Healthy Weight Strategy

for Nottingham City 2011-2020

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







1 Nottingham

NHS Nottingham City

Nottingham City Council

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.

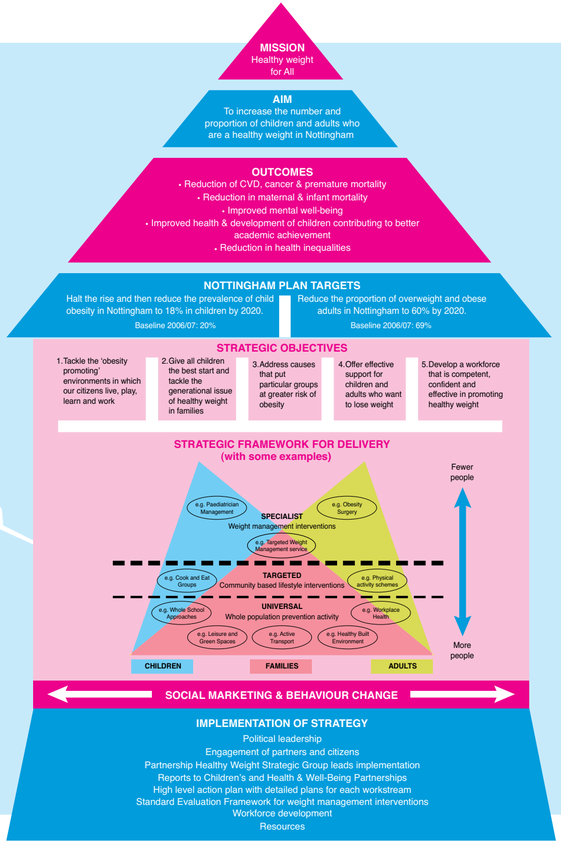
However, this is not to underestimate the scale of the challenge. We already have good foundations in place with plans setting out a logical framework with objectives that are achievable if we work together. The alternative option of taking no action and waiting to see what happens is simply not acceptable.

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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Preface

This strategy builds on a range of authoritative national documents which have been published in recent years[1,2,3,4] 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*[5]. 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.[a]





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.



[a] 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.

Summary

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. Devlop 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.

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)[3]. 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.

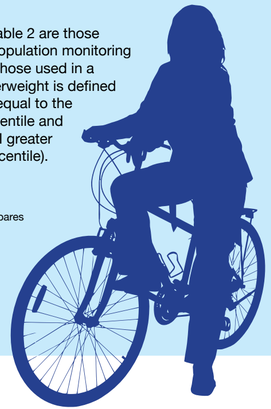
Table 2: UK National Body Mass Index (BMI) percentile[b] classification or child.

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).

[b] 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.





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.[2] 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[6]. There are also links between social inclusion, wellbeing and physical activity and people not feeling fully in control of the food they eat.[2]

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.[2]

Broadly speaking, in recent years our living environment has become ‘obesogenic’.[c] 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.

[c] 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 [7].

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[2] and the social determinants of health set out in the Marmot review [8].
- The new leadership role for Local Authorities in improving the health of the public set out in Healthy Lives, Healthy People [9].



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[d].

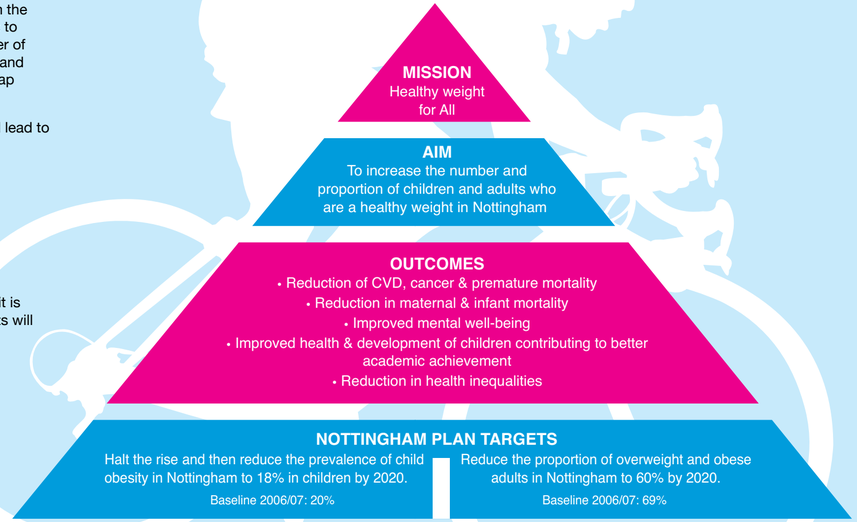
- 43,000 more adults with a healthy weight
- 280 fewer deaths from all causes
- 162 fewer deaths from cardiovascular disease
- 66 fewer deaths from cancer

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 wellbeing
- Reduction in health inequalities

Figure 1: Where do we want to be?

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



[d] 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[2]. In England, almost two thirds of the adult population is overweight or obese[9].

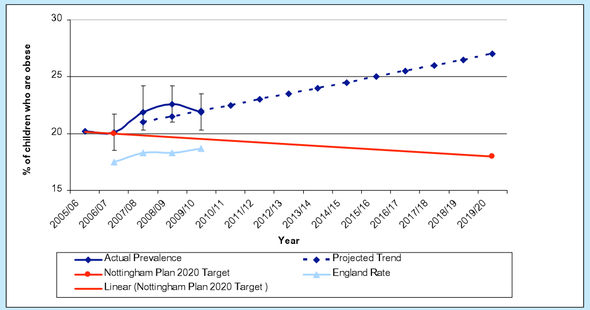
3.2 Healthy Weight in Children

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[10]. 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[11].



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

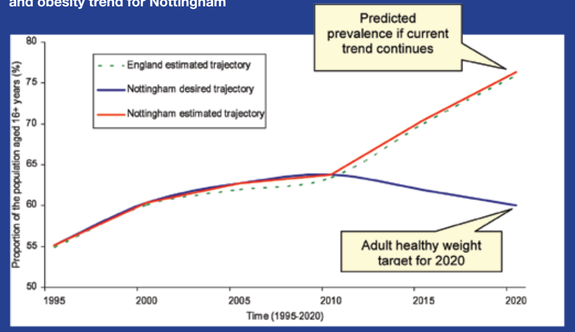
	2007/8 % Obese	2008/9 % Obese	2009/10 % Obese
England Average	18.3	18.3	18.7
Leicester	20.3	17.8	21.9
Nottingham	21.9	22.6	21.9
Birmingham	22.1	24.0	23.1
Sandwell	23.8	24.6	23.5
Barking & Dagenham	23.9	24.2	23.6
Manchester	21.9	22.6	24.0
Wolverhampton	22.3	23.5	24.7

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[2]. 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[11].
- 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[12].
- It is estimated that 24% of children with learning disabilities are obese[12].
- 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[e].

[e] 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'.

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)



3.4.2 Adults at higher risk

- Obesity prevalence significantly increases with deprivation in women in England but not in men[13].
- Women during and approximately a year after childbirth can be at increased risk of gaining excess weight[14].
- Men and women aged over 35 years, with the prevalence of obesity peaking in men aged 45-54 years and women 65-74 years[11].
- 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[15].
- Adults of South Asian origin may experience greater increased risk of ill health at a lower BMI than European adults[16].
- People with depression are more likely to be obese (and vice versa)[6].
- People who stop smoking are at increased risk of gaining excess weight[3] .
- People with a learning disability have a higher prevalence of obesity[17].
- Women following the menopause are at increased risk of gaining weight[3].

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[18].

The risk of ill-health increases the earlier a person becomes obese[19]. 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[2]. 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[17].

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[20]. It is estimated that additional indirect costs due to lost earnings due to sickness and premature mortality[21] 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.[17]
- There is a 40% increase in the number of deaths from heart disease for each 5 kg/m^2 increase in BMI amongst middle-aged people[13]
- 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.[13]
- Maternal obesity significantly increases risk of foetal congenital anomaly, prematurity, stillbirth and neonatal death.[25]

Section 4 How Nottingham will promote healthy weight

4.1 An Evidence Based Approach

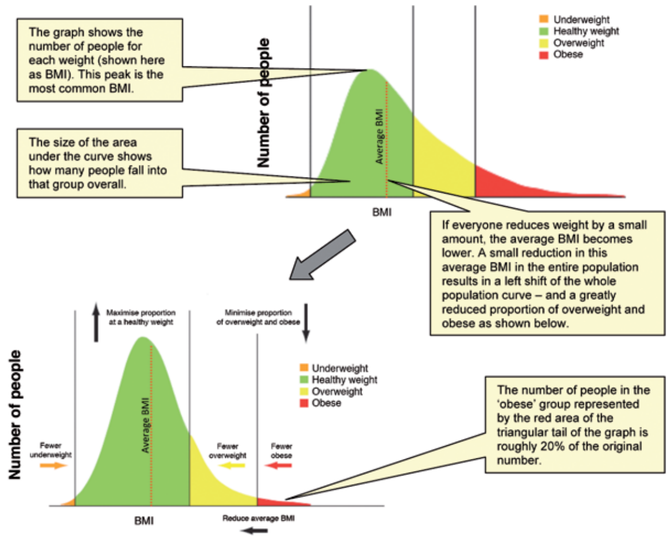
Achieving a higher proportion of healthy weight in the population is a complex social and public health issue.

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.[2]

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[4]

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[2] 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 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.[2]
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.

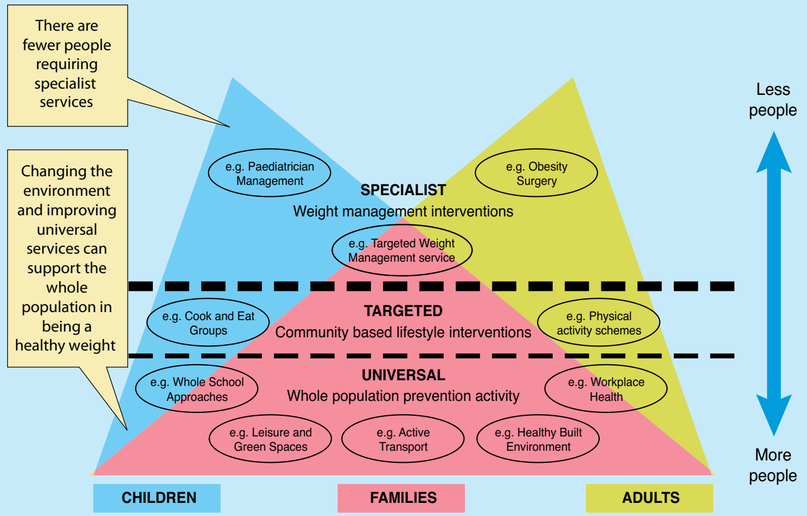
STRATEGIC OBJECTIVES

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

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



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.

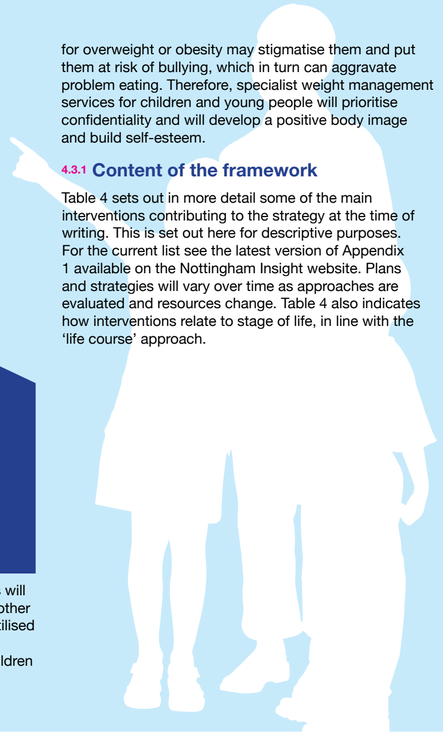
The following factors will be considered to ensure that resources are allocated to those most at risk:

- 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
Universal	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	•	•	•
Targeted	Breastfeeding social marketing campaign	•	•	
	Breastfeeding peer support	•	•	
	Weaning Programme	•		
	Healthy Start - free vouchers for fruit and vegetables	•	•	

Level	Area of Intervention	Children	Families	Adults
Targeted	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	•	•	•
Specialist	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[22] 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[3] 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

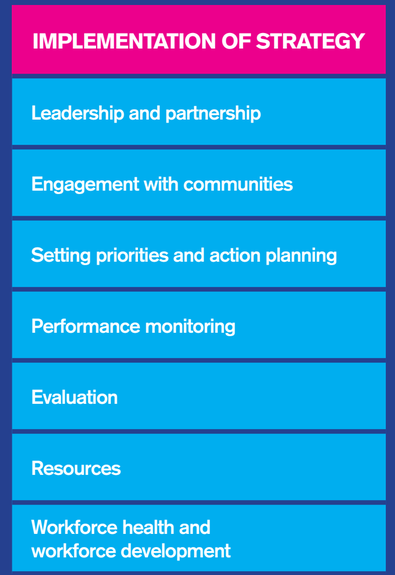
- Children and young adults should eat regular meals, including breakfast, in a pleasant, sociable environment without distractions (such as watching television).
- Parents and carers should eat with children – with all family members eating the same foods.

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



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[10] 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.[23] 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[5]. 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 maker 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[24] 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)[26] 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[27]. 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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APPENDIX 1:

Table of Interventions by Level and Stage of Life

(April 2011)

In relation to the Public Health 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	Priority Area	Strategy/Policy	Intervention	Children	Families	Adults
UNIVERSAL	Obesity surveillance - monitoring of levels and trends of overweight and obesity in the population	Nottingham Plan 2020, Joint Strategic Needs Assessment	Child Measurement Programme	✓		
			Citizen's survey			✓
	Transport -Improving infrastructure and promoting uptake of walking and cycling	Local Transport Plan 3, Sustainable School Travel Strategy and Aligned Core Strategies	Ridewise cycle training, bike ride leader training and led rides	✓	✓	✓
			Bike Maintenance Service (Ridewise)			✓
			The bike recycling scheme			✓
			UCycleNottingham – infrastructure improvements, promotion, led rides, bike maintenance, tailored marketing and cycle hire for students and NHS hospital staff.			✓
			Infrastructure Projects - Cycle parking at bus stops and tram terminals, commuter cycle routes network, extending primary pedestrain network and improving Rights of Way network			✓
			Promotion of cycling and walking using the Big Wheel brand			✓
			Providing information, mapping and journey planning	(✓)	✓	✓
			Travel Plans (Workplace, Residential and Leisure)		✓	✓

Level	Priority Area	Strategy/Policy	Intervention	Children	Families	Adults
			Road safety improvements including 20mph zones	✓	✓	✓
			Lifecycle and Bikeability cycle training in schools	✓		
	Built environment - Creating environments conducive to physical activity and the purchase, consumption and growing of healthy food	Local Development Framework including the Aligned Core Strategies and Land and Planning Policies Development Plan Document	Ensuring future development in Nottingham create/ maintain healthy communities through the provision and protection of open space for physical activity and food growing, where possible and through restricting unhealthy uses (e.g. take-aways) in areas where it is deemed necessary	✓	✓	✓
			Ensuring open spaces are not accessible to new development	✓	✓	✓
			Ensuring new developments are designed in accordance with the Manual for Streets principles	✓	✓	✓
	Parks and open spaces (and playgrounds)- Developing outdoor spaces which enable people to be physically active and support the growing of healthy food	Breathing Space Strategy	Green space improvements	✓	✓	✓
			Playground refurbishments	✓	✓	✓
			Additional fitness equipment on parks	✓	✓	✓
			Ranger-led events and activities	✓	✓	✓
			Access to Nature project	✓	✓	✓
			Food Growing Framework	✓	✓	✓
			Britain in Bloom Community awards	✓	✓	✓

Level	Priority Area	Strategy/Policy	Intervention	Children	Families	Adults
	Early years - prevention and identification of children at risk of obesity	Healthy Child Programme (HCP) 0-5 (universal programme), Breastfeeding Strategy Nottingham City Food Policy Physical Activity, PE and Sports Strategy for Children and Young People	Baby Friendly Initiative in Maternity and Community Health Services	✓	✓	
			Health and development reviews as part of Healthy Child Programme	✓	✓	
			Healthy Children's Centre standards	✓	✓	
	Parenting – supporting mothers, fathers and carers	Parenting Strategy		✓	✓	
	Dental Care- Ensuring alignment of dental health dietary messages with healthy weight		City Smiles Dental Health Campaign	✓		
	Play and Youth - Increasing and promoting activity and healthy eating opportunities for children and young people	Play Strategy, Youth Strategy, Service Improvement Plans	Sports sessions, Active play opportunities, healthy eating work, emotional well-being support	✓		
	Schools - developing school approaches to healthy eating and physical activity	Healthy Child Programme 5-19 years (universal programme) National Healthy Schools Programme Physical Activity, PE and Sports Strategy for Children and Young People, Nutritional Standards for Schools	Local Healthy Schools Programme and enhanced model)	✓	✓	
			Nottingham City Physical Activity PE and Sport Programme	✓		
			Fit for the Future	✓		
			School Food Group (including nutritional standards in schools)	✓		
			Implementation of Nutritional Standards for Schools by LA catering Service	✓		
	Sport and Leisure- Development of active leisure opportunities for children, families and adults	NCC Physical Activity and Sport Strategy	Leisure Centre Transformation Programme	✓	✓	✓

Level	Priority Area	Strategy/Policy	Intervention	Children	Families	Adults
			2012 Olympic and Paralympics programme of activities	✓	✓	
			School Swimming	✓		
	Workplace health- Incentivising physical activity and healthy eating	Nottingham City Council - Health and Wellbeing for Work Strategy NHS Nottingham City – Healthy Workforce Strategy Nottingham University Hospitals Trust -Employee Health and Wellbeing strategy	Reduced leisure membership			✓
			Cycle training			✓
			Health walks			✓
			Decade of Better Health public sector healthy workforce project			✓
			East Midlands Platform on Food, Physical Activity and Health			✓
	Public sector food provision - Improving the procurement of sustainable and healthy food	Nottingham City Food Policy	Nottingham City Council Food Policy	✓		✓
	Communication and community engagement- Promoting and enabling healthy behaviour		Decade of Better Health promoting healthy weight messages in communication and community engagement activity and development of pledges	✓	✓	✓
	Capacity Building/Training - Development of knowledge and skills around nutrition, physical activity and healthy weight	Workforce Development Strategy	'Get Healthy Nottingham' training			✓
			NHS Public Health Nutrition team nutrition and healthy training	✓	✓	✓

Level	Priority Area	Strategy/Policy	Intervention	Children	Families	Adults
TARGETED	Early intervention		Family Nurse Partnership	✓	✓	
	Children's physical activity and nutrition	Breastfeeding Strategy & Policy, Food and Nutrition Policy for infants, children and young people in Nottingham Nutritional guidelines for children Nottingham City Council Food Policy, Physical Activity, PE and Sport Strategy for Children and Young People Physical Activity and Sport Strategy,	Breastfeeding social marketing campaign	✓	✓	
			Breastfeeding peer support	✓	✓	
			Healthy Weaning Programme	✓	✓	
			Fit for the Future -school physical activity programme	✓		
			Active Schools – promotion of physical activity to pupils in Years 5 & 6	✓		
	Family based physical activity and nutrition	Physical Activity and Sport Strategy, Physical Activity, PE and Sport Strategy for Children and Young People Nottingham City Food Policy	Active Families - physical activities for families	✓	✓	✓
			Health Cooking courses -Tiny Cooks (parent and under 5's cooking) and cook and eat courses	✓	✓	
			Communities for Health Small Grants	✓	✓	✓
	Adult's physical activity and nutrition	Physical Activity and Sport Strategy, NHS Nottingham City Strategy, Food Strategy, Nottingham City Council Food Policy, Food growing Strategy Nottingham Plan CVD target	Healthy Community Centre Cafes	✓	✓	✓
			Physical Activity on Referral Service			✓
			Best Foot Forward Walking Groups			✓
			Cycling for Health			✓
			Healthy Change - Healthy Lifestyle Referral Hub			✓

Level	Priority Area	Strategy/Policy	Intervention	Children	Families	Adults
			Practical nutrition and healthy eating courses			✓
	Capacity Building/Training - Development of knowledge and skills around nutrition, physical activity and healthy weight	Workforce Development Strategy	NHS Public Health Nutrition team nutrition and healthy weight training	✓	✓	
			Network of weight management and overeating self help groups offering a variety of mutual aid approaches. (Self Help Nottingham)	✓	✓	
SPECIALIST	Children's weight management		Child obesity pathway	✓	✓	
			Healthy Weight Guidelines for under 2s	✓		
			Active Families on Referral for 2-4 years olds	✓		
			Go4It! – weight management service for 5-13 year olds and parents/carers	✓	✓	✓
			Slimming World on Referral for 14-15 year olds	✓	✓	
			SHINE (Self Help Independence, Nutrition and Exercise) Self Management courses with ongoing peer support (Self Help Nottingham)	✓	✓	✓
	Adult weight management		Adult obesity pathway	✓	✓	✓
			Maternal obesity guidelines (NUH)			✓
			Weigh to go pregnancy lifestyle classes (NUH)			✓
			Slimming World on Referral			✓
			Weight management service targeting men			✓
			Dietetic weight management clinics			
	Medical/Surgical- services for very obese individuals	Adult obesity pathway	Bariatric Surgery			
	Capacity Building/training - Development of knowledge and skills of frontline staff around weight management	Workforce Development Strategy	NHS Public Health Nutrition team nutrition and weight management training			

APPENDIX 2:

Summary of NICE guidance and recommendations relating to Healthy Weight

About NICE Guidance

The National Institute for Health and Clinical Excellence (NICE) provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health.

NICE makes recommendations to the NHS on:

- New and existing medicines, treatments and procedures
- Treating and caring for people with specific diseases and conditions.

NICE makes recommendations to the NHS, local authorities and other organisations in the public, private, voluntary and community sectors on:

- How to improve people's health and prevent illness and disease.

In this appendix, we have listed the main published NICE guidance that relates to healthy weight. We have listed the main recommendations for each and the description of the recommendation for most. The title of each guidance is hyperlinked to the NICE web-page. Please refer to the full guidance documents for reference.

[1] *Due to this guidance being published in 2006 some aspects are now out of date.*

[2] *Changes to the National Healthy Schools Programme are planned from 2011.*

[3] *The NHS public health function will move from Primary Care Trusts to Local Authorities from 2011-2013.*

National Institute for Health and Clinical Excellence (2006), Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children.[1]

Local authorities and partners

Local authorities should work with local partners, such as industry and voluntary organisations, to:

- Create and manage more safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion, by:
- Providing facilities and schemes such as cycling and walking routes, cycle parking, area maps and safe play areas
- Making streets cleaner and safer, through measures such as traffic calming, congestion charging, pedestrian crossings, cycle routes, lighting and walking schemes
- Ensuring buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways)
- Considering in particular people who require tailored information and support, especially inactive, vulnerable groups.

Early Years settings

Nurseries and other childcare facilities should:

- Minimise sedentary activities during play time, and provide regular opportunities for enjoyable active play and structured physical activity sessions
- Implement Department for Education and Skills, Food Standards Agency and Caroline Walker Trust (see www.cwt.org.uk) guidance on food procurement and healthy catering.

Schools

Head teachers and chairs of governors, in collaboration with parents and pupils, should assess the whole school environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight, eat a healthy diet and be physically active, in line with existing standards and guidance. This includes policies relating to building layout and recreational spaces, catering (including vending machines) and the food and drink children bring into school, the taught curriculum (including PE), school travel plans and provision for cycling, and policies relating to the National Healthy Schools Programme[2] and extended schools.

Public Health

Managers and health professionals in all primary care settings[3] should ensure that preventing and managing obesity is a priority, at both strategic and delivery levels. Dedicated resources should be allocated for action.

Primary care organisations and local authorities should recommend to patients, or consider endorsing, self-help, commercial and community weight management programmes only if they follow best practice.

Clinical care

Multicomponent interventions are the treatment of choice. Weight management programmes should include behaviour change strategies to increase people's physical activity levels or decrease inactivity, improve eating behaviour and the quality of the person's diet and reduce energy intake.

Children

Interventions for childhood overweight and obesity should address lifestyle within the family and in social settings. Body mass index (BMI) (adjusted for age and gender) is recommended as a practical estimate of overweight in children and young people, but needs to be interpreted with caution because it is not a direct measure of adiposity. Referral to an appropriate specialist should be considered for children who are overweight or obese and have significant co-morbidity or complex needs (for example, learning or educational difficulties).

Adults

The decision to start drug treatment, and the choice of drug, should be made after discussing with the patient the potential benefits and limitations, including the mode of action, adverse effects and monitoring requirements and their potential impact on the patient's motivation. When drug treatment is prescribed, arrangements should be made for appropriate health professionals to offer information, support and counselling on additional diet, physical activity and behavioural strategies. Information about patient support programmes should also be provided.

Bariatric surgery is recommended as a treatment option for adults with obesity if all of the following criteria[4] are fulfilled.

- They have a BMI of 40 kg/m2 or more, or between 35 kg/m2 and 40 kg/m2 and other significant disease (for example, type 2 diabetes or high blood pressure) that could be improved if they lost weight.
- All appropriate non-surgical measures have been tried but have failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months.
- The person has been receiving or will receive intensive management in a specialist obesity service, is generally fit for anaesthesia and surgery, and commits to the need for long-term follow-up.
- Bariatric surgery is also recommended as a first-line option (instead of lifestyle interventions or drug treatment) for adults with a BMI of more than 50 kg/m2 in whom surgical intervention is considered appropriate.

[4] *The East Midlands referral criteria apply to Bariatric Surgery for Nottingham City patients. Eligible patients are required to have a BMI of ≥ 50 or ≥ 45 kg/m² with co-morbidities.*

National Institute for Health and Clinical Excellence (2006) Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling (PH02)

- Primary care practitioners should take the opportunity, whenever possible, to identify inactive adults and advise them to aim for 30 minutes of moderate activity on 5 days of the week (or more). They should use their judgement to determine when this would be inappropriate (for example, because of medical conditions or personal circumstances). They should use a validated tool, such as the Department of Health's forthcoming general practitioner physical activity questionnaire (GPPAQ), to identify inactive individuals.
- When providing physical activity advice, primary care practitioners should take into account the individual's needs, preferences and circumstances. They should agree goals with them. They should also provide written information about the benefits of activity and the local opportunities to be active. They should follow them up at appropriate intervals over a 3 to 6 month period.
- Local policy makers, commissioners and managers, together with primary care practitioners, should monitor the effectiveness of local strategies and systems to promote physical activity. They should focus, in particular, on whether or not opportunistic advice is helping to increase the physical activity levels of people from disadvantaged groups, including those with disabilities (and thereby tackling health inequalities). They should also assess how effective professionals from a range of disciplines are at raising long-term physical activity levels among these groups.
- Local policy makers, commissioners and managers, together with primary care practitioners, should pay particular attention to the needs of hard to reach and disadvantaged communities, including minority ethnic groups, when developing service infrastructures to promote physical activity.
- Practitioners, policy makers and commissioners should only endorse exercise referral schemes to promote physical activity that are part of a properly designed and controlled research study to determine effectiveness. Measures should include intermediate outcomes such as knowledge, attitudes and skills, as well as measures of physical activity levels. Individuals should only be referred to schemes that are part of such a study.
- Practitioners, policy makers and commissioners should only endorse pedometers and walking and cycling schemes to promote physical activity that are part of a properly designed and controlled research study to determine effectiveness. Measure should include intermediate outcomes such as knowledge, attitude and skills, as well as measures of physical activity levels.

National Institute for Health and Clinical Excellence (2008), Physical Activity and the Environment. (PH08)

Strategies, policies and plans

- Involve all local communities and experts at all stages of the development to ensure the potential for physical activity is maximised.
- Ensure planning applications for new developments always prioritise the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life. Ensure local facilities and services are easily accessible on foot, by bicycle and by other modes of transport involving physical activity. Ensure children can participate in physically active play.
- Assess in advance what impact (both intended and unintended) the proposals are likely to have on physical activity levels. (For example, will local services be accessible on foot, by bicycle or by people whose mobility is impaired?) Make the results publicly available and accessible. Existing impact assessment tools could be used.

Transport

- Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads. (This includes people whose mobility is impaired.) Use one or more of the following methods:
- Re-allocate road space to support physically active modes of transport (as an example, this could be achieved by widening pavements and introducing cycle lanes) – restrict motor vehicle access (for example, by closing or narrowing roads to reduce capacity) – introduce road-user charging schemes
- Introduce traffic-calming schemes to restrict vehicle speeds (using signage and changes to highway design)
- Create safe routes to schools (for example, by using traffic-calming measures near schools and by creating or improving walking and cycle routes to schools).
- Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity. These routes should offer everyone (including people whose mobility is impaired) convenient, safe and attractive access to workplaces, homes, schools and other public facilities. (The latter includes shops, play and green areas and social destinations.) They should be built and maintained to a high standard.

Public Open Spaces

- Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity. They should also be accessible by public transport.
- Ensure public open spaces and public paths are maintained to a high standard. They should be safe, attractive and welcoming to everyone.

Buildings

- Those involved with campus sites, including hospitals and universities, should ensure different parts of the site are linked by appropriate walking and cycling routes. (Campuses comprise two or more related buildings set together in the grounds of a defined site.)
- Ensure new workplaces are linked to walking and cycling networks. Where possible, these links should improve the existing walking and cycling infrastructure by creating new, through routes (and not just links to the new facility).
- During building design or refurbishment, ensure staircases are designed and positioned to encourage people to use them.
- Ensure staircases are clearly signposted and are attractive to use. For example, they should be well-lit and well-decorated.

Schools

- Ensure school playgrounds are designed to encourage varied physically active play.
- Primary schools should create areas (for instance, by using different colours) to promote individual and group physical activities such as hopscotch and other games.

National Institute for Health and Clinical Excellence (2008) Maternal and child nutrition (PH11) [5]

Recommendations for health professionals working with women and young children

- Provide information on the benefits of a healthy diet and give practical, tailored advice on how to eat healthily throughout pregnancy. Address any concerns women may have about their diet.
- Inform women with a body mass index (BMI) over 30 about the increased risks to themselves and their babies. Encourage them to lose weight before becoming pregnant or after pregnancy. Provide a structured, tailored programme of ongoing support that combines advice on healthy eating and physical exercise and addresses individual barriers to change. Refer pregnant women with a BMI over 30 to a dietitian for assessment and advice. Do not recommend weight-loss during pregnancy.
- During individual antenatal consultations, encourage women to breastfeed, particularly: those with a family history of allergy, young women, those who have low educational achievement and those from disadvantaged groups.

Mothers and their babies

- Encourage mothers with a BMI over 30 to lose weight and offer a structured programme of support that combines healthy eating and physical activity. Advise those who are breastfeeding that losing weight by eating healthily and taking regular exercise will not affect the quantity or quality of their milk.

Families and carers of babies over 6 months and pre-school children

- Support mothers to continue breastfeeding for as long as they choose
- Encourage parents and carers to offer infants aged 6 months and over home-prepared foods, without adding salt, sugar or honey, and snacks free of salt and added sugar between meals.
- Encourage parents and carers to set a good example by the food choices they make for themselves. Also encourage families to eat together. Advise parents and carers not to leave infants alone when they are eating or drinking.
- Provide parents and carers with practical support and advice on how to introduce the infant to a variety of nutritious foods (in addition to milk) as part of a progressively varied diet, when they are 6 months and over.

[5] *Some recommendations relating to healthy eating and breastfeeding have been selected. However this is not comprehensive. Please refer to the full guidance to see all of the recommendations in this guidance.*

National Institute for Health and Clinical Excellence (2008) Promoting Physical Activity in the workplace on (PH13)

Develop an organisation-wide plan or policy to encourage and support employees to be more physically active. This should:

- Include measures to maximise the opportunity for all employees to participate
- Be based on consultation with staff and should ensure they are involved in planning and design, as well as monitoring activities, on an ongoing basis
- Be supported by management and have dedicated resources
- Set organisational goals and be linked to other relevant internal policies (for
- Example, on alcohol, smoking, occupational health and safety, flexible working or travel)
- Link to relevant national and local policies (for example, on health or transport).

Introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be physically active.

This could be part of a broader programme to improve health. It could include:

- Flexible working policies and incentive schemes
- Policies to encourage employees to walk, cycle or use other modes of transport involving physical activity (to travel to and from work and as part of their working day)
- The dissemination of information (including written information) on how to be more physically active and on the health benefits of such activity. This could
- Include information on local opportunities to be

physically active (both within and outside the workplace) tailored to meet specific needs, for example, the needs of shift workers

- Ongoing advice and support to help people plan how they are going to increase their levels of physical activity
- The offer of a confidential, independent health check administered by a suitably qualified practitioner and focused on physical activity.

Encourage employees to walk, cycle or use another mode of transport involving physical activity to travel part or all of the way to and from work (for example, by developing a travel plan).

Help employees to be physically active during the working day by:

- Where possible, encouraging them to move around more at work (for example, by walking to external meetings)
- Putting up signs at strategic points and distributing written information to encourage them to use the stairs rather than lifts if they can – providing information about walking and cycling routes and encouraging them to take short walks during work breaks
- Encouraging them to set goals on how far they walk and cycle and to monitor the distances they cover.

Offer support to employers who want to implement this guidance to encourage their employees to be more physically active.

Where appropriate and feasible, this should be provided on the employer's premises. It could involve providing information on, or links to, local resources. It could also involve providing advice and other information or resources (for example, the services of physical activity experts). If initial demand exceeds the resources available, focus on:

- Enterprises where a high proportion of employees are from a disadvantaged background
- Enterprises where a high proportion of employees are sedentary
- Small and medium-sized enterprises.

National Institute of Clinical Excellence (2009). Promoting physical activity for children and young people (PH17)

This guidance has 14 recommendations which are too lengthy to be included in this document. The titles of the recommendations are as follows:

- Recommendation 1 **National Campaign**
- Recommendation 2 **Raising awareness of the importance of physical activity**
- Recommendation 3 **Developing physical activity plans**
- Recommendation 4 **Planning the provision of spaces and facilities**
- Recommendation 5 **Local Transport Plans**
- Recommendation 6 **Responding to children and young people**
- Recommendation 7 **Responding to children and young people**
- Recommendation 8 **Leadership and instruction**
- Recommendation 9 **Training and continuing professional development**
- Recommendation 10 **Facilities and equipment**
- Recommendation 11 **Supporting girls and young women**
- Recommendation 12 **Active and sustainable school travel plans**
- Recommendation 13 **Helping children to be active**
- Recommendation 14 **Helping girls and young women to be active**

Healthy Weight Strategy for Nottingham City 2011-2020



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