EATING & MOVING FOR GOOD HEALTH OUR LONG-TERM VISION FOR NOTTINGHAM CITY 2022- 2032

Vision

To transform Nottingham's systems, services and infrastructure so that they support eating and moving for good health as a part of everyday life, for everyone in the City.

Due to the broad nature of this task and the range of citywide systems that will need to collaborate, the strategy has been grouped into the following five themes:

- 1) Ensuring all Early Years Settings, Schools and Academies are enabling eating and moving for good health
- 2) Supporting healthy nutrition throughout the life course to support all people to achieve and maintain a healthy weight
- 3) Promoting physically active lives and building active and green environments
- 4) Creating a local environment that promotes healthy food choices
- 5) Promoting a sustainable food system that tackles food insecurity

An overall Strategic Alliance with senior leadership representation will over-see the strategy progression with operational sub-groups for each theme. It is fundamental to the success of the strategy that a range of key partners are included at both levels of governance.

Context

This Strategy was written and refined over a period of consultations and engagement with partners in the city in order to respond effectively to needs identified in local voice and robust data. The principles of being Responsive to need, Co-ownership and Inclusivity underpin the development of the Eating and Moving for Good Health strategy.

Responsive

There is a clear gap between the lifestyle habits of citizens in Nottingham and much of the rest of the country that impact on life expectancy, healthy life expectancy and long-term health conditions, with a disproportionate impact on some of our most vulnerable residents. Put bluntly, Nottingham City residents live shorter lives that are more impacted by poor health than their counterparts in other areas of the country, largely for reasons that are either directly or indirectly attributed to how we move and eat. A long-term strategy is needed to commit to significant change, with a series of three year delivery plans in place to allow service delivery that responds to emerging needs.

Both the data and our local consultations tell of a requirement for a system wide change to make eating and moving well easier for people in Nottingham. Individual choices play an important part in healthy lifestyles, but to make real change we need to consider all of the underlying factors that effect people's food and movement habits day to day, at every stage of their lives.

While supporting more people to achieve and maintain a healthy weight is a key goal, this ambition is broader. Helping those living in Nottingham have a positive relationship with food and physical activity will support a healthier, more equal society for all.

Co-owned

This strategy is owned by the people and the organisations that shape our city. Across Nottingham there is remarkable network of organisations and individuals who are committed to supporting improved outcomes for residents. The expertise, resources and co-ordinated energy of every part of this web are essential for success. Multiple organisations have been involved in the development of this strategy at different stages including:

- Small Steps Big Changes
- Notts County Foundation
- Active Notts
- The Youth Sport Trust
- Loughborough University
- University of Nottingham
- Notts Healthcare Trust
- British Triathalon
- The Renewal Trust
- Nottingham Trent University
- Home Start Nottingham
- Framework
- Nottingham Good Food Partnership

- Nottingham Community and Voluntary Service
- Bridges Community Trust
- Public Health England

Inclusive

This strategy identifies the ambition of partners across the city and unifies the direction of travel needed to make it easier for all people in Nottingham to eat and move for good health. It recognises the need for the further development of services and infrastructure to support everyone at a universal level, but also that the barriers faced by some of our citizens are greater than others. For example, people who are on a low income, experience long term health conditions or disabilities, have poor mental health or are from diverse ethnic backgrounds all face greater barriers to eating and moving well than their counterparts.

There are high levels of intersectionality meaning that in every Nottingham neighbourhood people face a unique picture of challenges that prevent them from living a healthier life. This means that codesigned interventions and targeted resources are required at both a geographical community level, and also within citywide communities where people with common ground come together.

There are gaps in our understanding of the barriers faced by different communities, and so we will strive to strengthen our relationships with partners who are best placed to amplify the voices of our least heard citizens. We will build equality audits and person-centred evaluations into our service delivery to ensure that we are continually growing our insight in a way that can shape future service provision.

The impact of diet and physical activity

In England, 63% of the adult population (aged 18y+) were classified as overweight with 25% classified as obese. The picture for the next generation is similarly worrying, with 1 in 10 (9.9%) children living with obesity when they start primary school and over a quarter (25.5%) leaving primary school living with obesity.

But you don't have to be classified as overweight or obese to be made ill due to diet; poor diet and being overweight or obese can lead to a range of physical health issues, such as increased likelihood of cancer, diabetes, cardiovascular issues and poor oral health, and can also result in a number of psychological problems.

Regular physical activity is proven to help prevent and manage non-communicable diseases such as heart disease, stroke, diabetes and several cancers. It also helps prevent hypertension, maintain healthy body weight and can improve mental health, quality of life and well-being.

Unhealthy diet and lack of physical activity are leading global risks to health. Figure 1. shows the number of years lost to avoidable ill health or death in the UK. All the circles in pink represent conditions that are caused or exacerbated by poor diet; the estimated burden of food related ill health is large, compared with smoking. In addition, physical inactivity has been estimated to be directly responsible for 3% of Disability Adjusted Life Years (DALYs) lost in the UK. It is estimated that 1.5 million years of healthy life are lost to diet-related illness, disease and premature death each year.

The British diet has changed significantly over the last few decades and despite some recent positive signs that our diets may be becoming healthier, though there remain some concerning trends. Since 2008 there has been a steady decline in sugar intake in both children and adults; thanks in some part to a reduction in sugar sweetened drinks. However, the UK population overall continues to consume too much sugar and saturated fat and not enough fruit and vegetables and fibre.

Dietary ill health and physical inactivity carry a significant economic burden. It is estimated that the government will spend 8.4% of it's health expenditure on conditions related to a high BMI. In 2019/20, there were just over 1 million hospital admissions where obesity was recorded as the primary or secondary diagnosis – a 17% increase on 2018/19

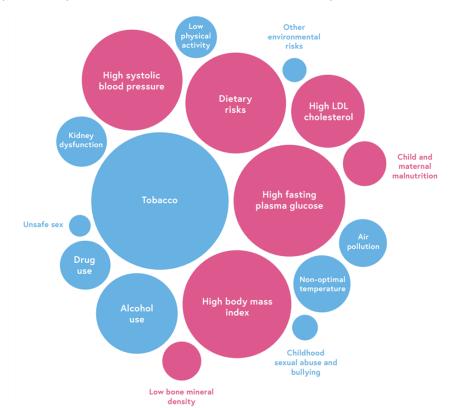


Figure 1 Proportion of years lost to avoidable ill health and death by cause

The cost of diet-related ill health is not just limited to healthcare and the cost of conditions related to high BMI, in lost workforce productivity, reduction in life expectancy and NHS funds, is estimated to be £74 billion every year by the Organisation of Economic Co-operation and Development (OECD).

The impact of diet-related ill health, including overweight and obesity, is not just financial as it affects individuals' mental health and is associated with factors such as poorer school performance.

The suffering caused by the modern diet and physical inactivity is felt most acutely by the poorest in society. The proportion of people living with obesity is greater in areas with the lowest income (36%) compared to those in the highest (21%). The inequalities are even more stark amongst children where, by the age of 11, children from England's poorest neighbourhoods are three times more likely to be living with obesity than those from the richest ones.

Addressing diet and physical inactivity

What influences our ability to eat and move for good health is complex, with many contributing factors acting at individual, community, societal and even global levels. In this context, national strategy and policy are key to support and enhance the impact of local levers.

National strategy	Summary of priorities
Childhood Obesity: A Plan for Action	In 2016, the Government published, Childhood Obesity: A Plan for Action expressing the need for action taken nationally by government and large organisations such as food manufacturers.
	In the initial 2016 plan, the government proposed the following measures: Implement a Soft Drinks Industry Levy Take out 20% of sugar in products Support innovation of healthier food products Update the nutrient profile model Increase availability of healthier options in terms of location and cost Increase physical activity levels of children Instigate a health rating system for primary schools and make school food healthier Clear food labelling Focus on early year's programmes and structures Use new technology e.g. apps for weight management Train health professionals to reach out to patients regarding weight and health problems
	As a result, a soft drinks levy began in April 2018 to tax sugar-sweetened soft drinks.
Childhood Obesity: A Plan for Action, Chapter 2	In June 2018, the government released an extension of their original Childhood Obesity Plan with a more focused aim of halving childhood obesity and significantly reducing the gap in obesity between children by 2030.
	Added initiatives included: O Potential extension of the Soft Drinks Industry Levy to sugary milk-based drinks O Consult on a ban on the sale of energy drinks to children under the age of 16 years O Potential mandatory and fiscal measures if the 2019 progress report shows poor progress with voluntary sugar reduction

- Implement a calorie reduction programme, to reduce calories by 20% in a range of everyday foods consumed by children by 2024
- Consult on mandated calorie labelling for the out of home sector
- Explore the opportunities 'Brexit' presents for nutrition labelling
- Consult on the introduction of a 9pm watershed on TV advertising of HFSS products and similar protection for children viewing adverts online
- Consult on banning price promotions, such as buy one get one free and multi-buy offers of unhealthy foods and drinks in the retail and out of home sector
- Consult on banning the promotion of unhealthy food and drink by location (at checkouts, the end of aisles and store entrances) in the retail and out of home sector
- Develop a 'trailblazer' programme with local authority partners as case studies of "what works"
- Develop resources that support local authorities create healthy food environments
- Update the School Food Standards to reduce sugar consumption
- Consult on strengthening the nutrition standards in the Government Buying Standards for Food and Catering Services
- Promote a national ambition for every primary school to adopt an active mile initiative, such as the Daily Mile
- Invest over £1.6million during 2018/19 to support cycling and walking to school
- Consult on plans to use Healthy Start vouchers to provide additional support to children from lower income families

Following these consultations, the government introduced legislation to restrict the promotion of HFSS products by volume price (for example, 'buy one get one free') and location, both online and in store in England.

However, the last year has seen progress on the plan stall. For example, the restrictions on the promotion of HFSS products by volume price (e.g. 'buy one get one free') and new restrictions on junk food advertising, have now been further delayed.

NHS Long Term Plan

In 2019, the NHS Long Term Plan set out additional action it would take on prevention and health inequalities, including for obesity. It made several commitments related to weight management:

 The NHS will provide a targeted support offer and access to weight management services in primary care for

people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity) • The NHS will fund a doubling of the NHS Diabetes Prevention Programme over the next five years, including a new digital option to widen patient choice and target inequality. o We will test an NHS programme supporting very lowcalorie diets for obese people with type 2 diabetes. o The NHS will continue to take action on healthy NHS premises through Hospital Food Standards. o Ensure nutrition has a greater place in professional education training. Published in 2021, Uniting the Movement is a 10-year vision Sport England: Uniting the movement – 10-year vision. from Sport England to transform lives and communities through sport and physical activity. The report contains five 'big issues': 1. Recover and reinvent - Recovering from the biggest crisis in a generation and reinventing as a vibrant, relevant and sustainable network of organisations providing sport and physical activity opportunities that meet the needs of different people. 2. Connecting Communities - Focusing on sport and physical activity's ability to make better places to live and bring people together. 3. Positive experiences for children and young people -Unrelenting focus on positive experiences for all children and young people as the foundations for a long and healthy life. 4. Connecting with health and wellbeing - Strengthening the connections between sport, physical activity, health and wellbeing, so more people can feel the benefits of, and advocate for, an active life. 5. Active Environments - Creating and protecting the places and spaces that make it easier for people to be active. National Food Strategy – The In 2018, the UK government asked Henry Dimbleby, the coindependent review founder of restaurant chain Leon and a non-executive director of Defra, to carry out a comprehensive review of our food system. The first report, published in 2020, became an urgent response to the issues of hunger and ill health raised by the COVID-19 pandemic, as well as the trade and food

standards issues created by the end of the EU Exit transition period.

The government responded by acting on four of the seven recommendations:

- o Extend the Holiday Activities Fund Programme
- o Increase the value of the Healthy Start Vouchers
- Collect and monitor data on the number of people suffering food insecurity; and
- Commit to commission an Independent report on any proposed trade agreement

The second report, published in 2021, returned to the original brief and presented 14 recommendations across four key themes:

- Escape the junk food cycle and protect the NHS
- Reduce diet-related inequality
- Make the best use of our land
- o Create a long-term shift in our food culture

The current picture in Nottingham City

- Just over one in four (25.2%) of children in reception in Nottingham were living with overweight or obesity in 2019/20 this is significantly higher than the England average (23.0%).
- By the end of primary school (Year 6), four in ten (40.8%) children in Nottingham are living with overweight or obesity significantly higher than the England average and 4th highest amongst statistical neighbours.
- Nottingham is currently predicted to miss the national ambition to halve childhood obesity by 2030
 - The proportion of children in reception living with overweight & obesity is estimated to only decrease to 23.72% by 2030 and 22.15% by 2040.
 - The proportion of Year 6 children living with overweight & obesity is estimated to increase to 46.07% by 2030 and 51.14% by 2040.
- Almost seven in ten adults (66.9%) in Nottingham City are living with overweight or obesity and 28.4% with obesity; significantly higher than the England average (63.5% and 25.3% respectively)
- Only half (50.1%) of adults in Nottingham meet the recommended '5-a-day' on a 'usual day'. This is significantly lower than the England average (55.4%) and is a marker of overall diet quality.
- Just under one in four (24.1%) adults in Nottingham are inactive; similar to the England average.

- In 2020/21, there was insufficient participation by school children in the Active Lives survey in Nottingham. Across Nottingham and Nottinghamshire, 34.3% of children were inactive compared to 32.4% in England.
- Four of the top five largest causes of (preventable) death and disease in Nottingham are directly or in-directly related to diet and physical activity.
- Nottingham recorded 3145 admissions per 100,000 where obesity was a factor compared to a national rate of 1869 admissions per 100,000; this is the 4th highest in England.

Ways of working

We will create an Eating & Moving for Good Health Alliance. Partners agree to take collective ownership and will identify the resources needed to support their contribution to our shared ambition. As an alliance, we will represent a diverse spectrum of organisations in order to influence a breadth of local levers. We will ensure our strategies align and contribute to a shared set of long-term outcomes.

In implementing and delivering our strategy, we will underpin our work with several key principles to ensure we are tackling our shared challenges in a sustainable way:

- i. Collaboration as equal partners We will work in collaboration across NHS (primary and secondary care), local authority, the community and voluntary sector, and other public and private sector organisations. We will utilise our diverse set of expertise, experience and perspectives, to deliver our vision of a city that supports people to eat and move for good health.
- ii. **Community focused** We will communicate with people throughout Nottingham City to share our vision and our progress towards reaching this aim. We will engage with individuals, organisations communities to develop solutions to meet this aim.
- iii. **Best use of resources** Collectively we will find the funding required to drive programmes and new ways of working. There is an expectation that partners will focus local resources to ensure that investments are delivering in a sustainable way including exploring joint commissioning where it is beneficial to residents.
- iv. **Outcome-focused** A clear programme model has been produced to connect multiple interventions and policies acting across a complex system. Evaluation of programmes will be ongoing and based on continuous improvement principles.
- v. **Data & Intelligence** We will ensure that we use all available data sources and strengthen data collection systems so we accurately assess our progress across different themes and ensure that this data feeds into the monitoring of each 3-year delivery plan, to inform future delivery plans.

A whole system approach

Eating and Moving for Good Health is driven by a complex web of interconnected environmental, societal and individual factors. The causes of diet and physical activity behaviour exist in the places where we live, work, learn and play, where the food and built environment often makes it difficult to make positive choices. We know that there is no one single solution. Tackling such an ingrained problem requires a long-term, system-wide approach.

A whole system approach uncovers critical relationships between causal factors and helps identify the greatest levers for organisational and system change (i.e. Individual, Community, System and Built Environment levers).

A systems approach also means dispersing leadership throughout the system, so everyone is taking responsibility for action towards collective goals. The whole system approach also enables stakeholders to identify their contribution in achieving shared ambitions. Involving local community groups and residents in the approach helps ensure that the resulting programme of work takes account of the views, knowledge and priorities of the communities who are, ultimately, the beneficiaries of whole system efforts to address poor diet and physical inactivity.

Nottingham's approach to whole systems

There is already a lot going on across Nottingham City, but much needs to be done to truly change the whole system that influences our behaviours. Actions are needed at multiple levels working together and reinforcing each other to reshape what residents in Nottingham eat and drink and the activity they do.

Nottingham held two whole system workshops exploring 'Eating and Moving for Good Health'. These two workshops brought together a diverse set of stakeholders including elected members, residents, community groups, local health and care partners, and local authority officers, identified through network mapping. A third workshop was then held with partners to consult on a draft of this strategy.

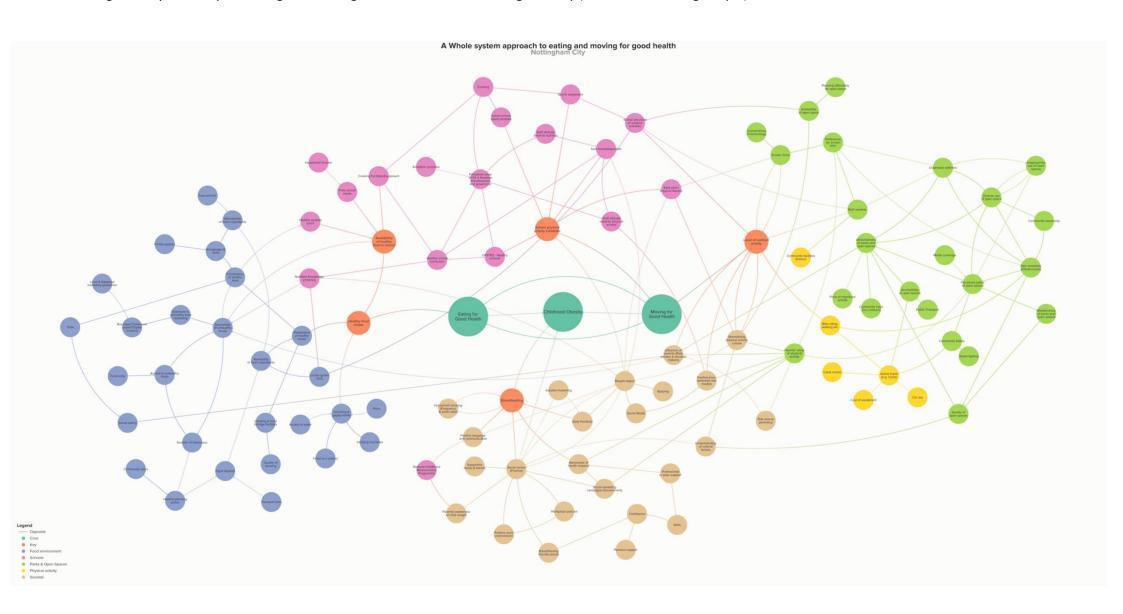
The first workshop held in 2019, introduced stakeholders to the concepts of systems thinking. Participants were asked to consider the key factors influencing poor diet and physical inactivity within their communities. Each table then discussed three of these factors in more depth and developed causal loop diagrams. Participants identified connections and the nature of the relationship between variables (i.e. a positive or negative association). These maps were then blended into one causal loop diagram with four primary domains: Food environment; Schools; Parks & Open Spaces; and Societal factors including breastfeeding (Figure 2).

The second workshop held in early 2020, gave stakeholders the opportunity to explore their 'Eating and Moving for Good Health' system map. They were challenged to prioritise the primary domains and identify actions that were or could be put in place to disrupt critical relationships. They were asked to consider interventions that focus on individual, community, policy levers as well as the relationships that exist within the system.

Work was paused during the COVID-19 pandemic but the output from these workshops was used following the publication of the Joint Health and Wellbeing Strategy to guide discussions between

system partners – since the COVID-19 pandemic we have involved over 20 organisations in themed working groups (Appendix 1). The third workshop was held in early 2023 where the draft strategy and first three year delivery plan was shared and feedback was gathered. These workshops and subsequent discussions have determined the delivery approach we will take to achieve our vision.

Figure 2. System map of 'Eating and Moving for Good Health' in Nottingham City (Children and Young People)



Our Vision for 2032 and beyond

To transform Nottingham's systems, services and infrastructure so that they support eating and moving for good health as a part of everyday life, for everyone in the City.

In order to meet this vision for Nottingham, we will be driving forward work focused on supporting changes to individuals, communities, the local system and the built environment and delivering across five key themes:

Delivery Theme 1: Ensuring all Early Years Settings, Schools and Academies are enabling eating and moving for good health

Establishing healthy habits early in life gives babies and young children the best possible start and reduces their risk of poor physical and emotional health throughout childhood and into adulthood. It is hard for any parent – let alone one on a low income – to make sure their growing child is eating and drinking the right things and being active enough.

Working with early years settings, schools and academies offers an amazing opportunity to support children in developing healthy eating habits for life as well as reducing sedentary behaviour and encouraging children to enjoy being active.

Delivery Theme 2: Supporting healthy choices in pregnancy and helping children and adults achieve and maintain a healthy weight

Breastfeeding reduces the risk of childhood obesity, as the mother produces milk to meet the individual nutritional needs of her child. The early diet of infants is also very important in developing children who are happy to eat a wide range of tastes and textures.

Supporting people to achieve and maintain a healthy weight is an important part of the system approach. Different services are needed to support people in different weight categories and need to be joined up to provide a patient-centred approach.

Delivery Theme 3: Promoting physically active lives and building active and green environments

Being more physically active can have a significant positive impact on mental and physical health yet many of us find it difficult to build regular activity into our daily routines. Through active lives, we can create a fairer, stronger, healthier and greener society for all.

Being active helps more than just individuals. It benefits communities and wider society, and has a knock-on effect on the environment. However, there are lots of blocks and barriers that mean some people are less active than others. Achieving a step change in how we are able to access and utilise our outdoor space is need to provide opportunities for people to be active and move more throughout their day.

Delivery Theme 4: Creating a local environment that promotes healthy food choices

Our food environment and our eating patterns have changed. We are living in an obesogenic environment, with an abundance of energy dense food. We are also constantly bombarded with

advertisements and offers which encourage us to eat unhealthily. These are often targeted at children and drive our behaviours and eating patterns. All of this means that it is increasingly difficult for us to make healthier choices in our daily lives.

Delivery Theme 5: Promoting a sustainable food system that tackles food insecurity

Food shapes our lives and city from what we eat, the way we produce it, how we package it, the distance it travels, the food we waste, the people and businesses we buy it from, to the strength of our local economy and the health and wellbeing of our people.

The cost of living crisis is a key current issue in the UK and brings the challenges many households face into sharp focus. It is important we find solutions to enable people to have access to affordable healthy and sustainable food that benefits individual health and the environment.

Monitoring and Delivery

This strategy has set out our ambitious to transform Nottingham's ecosystem into one that makes eating and moving for good health a part of everyday life, laying the foundations of a healthy life for every individual in City. To support the delivery of this strategy, we will put in place a series of three-year delivery plans, starting from 2022/23 to 2025/26 which will set out in detail the actions that we will undertake and support as we work towards our ambition.

We will use our programme model (Appendix 1) to be clear on the outputs that each delivery plan will achieve as we make progress towards our intermediate and long-term outcomes. We will continuously monitor and evaluate our actions to ensure that we are making progress.

Delivery of the strategy and the delivery plans will be the responsibility of the 'Eating and Moving for Good Health' Alliance. The Alliance will have representation from key partners and will have the right level of seniority and challenge to provide leadership, assess and make decisions which influence the direction of travel for delivery of the strategy and delivery plans.

An implementation group will also be established with the remit of supporting, monitoring and implementing delivery of the delivery plans, as well as undertaking the engagement and collaboration needed.

Appendix 1: A list of participating stakeholders since the COVID-19 pandemic

- o Nottingham City Council
 - Public Health
 - Planning
 - Transport
 - Education
 - Sport & Leisure
 - Parks & Open Spaces
 - Health & Wellbeing
- o Nottingham & Nottinghamshire ICB
- o Primary Care Networks (various) and Clinical Directors
- Nottinghamshire Healthcare Trust
- Nottingham University Hospitals
- o Slimming World
- o City Care
- Nottingham City Homes
- University of Nottingham
- o Nottingham Trent University
- Nottingham Community & Voluntary Sector
- o Evolve
- Nottingham Forest Community Trust
- o British Cycling
- o Age UK
- o First Steps ED
- o CT4N
- o Home Start
- o EM Academic Health Science Network
- Nottingham Good Food Partnership
- Primary Schools (various)
- o Active Notts
- Small Steps Big Changes
- o Community Café
- Other community groups

Appendix 2: Eating and Moving for Good Health Programme model

Inputs

EXAMPLES

STRATEGIC:

- Executive Sponsorship
- Prioritisation of work within the
- Strategic commitment as agreed JHWS priority

PARTNERSHIP:

- An engaged EMGH partnership group
- Engagement from partners across each workstream

INSIGHT:

- Data & Intelligence capacity
- Provider datasets
- National data sources
- Dental survey
- NCMP

RESOURCES:

- Public Health AND NHS investment in healthy weight pathways.
- Public Health AND Local Authority investment in capacity to deliver change across multiple agendas (i.e. parks, leisure, planning)
- Public Health grant funding for walking co-ordinator
- Public Health investment in EMGH school grants programme
- LMNS funding in breastfeeding pathway and breastfeeding projects
- SSBC funding in breastfeeding campaigns and a maternity support worker project

Activities

THEME 1: Healthy & sustainable food environment

EXAMPLES:

- Create a bank of trained volunteers who can support the community food sector.
- Create a Healthy Food Supplementary Planning Document
- Create a network of social eating places.
- New, local food procurement charter.
- HFFS advertising policy for public body owned/leased advertising spaces

THEME 2: Healthy weight pathways

- Commissioning of an integrated lifestyle service that enables a person centered approach.
- Training for health and social care professionals on healthy conversations and avoiding weight stigma.
- Commission a Tier 3 service that offers an alternative to bariatric surgery through intensive dietetic and psychological support.

THEME 3: Education settings

EXAMPLES:

- Provide school data packs on children's health (including overweight/obesity) within the catchment area.
- Launch an EAMFGH grant scheme for primary schools that enables piloting of 2-3 flagship EMGH champion schools.
- Re-launch the Sherriff's mile.

THEME 4: Parks, open spaces & physical activity **EXAMPLES:**

- Run co-design sessions with communities to grow insight and understanding of the local barriers to physical activity.
- Offer training to healthcare and community and voluntary sector organisations on how to influence 'moving for good health'
- Raise the awareness of opportunities to grow 'walking' and fund local walking initiatives.

THEME 5: Community and voluntary sector **EXAMPLES:**

- Commission engagement work with CVS organisations and local communities.
- Develop an online network to facilitate collaboration and grant applications.

THEME 6: Food poverty

TBC once activities have been confirmed. Examples may include:

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ASSUMPTIONS: There are numerous assu Some of these focus on the effectiveness outcomes.

Number of social eating venues/meals served

Number of HFFS foods adverts

Number of organisations adopting healthy and sustainable food procurement policies

Number of adults and children receiving cooking skills training

Number of healthcare staff receiving training on 'healthy conversations'

Number of children/adults receiving weight management support

Proportion of eligible families taking up healthy start vouchers and free school meals

Number of schools with EMGH champions

Number of families attending holiday food and activity programmes.

Number of successful (external) grant applications by CVS organisations

Number of A5 planning applications (fast food outlets) successfully refused

Intermediate Outcomes

Increased number of 'healthy conversations' with Nottingham City residents

Source: TBC

Proportion of adults living within 'walking distance' of affordable fruit and vegetables

Source: GiS mapping

Increase in children and adults achieving 10% weight-loss or their goal weight

Source: Local provider data

Proportion of the population eating '5-aday' (adults).

Source: Active Lives Survey

Breastfeeding initiation & **Breastfeeding at 6-8** weeks

Source: NHS Digital

Percentage of physically inactive adults

Source: Active Lives Survey

Other outcomes (TBC)

EXAMPLE: Wellbeing of weight management service users

Long-term Outcomes

planned change to occur.

are the result of a complex interplay of multiple intermediate outcomes and e underlying conditions or resources that need to exist for planned change to

external factors that describe the underlying conditions or resources

outcomes. Long-term outcomes

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Year 6: Prevalence of overweight (including obesity)

Source: NHS Digital, National Child Measurement Programme.

Reception: Prevalence of overweight (including obesity)

Source: NHS Digital, National Child Measurement Programme.

Percentage of adults (aged 18+) classified as overweight or obese

Source: Active Lives Adult Survey, Sport England

Hospital admissions where obesity was a factor

Source: NHS digital

Impacts

Integrated Care System Outcomes Framework -**System indicators**

Increase in healthy life expectancy

Reduction in health inequalities

Reduction in illness and disease prevalence

(In particular, Type 2 diabetes, cardiovascular disease and cancer)

Reduction in premature mortality