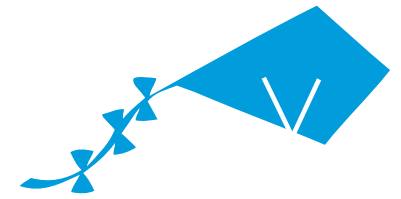


# Healthy Weight Strategy

for Nottingham City 2011-2020



Live longer...  
Decade  
of  
Better  
Health  
...happier, healthier



# Foreword

## Healthy Weight Strategy for Nottingham 2011-2020:

Many things affect our health, but one issue of concern to us all is maintaining a healthy weight. In our society today, it seems ever harder to do something about this. We are less and less active in our day-to-day lives and high-energy food choices are readily available.

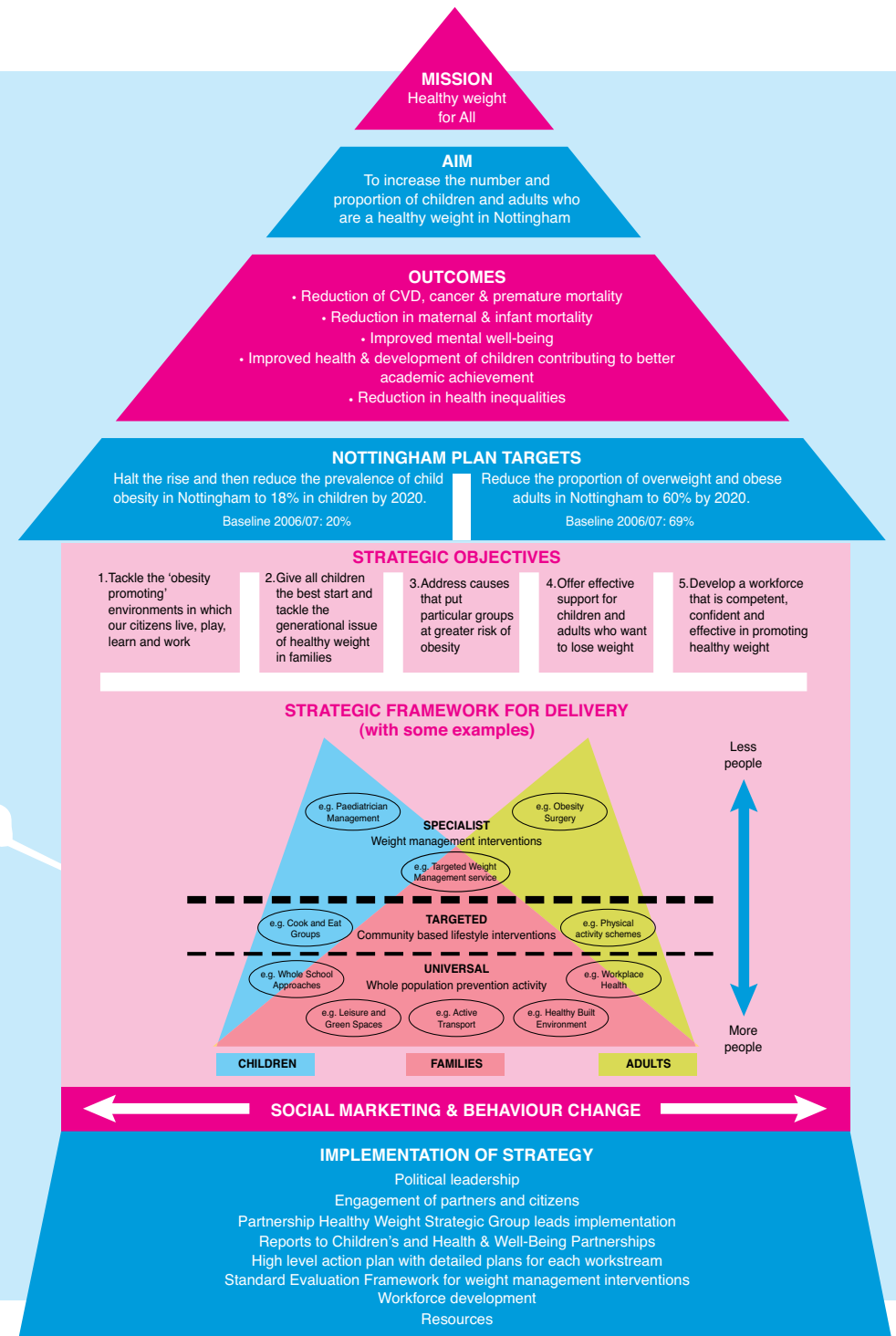
Nottingham City's Healthy Weight Strategy sets out a vision for a healthier Nottingham. It is appropriately ambitious, putting the health of every citizen at the centre. If we achieve our objectives, we will have every right to feel proud of Nottingham as a healthy place to live. Achieving our targets could save 280 lives by 2020, as well as bringing wider health benefits to the people of Nottingham.

However, this is not to underestimate the scale of the challenge. We already have good foundations in place with plans setting out a logical framework with objectives that are achievable if we work together. The alternative option of taking no action and waiting to see what happens is simply not acceptable.

Building on the many successful programmes that already exist across the City, Nottingham's Healthy Weight Strategy will lead to a healthier environment that encourages and supports children and adults to make healthier choices for improved quality of life. By working in partnership, we will increase the number of children and adults who have a healthy weight. We owe it to our families, communities and ourselves to give this strategy our full support.



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Portfolio Holder for Adults and Health,  
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Portfolio Holder for Children's Services,  
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# Preface

This strategy builds on a range of authoritative national documents which have been published in recent years<sup>1,2,3,4</sup> and takes into account the local leadership and action on public health issues that is being enabled by the Public Health White Paper *Healthy Lives, Healthy People*<sup>5</sup>. It also builds on the Nottingham City child obesity strategy and action plan, which was commended by the Childhood Obesity National Support Team in 2009.

The issue of achieving and maintaining a healthy weight affects us all, individually and collectively. Nottingham City has therefore decided to develop a single overarching framework for action so that children, families and adults can achieve a healthy weight.

Personally achieving and maintaining a healthy weight depends to an extent on those around us, our culture and environment. We all have a role to play, whatever stage of life, or role in the family and society.

A broad variety of policies and strategies that support healthy weight have already been developed by partners from all sectors across the City. The aim of Nottingham's Healthy Weight Strategy is to bring together all this existing action within an overarching framework to ensure a coordinated and comprehensive approach.<sup>a</sup>



**Ian Curryer**, Corporate Director Children & Families, Nottingham City Council

**Dr. Chris Packham**, Executive Director of Public Health, Nottingham City Council and NHS Nottingham City

**The issue of achieving and maintaining a healthy weight affects us all, individually and collectively.**

<sup>a</sup> The focus of this strategy is on tackling overweight and obesity in Nottingham in order to help people maintain a healthy weight. Whilst some measures also address the issue of underweight, malnutrition and eating disorders are addressed elsewhere.



This document describes our partnership plans to promote healthy weight and tackle unprecedented levels of obesity. Success of the strategy will result in 43,000 more adults in Nottingham with a healthy weight (along with the health benefits that will bring).

The term ‘healthy weight’ is used to describe an individual’s body weight that is appropriate for their height and benefits their health. Above the healthy weight range there are adverse effects on health and wellbeing. Our vision for Nottingham is that:

- All Nottingham citizens and their families experience the benefits of being a healthy weight.
- Nottingham is a place where healthy lifestyles are the normal way of life and where every adult and child is informed, able and motivated to make positive choices regarding nutrition and physical activity.

The evidence is very clear. Significant action to prevent obesity at a population level that targets elements of the ‘obesity promoting’ environment as well as improving nutrition and physical activity in individuals is required. This strategy brings together, coordinates and focuses the contributions of all partner organisations. By aligning our efforts we will increase the number and proportion of children and adults who are a healthy weight.

The Nottingham Healthy Weight strategy can be summed up in five strategic objectives as illustrated below.

Achievement of these objectives will involve action across the stages of life through childhood into adulthood with a particular focus on families. Action will be at three levels; universal (for whole population), targeted (for those at risk) and specialist (for those who are above a healthy weight).

## STRATEGIC OBJECTIVES

**1.** Tackle the ‘obesity promoting’ environments in which our citizens live, play, learn and work.

**2.** Give all children the best start and tackle the generational issue of healthy weight in families.

**3.** Address causes that put particular groups at greater risk of obesity.

**4.** Offer effective support for children and adults who want to lose weight.

**5.** Develop a workforce which is competent, confident and effective in promoting healthy weight.

### 1. Universal: Whole population prevention activity

We will create positive environments which actively promote and encourage a healthy weight in the city. This involves transport, the built environment, parks and open space and promoting access to affordable healthy food; as well as interventions such as the Healthy Child Programme, Healthy Schools and workplace health programmes.

### 2. Targeted: Community based lifestyle interventions

We will maintain and develop interventions to support individuals and communities most at risk of obesity to intervene earlier and reduce inequalities in obesity. This will include interventions to support individuals in becoming more active and eating more healthily.

### 3. Specialist: Weight management services

We will continue to develop the adult and child obesity pathways to ensure adequate and accessible support for those citizens who need support to achieve a healthy weight.

Tackling this issue will remain a partnership priority for health and wellbeing in Nottingham and will be supported by the mechanisms necessary for successful implementation of this strategy.

# Section 1 Introduction

## 1.1 What do we mean by “Healthy Weight” and “Obesity”?

The term ‘healthy weight’ is used to describe when an individual’s body weight is appropriate for their height and benefits their health. Above the healthy weight range there are increasingly adverse effects on health and wellbeing. Weight gain can occur gradually over time when energy intake from food and drink is slightly greater than energy used through the body’s metabolism and physical activity.

## 1.2 Measurement of Healthy Weight, Overweight and Obesity

The recommended measure of overweight and obesity in adults is body mass index (BMI)<sup>9</sup>. BMI is calculated by dividing body weight (kilograms) by height (metres) squared. In children this is adjusted for a child’s age and gender. Although it does not directly measure body fat, having a higher than recommended BMI in adulthood increases risk of chronic diseases. Children with BMI in the overweight and obese range are more likely to become overweight or obese adults.

**Table 1: BMI classifications for adults**

Classification	BMI Centile
Underweight	>18.5
Healthy weight	18.5 - 24.9
Overweight	25.0 - 29.9
Obese	30.0 - 39.9
Morbidly Obese	>40

Source: NICE (2006)

Presently there is some debate about the definition of childhood obesity and the best way to measure it. The National Childhood Measurement Programme (NCMP) uses BMI reference charts to classify children which take into account children’s weight and height for their age and sex. Children over the 85th centile are considered overweight and those over the 95th centile, obese.

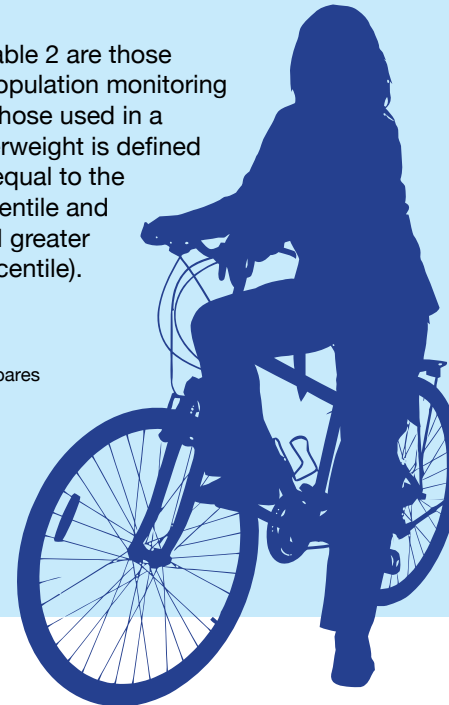
**Table 2: UK National Body Mass Index (BMI) percentile<sup>a</sup> classification or child.**

Classification	BMI Centile
Underweight	≤ 2nd centile
Healthy weight	2nd centile – 84.9th centile
Overweight	85th centile – 94.5th centile
Obese	≥95th centile

Source: NICE (2006)

The thresholds given in Table 2 are those conventionally used for population monitoring and are not the same as those used in a clinical setting (where overweight is defined as a BMI greater than or equal to the 91st but below the 98th centile and obese is defined as a BMI greater than or equal to the 98th centile).

<sup>a</sup> A BMI percentile (or centile) compares the child’s BMI to other children of the same age and sex. For example, if a boy is 8 years old and his BMI falls at the 60th percentile, that means that 40% of 8-year old boys have a higher BMI and 60% have a lower BMI than that child.



# Causes of Overweight and Obesity

## 1.3 Causes of Overweight and Obesity

Physiological, psychological, social and environmental factors all contribute to overweight and obesity in individuals, communities and wider society.

Most people's bodies are efficient at storing excess energy from our diets as fat. This helped our ancestors survive during times when food was not plentiful. Our bodies regulate appetite and storage of fat through complex mechanisms. Research suggests there is a strong drive to address hunger but a weaker drive to eat less when food is abundant as in modern societies such as in the UK.<sup>2</sup> There are many other physiological factors that influence our weight, such as early development before and after birth, how much physical activity we do and the types of food we eat.

Our weight is affected by our habits and beliefs. These in turn affect behaviour around healthy eating and physical activity. Low mood has been linked to obesity<sup>6</sup>. There are also links between social inclusion, wellbeing and physical activity and people not feeling fully in control of the food they eat.<sup>2</sup>

Social issues are important determinants of obesity in children and adults. Addressing deprivation through broad action across the One Nottingham Partnership will improve health, including healthy weight. Economic factors can influence an individual's ability to choose a diet that is lower in fats and sugars and access opportunities to be physically active. Concerns about safety, anti-social behaviour and crime may also deter people from being physically active in their local area.<sup>2</sup>

Broadly speaking, in recent years our living environment has become 'obesogenic'.<sup>5</sup> A plentiful supply of energy-

dense, flavour enhanced food and the day to day use of labour-saving devices means that it has become 'normal' to gain excess weight. Environmental factors affecting weight include how local housing estates are designed to encourage and enable people to walk and cycle compared with driving, the accessibility of shops and public services and the availability of good quality sport and leisure opportunities, including parks and open spaces.

**Our weight is affected by our habits and beliefs. These in turn affect behaviour around healthy eating and physical activity.**

<sup>5</sup> Obesogenic environment refers to the role that environmental factors may play in determining both energy intake and expenditure.



## Section 2 Vision and Strategic Targets

### 2.1 Vision for Nottingham

Our vision is for Nottingham to be a place where:

- All citizens and their families can experience the benefits of being a healthy weight.
- Healthy lifestyles are the normal way of life and every adult and child is informed, able and motivated to make positive choices regarding nutrition and physical activity.

### 2.2 Aim of the Healthy Weight Strategy

The aim of the Healthy Weight Strategy for Nottingham is to bring together, coordinate and focus the contributions of all partner organisations. By aligning our efforts we will increase the number and proportion of children and adults who are a healthy weight.

### 2.3 Targets

The Nottingham Plan is the City's Sustainable Communities Strategy which provides the overarching vision and direction for all the City's public strategies and plans. The Plan has six strategic priorities for the year 2020 including 'Healthy Nottingham' – aimed at improving health and wellbeing. The two objectives for Healthy Nottingham are:

- People will be healthier, happier and live longer and will feel able to achieve their potential and make a positive contribution to city life.
- Health inequalities between areas and social groups will be significantly reduced.

Healthy weight is integral to the achievement of these objectives and specific targets have been set for reducing obesity in both adults and children.

### Nottingham Plan Headline Targets related to Healthy Weight

- To halt the rise and then the prevalence of child obesity in Nottingham to 18% in children by 2020.
- To reduce the proportion of overweight and obese adults in Nottingham to 60% by 2020.

Monitoring the prevalence of healthy weight in children and adults is also likely to be a requirement of the national Public Health Outcomes Framework<sup>7</sup>.

Our local targets for increasing healthy weight are:

- To increase the proportion of Year 6 (aged 10-11 years) children who are a healthy weight to 66% by 2020.
- To increase the proportion of adults who are a healthy weight to 38.6% by 2020.

The other strategic priorities in the Nottingham Plan have the potential to make a positive contribution to increasing healthy weight in the city through influencing the causes of obesity and creating healthy and sustainable places and communities. These include workstreams to:

- Develop Nottingham's international standing for science and innovation, sports and culture.
- Transform Nottingham's neighbourhoods.

- Ensure that all children and young people thrive and achieve.
- Tackle poverty and deprivation by getting more local people into good jobs.
- Reduce crime, the fear of crime, substance misuse and antisocial behaviour.

This work is in line with:

- The emphasis on targeting the obesogenic environment described in the Foresight obesity review<sup>2</sup> and the social determinants of health set out in the Marmot review<sup>8</sup>.
- The new leadership role for Local Authorities in improving the health of the public set out in Healthy Lives, Healthy People<sup>9</sup>.





## Section 3 Summary - Where do we want to be?

### 2.4 Outcomes

Nottingham has made significant gains in improved life expectancy over the past 10 years by focusing on outcomes. It is now important not to fall back from the progress that has been made. Obesity contributes to premature mortality, increasing the risk of a number of diseases including cardiovascular disease, stroke and cancer. It also contributes to the life expectancy gap between different social groups.

We estimate that achievement of the targets could lead to the following outcomes by 2020<sup>d</sup>.

- 43,000 more adults with a healthy weight
- 280 less deaths from all causes
- 162 less deaths from cardiovascular disease
- 66 less deaths from cancer

Some outcomes are more difficult to quantify, yet it is expected that achievement of the strategy's targets will also result in:

- Reduction in the number of people with Type 2 diabetes and associated complications
- Reduction in maternal and infant mortality
- Improved health and development of children, contributing to better academic achievement
- Improved mental well-being
- Reduction in health inequalities

**Figure 1: Where do we want to be?**

Figure 1 illustrates a summary of our mission, aim, outcomes and targets.



<sup>d</sup> Calculated using estimates from Prospective Studies Collaboration (2009), Body-mass index and cause-specific mortality in 900 000 adults: collaborative analyses of 57 prospective studies. Lancet; 373: 1083-96. (web table 9).

## Section 3 Scale of the Challenge

### 3.1 National and Local Obesity Rates

The prevalence of overweight and obesity is increasing in virtually every country in the world and among virtually all age groups. Obesity rates in England have more than doubled in the last 25 years so that being overweight has become accepted as normal for adults<sup>2</sup>. In England, almost two thirds of the adult population is overweight or obese<sup>9</sup>.

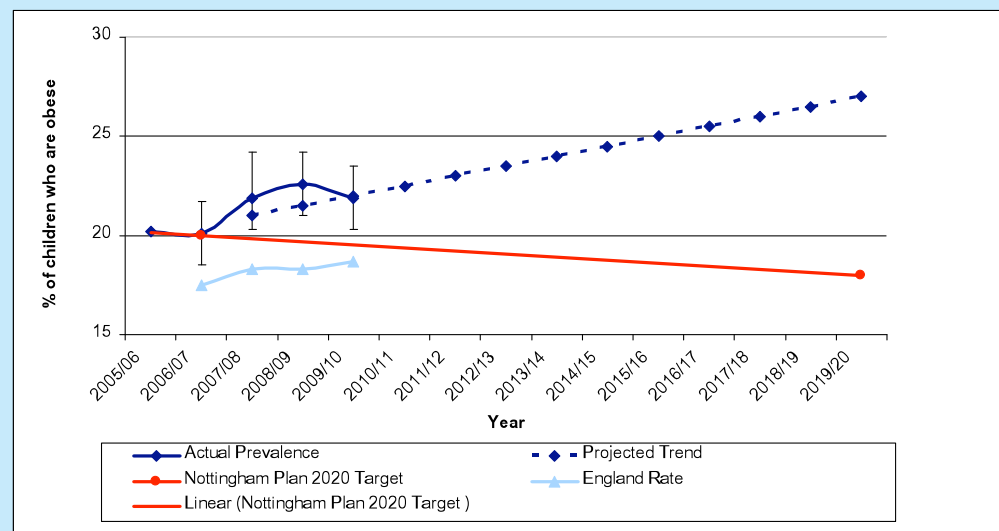
### 3.2 Healthy Weight in Children

Trends in child obesity are a particular cause for concern. Obesity has been rising rapidly in children in England over the past 20 years - the proportion of children classified as obese has nearly doubled for children aged 4-5 years and increased more than threefold for children aged 10-11 years<sup>10</sup>. However this increase may be starting to level off, as the rate of increase in child obesity has slowed compared to the increases observed between 1995 and 2004<sup>11</sup>.



The Child Measurement Programme (2009/10) shows that Nottingham's children have significantly higher levels of obesity compared to the England average at age 4 to 5 years (11.3% compared to 9.8%) and at age 10 to 11 years (21.9% compared to 18.7%). Amongst 10-11 year olds, over one third were overweight or obese. As illustrated by Figure 2, significant improvement is required if the 2020 target for children is going to be met.

Figure 2: Obesity prevalence in 10-11 year olds in Nottingham compared to England rates and Nottingham Plan targets



However, when Nottingham is compared to similar areas for 2009/10, it has the lowest levels of obesity in 10-11 year olds, along with Leicester (Table 3).

Table 3: Percentage of obese children aged 10-11 Years – ONS Centres with industry – B

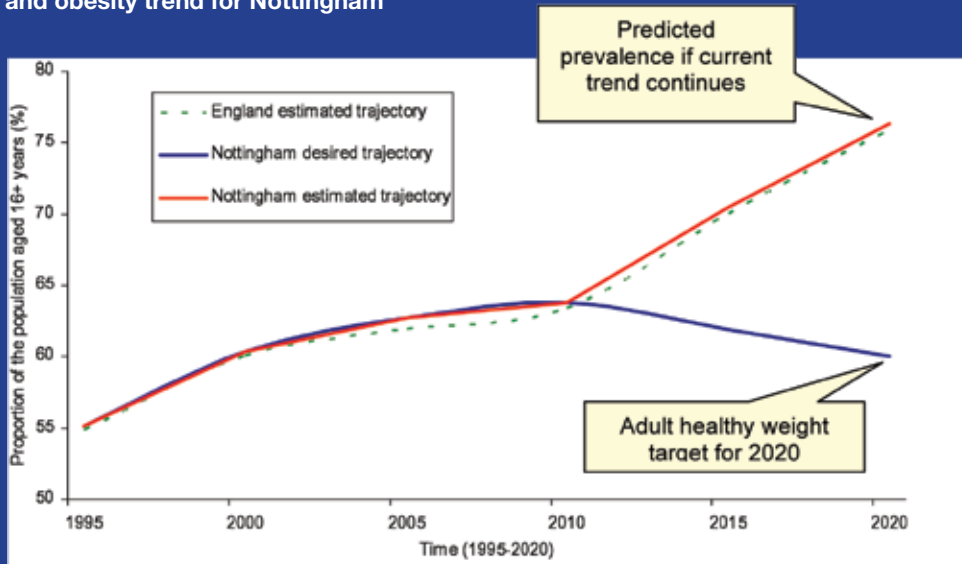
	2007/8 % Obese	2008/9 % Obese	2009/10 % Obese
England Average	18.3	18.3	18.7
Leicester	20.3	17.8	21.9
Nottingham	21.9	22.6	21.9
Birmingham	22.1	24.0	23.1
Sandwell	23.8	24.6	23.5
Barking & Dagenham	23.9	24.2	23.6
Manchester	21.9	22.6	24.0
Wolverhampton	22.3	23.5	24.7

### 3.3 Healthy Weight in Adulthood

It is estimated that 27% of residents aged 16 years and over (c.70,800 people) are obese in Nottingham City compared with 24.5% in England. An important factor is the higher levels of obesity amongst women in more disadvantaged areas.

Without intervention obesity prevalence nationally is predicted to rise to 60% of men and 50% of women by 2050 and this will place an increased burden on NHS and social care resources<sup>2</sup>. The local prevalence of obesity is likely to increase in line with national predictions as illustrated below.

Figure 3: Estimated adult combined overweight and obesity trend for Nottingham



Further details on prevalence of obesity in Nottingham can be found in the child and adult obesity, physical activity and diet and nutrition chapters of the Nottingham City Joint Strategic Needs Assessment.

### 3.4 Obesity and Inequalities

The prevalence of overweight and obesity has increased in all communities, demonstrating that the whole population is at risk and a population preventative approach is required.

However some sectors of the population are more at risk of developing obesity and its associated complications, contributing to inequalities in health.

### Local Obesity Fact

There are approximately 7,500 children\* aged 2-16 years and 70,800 adults\*\* who are obese in Nottingham City

\* Out of 48,500 citizens aged 2-16 years.

\*\*Out of 263,000 citizens aged 16 years and over.



### 3.4.1 Children at higher risk

- Prevalence of obesity almost doubles between the age of 4-5 years and 10-11 years.
- A greater percentage of boys than girls aged 2-10 years are overweight (including obese).
- Ninety seven percent of obese children have at least one parent who is either overweight or obese<sup>11</sup>.
- Children in the Bangladeshi, Black African, Black Caribbean and Pakistani (except Year 6 girls) groups were significantly more likely to be classified obese than individuals from the White British ethnic group<sup>12</sup>.
- It is estimated that 24% of children with learning disabilities are obese<sup>12</sup>.
- There is a direct relationship between deprivation and obesity in childhood. Figures 4 and 5 illustrate that the wards with the greatest proportion of children above a healthy weight are also the more deprived wards in the City.
- Mosaic groups O, K and N are those most likely to be obese in Nottingham City<sup>e</sup>.

Figure 4: Percentage of children overweight and obese in both reception (4-5 years) and Year 6 (10-11 years) in Nottingham City: Data from NCMP 2006-2009

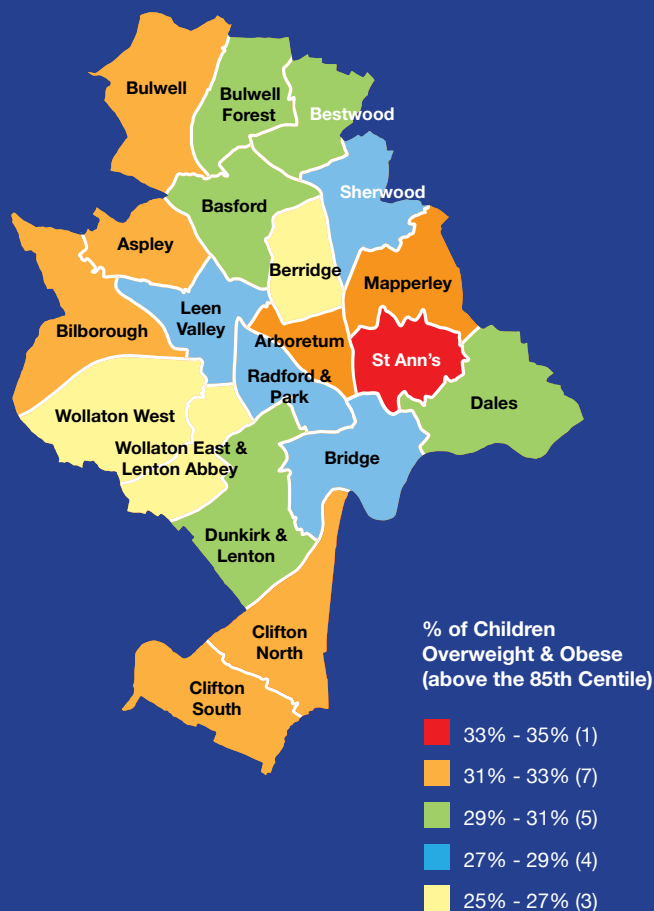


Figure 5: Nottingham City Wards by Deprivation (IMD 2007)



<sup>e</sup> Mosaic Public Sector classifies the population into 15 lifestyle groups to describe their social, economic and cultural behaviour. The three groups identified as being most at risk of obesity in Nottingham are all relatively deprived. Group O is described as 'families in low-rise social housing with high levels of benefit need', K as 'residents with sufficient incomes in right to-buy social housing' and N 'young people renting flats in high density social housing'.

### 3.4.2 Adults at higher risk

- Obesity prevalence significantly increases with deprivation in women in England but not in men<sup>13</sup>.
- Women during and approximately a year after childbirth can be at increased risk of gaining excess weight<sup>14</sup>.
- Men and women aged over 35 years, with the prevalence of obesity peaking in men aged 45-54 years and women 65-74 years<sup>11</sup>.
- Overweight and obesity is more common in Black Caribbean and African and Pakistani women than in the general female population, but in men, there is no significant difference between ethnic groups<sup>15</sup>.
- Adults of South Asian origin may experience greater increased risk of ill health at a lower BMI than European adults<sup>16</sup>.
- People with depression are more likely to be obese (and vice versa)<sup>6</sup>.
- People who stop smoking are at increased risk of gaining excess weight<sup>3</sup>.
- People with a learning disability have a higher prevalence of obesity<sup>17</sup>.
- Women following the menopause are at increased risk of gaining weight<sup>3</sup>.

### 3.5 Human Costs of Obesity

Being overweight or obese significantly increases the risks of developing and dying from cardiovascular disease, kidney and liver disease and cancer and the risk increases as BMI increases<sup>18</sup>.

The risk of ill-health increases the earlier a person

becomes obese<sup>19</sup>. Obese adults who were obese as adolescents have higher levels of weight-related ill health and a greater risk of early death than people who become obese in adulthood. Current trends suggest that 80% of children who are obese at age 10-14 will become obese adults, particularly if one of their parents is also obese<sup>2</sup>. The increasing prevalence of obesity in childhood is very likely to translate into greater levels of obesity among adults, increasing the risk of chronic diseases. More immediate consequences for children are social and psychological, including stigmatisation, bullying, low self-esteem and depression<sup>17</sup>.

### 3.6 Economic Costs of Obesity

There are significant health and social care costs associated with the treatment of obesity and its consequences, as well as costs to the wider economy arising from chronic ill health. Diseases related to overweight and obesity are estimated to cost NHS Nottingham City £88.3 million in 2010 and this will increase to £94.4 million by 2015<sup>20</sup>. It is estimated that additional indirect costs due to lost earnings due to sickness and premature mortality<sup>21</sup> would cost an additional £203 million in 2010 and £217 million by 2015 if current trends continue.

#### In summary:

- Nottingham has higher than average rates of obesity.
- Obesity is associated with deprivation and some particular groups are at increased risk.
- Obesity is a significant health and economic issue that according to current trends is not going away.
- Evidence points to a need for a whole population approach to address the rise in obesity across the entire population as well as targeted support for individuals at increased risk and those who want to lose weight.

## Human Costs of Obesity Facts

- 10% of obese people have diabetes compared with 2% of people who are a healthy weight.<sup>17</sup>
- There is a 40% increase in the number of deaths from heart disease for each 5 kg/m<sup>2</sup> increase in BMI amongst middle-aged people<sup>13</sup>
- 10% of all cancer deaths among non-smokers are related to obesity.
- People with morbid obesity live on average 8-10 years less than people who are a healthy weight - which is similar to the effects of life-long smoking.<sup>13</sup>
- Maternal obesity significantly increases risk of foetal congenital anomaly, prematurity, stillbirth and neonatal death.<sup>25</sup>

## Section 4 How Nottingham will promote healthy weight

### 4.1 An Evidence Based Approach

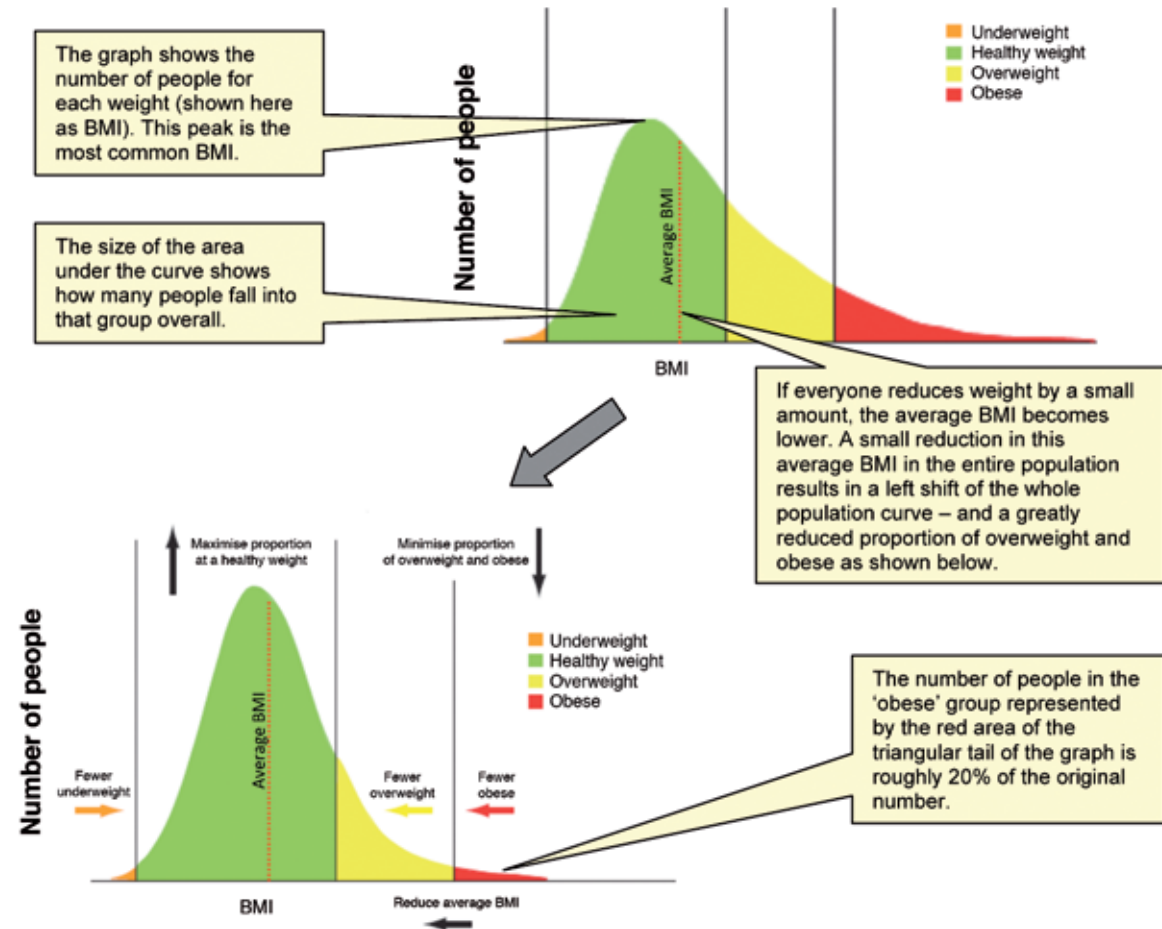
Achieving a higher proportion of healthy weight in the population is a complex social and public health issue.

The evidence is very clear that policies aimed solely at individuals will be inadequate and that simply increasing the number or type of small-scale interventions will not be sufficient to reverse the trend. We need significant effective action to prevent obesity at a population level targeting elements of the obesogenic environment as well as improving nutrition and physical activity in individuals.<sup>2</sup>

The benefits of influencing the whole population are illustrated in Figure 6. The most common BMI in the population is at the peak in the green area. By reducing the average BMI in the population by a small amount the whole population moves to the left and the proportion of people in the yellow and red areas (those who are overweight or obese) becomes much less.

There are seven National Institute of Health and Clinical Excellence (NICE) guidance documents associated specifically with healthy weight, physical activity or diet. The recommendations that are summarised in Appendix 2 demonstrate the wide partnership action required to address obesity. These recommendations apply to individuals and organisations across the public, private and community and voluntary sectors.

Figure 6: Illustrative chart of shifting weight distribution in the population to a healthy weight



Source: Adapted from Healthy Weight, Healthy Lives<sup>4</sup>

## 4.2 Objectives

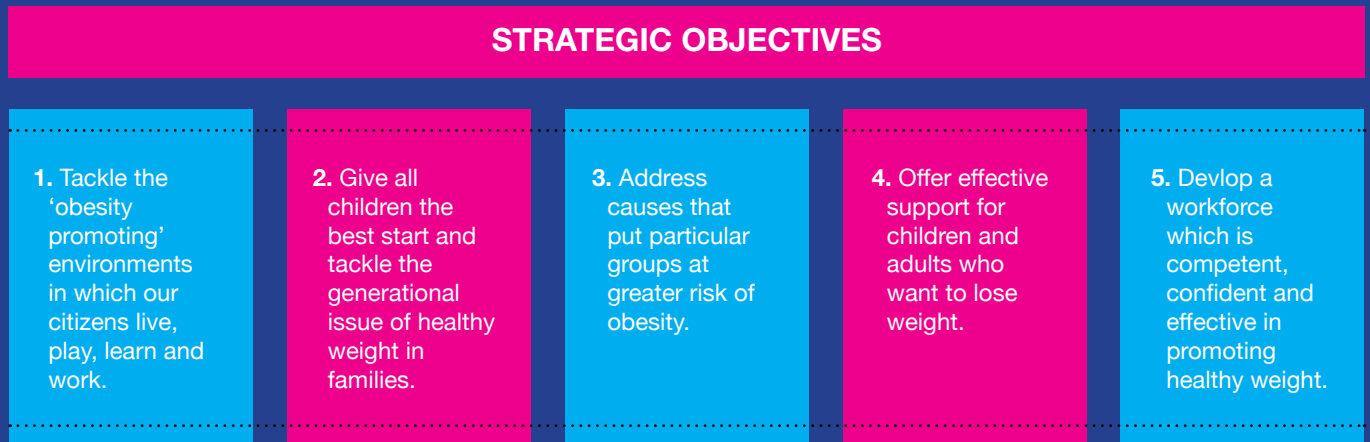
Our strategy can be summed up in five strategic objectives:

1. Tackle the 'obesity promoting' environments in which our citizens live, play, learn and work.
2. Give all children the best start and tackle the generational issue of healthy weight in families.
3. Address causes that put particular groups at greater risk of obesity.
4. Offer effective support for adults and children who want to lose weight.
5. Develop a workforce that is competent, confident and effective in promoting healthy weight.

### 4.3 Our Strategic Framework – turning the objectives into action

Based on evidence from research and practice<sup>2</sup> there are three main features of our approach:

1. **Comprehensive** – with action at all levels (individuals, families, communities and environmental) - recognising the fact that this is a society-wide issue influenced by a broad variety



These objectives will be achieved through our strategic framework set out below.

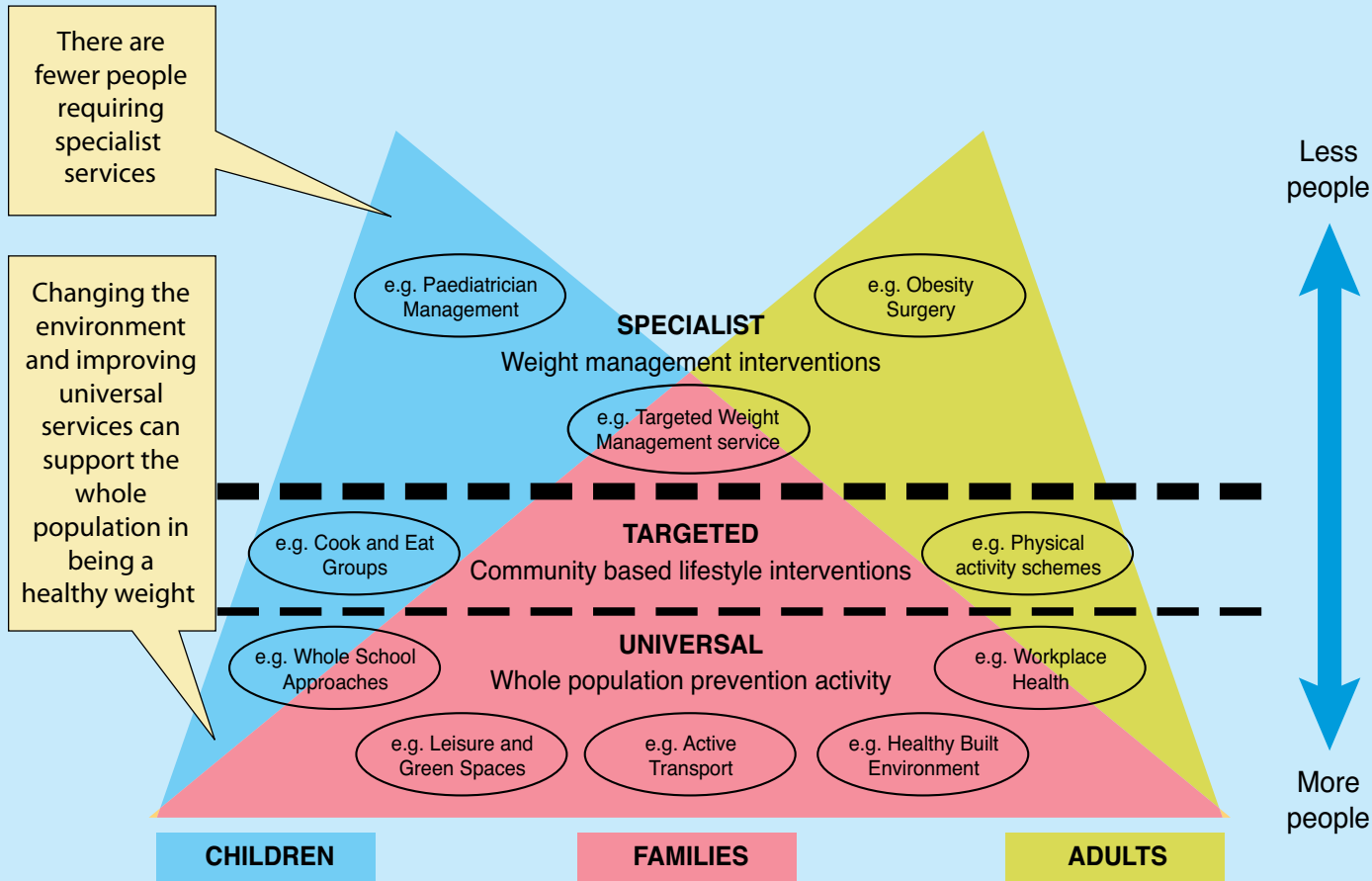
of environmental, community, family and individual factors; and the need for multiple interventions to make an impact on the whole population.

2. **Focused on intervening early** - recognising the importance of breaking intergenerational patterns set in early life and the need to influence the family.<sup>2</sup>
3. **Targeted** – ensuring support for all persons depending on their level of need (including prevention, targeted support and specialist intervention).

Figure 7 on page 16 illustrates how our work fits together.



**Figure 7: Strategic Framework for Development (with some examples)**



Achievement of our strategic objectives requires action across the life course from childhood to adulthood, with a particular focus on families. Basing the framework on our objectives allows us to check that we have sufficient action in each area: universal interventions aimed at helping us all to maintain a healthy weight; targeted lifestyle interventions to intervene early for those at greatest risk and specialist services for those who need support to achieve a healthy weight. In this way, we can match our activities to our strategy and highlight gaps in our approach.

The diagram includes a few specific examples of interventions to illustrate our approach:

- Universal example - the development of green spaces that enable people to be physically active.
- Targeted example - cooking skills courses for those on a low income.
- Specialist example - Slimming World on Referral.
- Children's intervention example - a whole school approach to healthy eating and physical activity.
- Adult intervention example - physical activity on referral scheme.

The triangles overlap because some interventions benefit both adults and children - whole families are often influenced by a targeted approach as seen in the middle of the diagram. Table 4 (page 19) gives a more complete list of the current interventions at the time of writing this strategy.





**Nottingham Plan Strategic Priorities can contribute as follows:**

- **Strategic Priority 2: Neighbourhood Nottingham - Transform Nottingham's neighbourhoods** – By making local environments more walkable, developing green spaces and active travel for all communities and improving access to leisure facilities.
- **Strategic Priority 3: Family Nottingham – Ensure that all children and young people thrive and achieve** – By promoting physical wellbeing through active play and providing healthy and safe environments and education that promote a healthy weight.
- **Strategic Priority 4: Working Nottingham – Tackle poverty and deprivation by getting more local people into good jobs** – By contributing to improved mental wellbeing and reducing the risk associated with obesity and depression. In addition it may reduce the economic imperative to buy nutritionally poor food that is high in sugar and fat.
- **Strategic Priority 5: Safer Nottingham - Reduce crime, the fear of crime, substance misuse and antisocial behaviour** – By creating safe environments that encourage physical activity, where citizens are enabled to be more sociable and increase their levels of physical activity.

This 'whole population' prevention activity provides the opportunity to make the greatest contribution to longer-term changes in the proportion of citizens who are a healthy weight.

## Universal: Whole population prevention activity

We will create positive environments which actively promote and encourage a healthy weight and address the factors which contribute to an obesogenic environment in the city. Changes to the physical and built environment are required as well as to universal services to maximise the potential for physical activity and healthy eating. This is where other partners of the One Nottingham Partnership can particularly contribute to the achievement of healthy weight targets in the Nottingham Plan.

## Targeted: Community based lifestyle Interventions

We will maintain existing services and develop new interventions to support individuals and communities most at risk of being above a healthy weight. Targeted interventions will help to reduce inequalities in obesity rates between groups and will ensure best use of resources.

The following factors will be considered to ensure that resources are allocated to those most at risk:

- Areas of the city with the highest child obesity prevalence, as measured through the child measurement programme.
- Areas of the city with the highest estimated adult obesity prevalence.
- The Mosaic groups with the highest prevalence of child and adult obesity in the city.
- Points across the life course where people are more at risk of obesity:
  - Early years (0-2 years)
  - Children aged between 5 and 10 years
  - Women during and after pregnancy
  - Prevention in adults aged less than 35 years
  - Weight management in adults aged over 35 years

- Women following the menopause
- People stopping smoking
- Older people following retirement
- Groups who can be more at risk of obesity:
  - Looked After Children
  - Children and adults living in the most disadvantaged areas of the city
  - Children and adults with a learning disability
  - Children of Pakistani, Black African and Black Caribbean heritage
  - Pakistani and African Caribbean women
  - Adults with depression or other common mental health problems

## Specialist: Weight management services

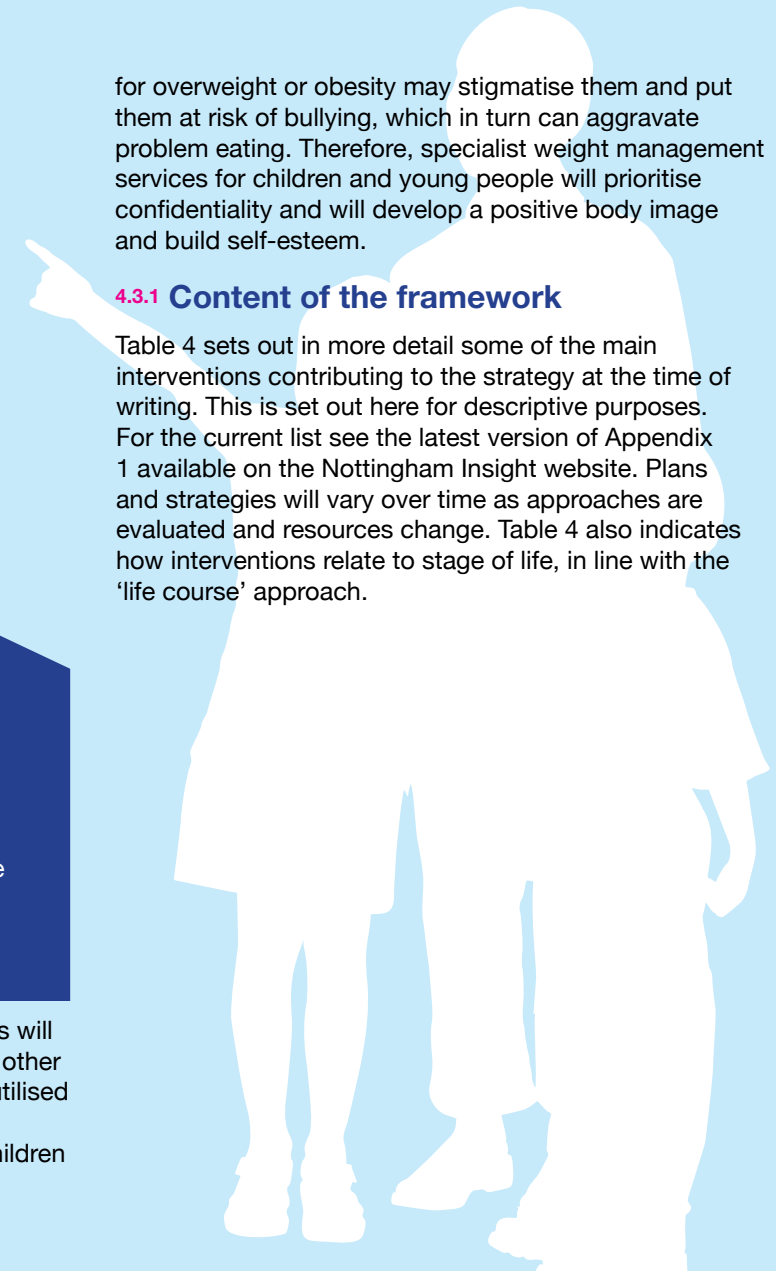
Under the proposed guidance for public health commissioning, commissioning of weight management services will be a public health responsibility of the local authority. To ensure coordinated weight management services, these will be developed in partnership with the Clinical Commissioning Group in the city.

Commissioning of weight management interventions will take account of NICE guidance and will ensure that other local services (such as psychological services) are utilised (eg. where common mental health problems are an important factor contributing to obesity). Treating children

for overweight or obesity may stigmatise them and put them at risk of bullying, which in turn can aggravate problem eating. Therefore, specialist weight management services for children and young people will prioritise confidentiality and will develop a positive body image and build self-esteem.

### 4.3.1 Content of the framework

Table 4 sets out in more detail some of the main interventions contributing to the strategy at the time of writing. This is set out here for descriptive purposes. For the current list see the latest version of Appendix 1 available on the Nottingham Insight website. Plans and strategies will vary over time as approaches are evaluated and resources change. Table 4 also indicates how interventions relate to stage of life, in line with the 'life course' approach.



**Table 4: Area of Intervention by Stage of Life**

In relation to the White Paper *Healthy Lives, Healthy People*, children includes the life course stages; ‘Starting Well’ and ‘Developing Well’ and adults includes ‘Living Well’, ‘Working Well’ and ‘Aging Well’.

Level	Area of Intervention	Children	Families	Adults
<b>Universal</b>	Transport - improving infrastructure and promotion of walking and cycling	•	•	•
	Built environment – creating environments conducive to health	•	•	•
	Improving parks, open spaces and playgrounds	•	•	•
	Healthy Child Programme 0-5 and 5-19 years (universal)	•		
	Baby Friendly Initiative in Maternity and Community Health Services –promotion and support for breastfeeding	•	•	
	Increasing and promoting active play opportunities	•		
	Parenting Support Strategy – healthy weight embedded within it	•	•	
	Healthy Schools Programme – whole school approach to promoting healthy weight	•		
	School PE and Sport Programme	•		
	Healthy Children’s Centre standards	•		
	Implementing Nutrition Standards in schools	•		
	City Smiles Dental Health Campaign	•	•	
	Child Measurement Programme – providing information and support to parents and children	•	•	
	Development of active leisure opportunities for children, families and adults	•	•	•
	City Leisure Centre Transformation Programme	•	•	•
	Decade of Better Health Programme	•	•	•
Nottingham City Council Food Policy	•	•	•	
Development of knowledge and skills of frontline staff around nutrition, physical activity and healthy weight	•	•	•	
<b>Targeted</b>	Breastfeeding social marketing campaign	•	•	
	Breastfeeding peer support	•	•	
	Weaning Programme	•		
	Healthy Start - free vouchers for fruit and vegetables	•	•	

Level	Area of Intervention	Children	Families	Adults
<b>Targeted</b>	Active Schools – promotion of physical activity to pupils in Years 5 & 6	•		
	Practical nutrition and healthy eating skills-based courses	•	•	•
	Healthy Community Centre Cafes	•	•	•
	Active Families - physical activities for families	•	•	•
	Fit for the Future – school sport and physical activity programme/ mentoring of staff	•		
	Physical Activity on Referral Service			•
	Healthy Lifestyle Referral Hub			•
	Wildlife in the City	•	•	•
	Walking Groups			•
	Healthy Eating courses			•
	Communities for Health Small Grants	•	•	•
	Development of knowledge and skills of frontline staff around nutrition, physical activity and healthy weight	•	•	•
	<b>Specialist</b>	Obesity Pathways (children, maternal and adults)	•	•
Healthy weight guidelines for under 2s		•		
Active families on referral (2-4 years)		•	•	•
Go4It! – weight management service for 5-13 year olds and parents/carers		•	•	•
Weigh to go pregnancy lifestyle classes				•
Slimming World on Referral		•	•	•
Weight management service for men				•
Dietetic weight management clinics		•	•	•
Medical and surgical services for very obese individuals		•		•
Network of weight management and overeating self-help groups		•	•	•
SHINE (self-help independence, nutrition and exercise) courses with peer support		•	•	•
Development of knowledge and skills of frontline staff around weight management	•	•	•	



#### 4.4 Encouraging change at the individual level and the *Decade of Better Health*

We will use the latest thinking from social psychology and behavioural economics such as MINDSPACE<sup>22</sup> to understand behaviour and develop approaches to behaviour change. This approach will guide our work to ensure that:

- *at the level of the individual* and the family, we use tailored messages and interventions to present people with choices that make sense to them.
- *at the population level*, we reach groups targeted according to risk with appropriate intervention.

This will be brought together under the *Decade of Better Health Programme*, which was launched in January 2010 to help deliver the health and wellbeing targets set out in the One Nottingham Plan (Local Strategic Partnership Strategic Plan). There are four distinct elements to the programme:

1. A high visibility communications and marketing strategy
2. Engagement and involvement of local people in the design, development and delivery of the programme
3. Development of strong multiagency partnerships
4. Evaluation, review and refresh.

NICE<sup>3</sup> outlined strategies for individuals to follow which may make it easier to maintain a healthy weight by balancing 'calories in' (from food and drink) and 'calories out' (from being physically active). Decade of Better Health will focus healthy weight activities on these key messages, shown in Boxes 1 and 2.

#### Box 1: Strategies to help people achieve and maintain a healthy weight

##### DIET

- Base meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain whenever possible.
- Eat plenty of fibre-rich foods – such as oats, beans, peas, lentils, grains, seeds, fruit and vegetables, as well as wholegrain bread, and brown rice and pasta.
- Eat at least five portions of a variety of fruit and vegetables each day, in place of foods higher in fat and calories.
- Eat a low-fat diet and avoid increasing your fat and/or calorie intake.
- Eat as little as possible of:
  - fried foods
  - drinks and confectionery high in added sugars
  - other food and drinks high in fat and sugar, such as some take-away and fast foods.
- Eat breakfast.
- Watch the portion size of meals and snacks, and how often you are eating.
- For adults, minimise the calories you take in from alcohol.

##### ACTIVITY

- Make enjoyable activities – such as walking, cycling, swimming, aerobics and gardening – part of everyday life.
- Minimise sedentary activities, such as sitting for long periods watching television, at a computer or playing video games.
- Build activity into the working day – for example, take the stairs instead of the lift, take a walk at lunchtime, etc.

#### Box 2: Helping children and young people maintain or work towards a healthy weight

##### DIET

- Children and young adults should eat regular meals, including breakfast, in a pleasant, sociable environment without distractions (such as watching television).
- Parents and carers should eat with children – with all family members eating the same foods.

##### ACTIVITY

- Encourage active play – for example, dancing and skipping.
- Try to be more active as a family – for example, walking and cycling to school and shops, going to the park or swimming.
- Gradually reduce sedentary activities – such as watching television or playing video games – and consider active alternatives such as dance, football or walking.
- Encourage children to participate in sport or other active recreation, and make the most of opportunities for exercise at school.



Figure 8: Implementing the strategy: organising to deliver

IMPLEMENTATION OF STRATEGY
Leadership and partnership
Engagement with communities
Setting priorities and action planning
Performance monitoring
Evaluation
Resources
Workforce health and workforce development

### 5.1 Leadership and Partnership

This strategy addresses a key target within both the Family and Healthy Nottingham Priorities of the Nottingham Plan. Action across the One Nottingham Partnership will tackle the environmental causes of overweight and obesity and support targeted community interventions. Nottingham City Council has an important role to play through its services and its emerging role as lead agency for public health. This will be supported by the Health and Wellbeing Board in the city which brings together strategy and commissioning for health improvement, health and social care through the Council and Clinical Commissioning Group; together with the local healthcare providers and the community and voluntary sector.

The Marmot review<sup>10</sup> stated that the creation of healthy, sustainable places and communities goes hand in hand with tackling climate change through a shared policy agenda. Local partnership work has promoted active travel and the development of the local food economy. We will build on the strong partnership work that has existed in the city for the last decade.

### 5.2 Engagement with Communities

There is a growing appreciation that in order to improve health and address health inequalities we need to continue to improve engagement with communities to build on the assets that exist within communities to improve health and wellbeing.<sup>23</sup> This strategy recognises that the practical skills and knowledge, passions and interests of local citizens will be crucial to improving health weight.

The Decade of Better Health Programme will be an important mechanism for community engagement and involvement. Already some local consultation with young people has taken place, including during the last Youth Council Elections in 2010, which identified health as a priority area. Young people in Nottingham recognised the need to:

- Support the improvement of open spaces with structured activity opportunities.
- Promote healthy eating programmes in schools and at home and ensure that all young people have access to dietary and nutritional advice.
- Promote body confidence, self-esteem and build resilience.
- Get more young people engaged in the range of sports and leisure opportunities on offer locally.



### 5.3 Setting Priorities and Action Planning

Priorities and action plans will be based on analysis and intelligence. The Joint Strategic Needs Assessment (JSNA) and engagement with citizens will inform planning, commissioning and implementation of the strategy to achieve the Nottingham Plan targets. The selection of interventions will be informed by NICE guidance and published evidence base, local evaluation and good practice and resources available.

It will also be important to consider if universal or targeted interventions are appropriate or required in line with our healthy weight strategic framework. This will also be guided by the Nuffield Council on Bioethics 'intervention ladder' proposed in Healthy Lives, Healthy People<sup>5</sup>. For example the level of intervention to promote healthier food choices in secondary school age children could range from providing information, to using price incentives to make healthier options better value, to restricting the availability of less healthy foods within schools and using local planning and licensing powers to restrict the opening times and operation of food outlets selling high fat, high sugar foods close to where young people congregate.

An implementation plan, structured in line with the healthy weight strategic framework, will detail specific objectives, timelines and the identified lead organisation. Building on existing work, detailed action plans will be in place for each area of work. Various groups (including task and finish groups) will be involved in the implementation of the different aspects of the strategy e.g. the School Food Group.

### 5.4 Performance Monitoring

In 2009, the Childhood Obesity National Support Team identified as best practice, Nottingham's systematic approach to monitoring and reporting of the Child Obesity Strategy. This system of monitoring, which involves regular and consistent update reports on each workstream will be continued.

In 2011 a Healthy Weight Strategic Group will continue to steer the implementation and evaluation of the strategy and action plan. Reporting arrangements will be to the Children's and Young People's Partnership for child healthy weight and to the Health and Wellbeing Partnership for adult healthy weight. These arrangements will develop as the role of the local Health and Wellbeing Board evolves. Not all interventions will be directly under the governance of the Healthy Weight Strategy and they will report through their own governance arrangements. However, bringing the contributions together under the Healthy Weight Strategy will ensure progress of action.

### 5.5 Evaluation

The Standard Evaluation Framework for Weight Management Interventions<sup>24</sup> will be used to guide the evaluation of all commissioned interventions. The framework aims to support high quality, consistent evaluation of weight management, physical activity and healthy eating interventions in order to increase the evidence base.

### 5.6 Timescales

Timescales for implementation are to be specified in the detailed action plans. It should be noted that this is a refreshed strategy and much work is already taking place.



## 5.7 Resources

Nottingham will continue to protect and where possible expand investment in primary prevention as outlined in Healthy Lives, Healthy People. This combined with leadership and commitment to change service delivery will enable the development of our strategic approach. As part of further development of the strategy current interventions and resources will be mapped and kept under review in light of the changing environment of resources and capacity.

## 5.8 Workforce Health and Workforce Development

The Child Obesity National Support Team (CONST)<sup>26</sup> identified 'workforce health' and 'workforce development' as two of four interventions likely to have the biggest impact on tackling obesity.

The reach of local authority and NHS employees across the local community is enormous; through direct contact with local children, their families and adults. This reach is extended considerably through their own families, friends and communities. Supporting a change in culture in the workplace is therefore likely to have far-reaching effects across the local population.

Research suggests that health professionals who are themselves overweight are unlikely to counsel their patients on this issue<sup>27</sup>. An individual's weight status is immediately visible thus making it uncomfortable for many frontline colleagues who

are themselves above a healthy weight to advise someone else on the issue of weight. The CONST suggest that workplace health programmes will not only improve employee health, but will raise the confidence of employees to raise the issue and act as credible role models who can lead by example.

In addition, we will develop the workforce so that all colleagues who have a contribution to make to the healthy weight agenda understand what that contribution is and that they are competent, confident and effective when delivering interventions. This includes those in the NHS, the Local Authority (including planning, transport, sport and leisure, children's services), schools, community and voluntary sector, the food industry and many more.

Having a frontline workforce that is knowledgeable, skilled and confident in both raising the issue of weight and supporting individuals to achieve a healthy weight is of paramount importance to the success of this strategy. The development of all staff, in particular frontline staff, across the public, private and voluntary sectors will be an integral part of ensuring successful interventions.



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