National Assembly for Wales

Children and Young People Committee

CO 29

Inquiry into Childhood Obesity

Evidence from : Wrexham Healthy Eating and Being More Active Outcome Group

1. **The extent of childhood obesity in Wales and any effects from factors such as geographical location or social background:**

The importance of effective strategy

The HEBMA Outcome Group has developed and overseen the implementation of the Healthy Eating and Being More Active Strategy for Wrexham. The success of the work to date has depended on the strength of partnership working and the commitment of agencies to work together. The Strategy is evidence-based and works on a number of levels:

- Build multiagency partnership to develop, implement and monitor an effective strategy
- Adopt an evidence based population approach to promoting healthy eating and being more active
- To tackle the Obesogenic environment thus making a healthy choice also the easy choice
- Encourage a cultural shift in the population to consider healthy eating and physical activity as the norm
- Provide information and support to the general population of the importance of maintaining a healthy weight, eating well and being physically active
- Improve services offered to people who are already overweight or obese
- Improve intelligence systems to support identification of need, better targeting of services and to monitor performance
- To ensure access to appropriate interventions and services is equitable across the county
- Facilitate the development of third sector organisations and provide support to access appropriate funding and maximise resources available to deliver the strategy.

The HEBMA Strategy has been recognised as good practice and could form the base for other areas to adopt a similar approach. It is fully referenced. The strategy contains a full appraisal of the extent and causes of obesity, including information relating to social-

economic status, diversity and demography. **It is presented as Appendix 1 and forms part of this submission.**

2. **The Measurement, evaluation and effectiveness of the Welsh Government's Programmes and schemes aimed at reducing the level of obesity in children in Wales specifically:**
    a. **Health related programmes including Change4Life, MEND**
    b. **Programmes related to nutrition in schools including Appetite for Life**
    c. **Cross cutting programmes including leisure and sports related programmes (Creating an Active Wales), Planning policy**

Items 3 (barriers) and 4 (improvements) will be dealt with within this section under the appropriate headings.

a) **Health related programmes including Change4life and Mend.**

Change4Life was introduced at a time when the Health Challenge Wales and local Health Challenge brandings were only just beginning to be recognised within the general population. It would have been helpful if discussions at national level had taken place between England and Wales and a joint branding introduced at the same time. The dual promotion has caused confusion and probably a lack of understanding, and certainly lack of recognition and attention to messages. There are still problems as some messages come out nationally on one brand or the other, and of course the local websites are all Health Challenge branded. This is unhelpful for local teams trying to implement social marketing schemes.

In terms of improvements that could be made, a suggestion would be consistent branding under a single scheme, and the introduction of a local grant scheme to promote social marketing would be welcomed.

MEND has been disappointing. The scheme although evidenced based, is very demanding and inaccessible for a number of population groups. The level of commitment required from families is difficult to sustain, and to even access the scheme is impossible for some especially if there are siblings requiring childcare. The nature of the funding for the scheme has also been an issue, in that there has to be significant work undertaken prior to the start of any given programme. Motivation and confidence is an issue for many families, and they require a lot of support from professionals in order to get to a point where they feel they might want to take part. Even those who start on the programme find it hard to commit and there is a high drop-out rate as well as a low take-up rate. Considering that payment is made retrospectively and on a basis of the number of participants, the funding does not cover anywhere near the actual cost of delivering the scheme, resulting in budget deficit. The recent move of the scheme to receivership has left the local authority in a position where it is owed money, which will have an impact on the delivery of other local schemes which are

more accessible and successful in terms of increasing physical activity. In terms of improvement our position is that the scheme is not fit for purpose and should be abandoned. Every effort should be made to ensure that local authorities which are owed money receive recompense. Instead the finance should be utilised to extend the National Exercise on Referral Scheme to be able to accept children and young people, whereby they would receive one to one support from a professional to make lifestyle changes, the scheme could easily be adapted to engage parents and care-givers. In addition funding for local community development type approaches, managed by exercise professionals and community dieticians but delivered by people working and volunteering within communities would be welcomed.

b) Programmes related to nutrition in schools including Appetite for Life

The Outcome Group recognises that the programmes operating in schools and other settings (such as Youth Clubs, Nurseries and voluntary organisations) are effective and should continue. However there is concern that the economic situation and welfare reform might have a negative impact on the uptake of school meals, especially entitlement of free school meals. If this does occur then there will be an impact on health inequity as those families with less income might well opt for cheaper alternatives with an associated impact on health.

c) Cross cutting programmes including leisure and sports related programmes (Creating an Active Wales), Planning policy

Within Wrexham the leisure and sports programmes have been very effective in engaging children and young people in physical activity. The programmes (as a result of the commitment of the professionals and managers involved) have consistently performed well. However going forward there is a programme to make considerable efficiency savings and this will inevitably impact on the levels of physical activity and the numbers able to take part. If the Welsh Government is serious about reduction in child overweight and obesity then adequate resources must be provided to enable continued efforts to increase levels of participation. In particular there is a cohort of disabled children for whom mainstream provision is not accessible, a specialist service had been provided locally through Cymorth funding, however as part of review and change to Families First the nature of the provision has changed and been reduced and may end altogether as the Disability element of Families First funding ceases. An improvement would be for Welsh Government to safeguard funding for sports development and to provide ring fenced funding to tackle overweight and obesity for vulnerable families and for children with additional support needs.

Wrexham submitted its local Creating an Active Wales Action Plan within the timescale required, and had to wait over a year for feedback which was not actually related specifically to its plan but instead to a generic Wales-wide perspective. We have not been asked by Welsh Government for any monitoring or delivery detail specifically about this

Action Plan (although services and funding streams have been monitored). It is difficult to see how the initiative at local level has been successful if the activity has not been monitored or discussed at national level.

Planning Policy is an issue which we have taken seriously at local level. The HEBMA Outcome Group has worked closely with the Wrexham County Borough Council Planning Department to develop a Local Planning Guidance Note to prevent proliferation of Hot Food Takeaway Outlets in close proximity to school and college premises. The initiative was acknowledged as good practice through the presentation of the award for best poster by the Chief Medical Officer at the Wales National Public Health Conference in Cardiff 2012. A planning application for a hot food takeaway within 200m of a school was lodged in late 2012 and was refused by the local authority. The matter was taken to appeal by the applicant and was dealt with by way of written submission. Unfortunately the Appeal was allowed. The effect of this appeal might well be to deter other local authority areas from adopting a similar approach to improving the obesogenic environment. It is vital that the Welsh Government ensures that its departments work in harmony, the actions of the Planning Inspectorate on this occasion were in direct conflict with Our Healthy Future. There should be improved training in public health for Planning Inspectors, or a requirement for them to seek expert advice from Public Health Wales when dealing with Appeals such as this one where health is a material consideration. Direction from Welsh Government to require local authorities to use Health Impact Assessment within planning systems particularly when developing Planning Policy and to require them to consider developing Local Planning Guidance to encourage the development of a physical environment which is supportive of healthy lifestyles would be helpful.

The poster, Local Planning Guidance Note and associated documents are presented as Appendices 2, 3 and 4.

We are disappointed that the promotion of Breastfeeding has not been specifically referred to within the scope of this Inquiry. There is a significant body of evidence to support the concept that breastfed infants are less likely to be overweight or obese in later life. We would like to see the promotion of breastfeeding as a significant aspect of any strategy to prevent further escalation of childhood obesity.

Information on Healthy Eating and Being More Active Outcome Group

This response has been prepared on behalf of The Healthy Eating and Being More Active Outcome Group; which is a multi-agency partnership with responsibility for developing policy, strategy and action plans to reduce levels of overweight and obesity within the Wrexham population. The terms of reference and membership are presented as Appendix 5.

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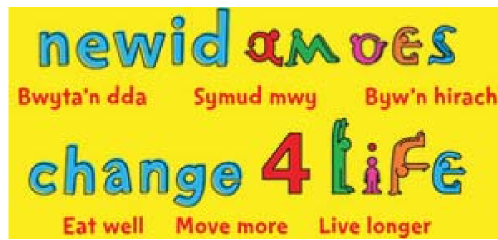

The Healthy Eating and Being More Active Strategy

Making the Healthy Option the Easy Option

May 2010

Health, Social Care and Well-being Partnership
Partneriaeth Iechyd, Gofal Cymdeithasol a Lles

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Foreword

In November 2009 the First Minister for Wales, Rhodri Morgan, emphasised the importance of prioritising action to reduce the burden of chronic disease, such as Coronary Heart Disease (CHD), on the people of Wales. He announced that Wales must address sedentary lifestyles – made up of computer games, remote controls and junk food – if it is to tackle the massive burden of heart disease[1]. Speaking on Wales Online he said:

"There's nothing more toxic to the future of society than to have a combination of playing on the PC or PlayStation and children persuading their parents to get them a Big Mac. This will have horrific consequences for their likelihood of having heart disease or diabetes in the future."

His sentiments were backed up by a call to action from Dr Mike Knapton, an associate medical director of the British Heart Foundation,

"Physical activity can reduce the risk of having a heart attack by up to half - young people need to switch off their square eyes and get in the habit of exercising now. Mums and dads need to take off the blinkers about how active children need to be in order to keep their hearts healthy".

Mr Morgan said Wales should follow Finland's lead in addressing heart disease. Thirty-five years ago the Scandinavian nation had the worst heart health in Europe - today it has one of the best. Making fundamental changes to an individual's diet have a greater affect than making improvements to existing NHS cardiac services alone, he added.

"Education, exercise, healthy eating and less smoking are absolutely fundamentally important side by side to what happens inside the doors of the NHS. I know how damn difficult it is to get people to amend their lifestyle before they get the shock of a heart problem..."

Although lifestyle changes are an essential part of the solution to tackle the rising incidence and mortality from CHD and Obesity, these important public health issue cannot not be addressed by lifestyle alone; in developing our strategies we must also be mindful of the wider social and environmental determinants of health. Ensuring that for Wrexham residents we make the healthy option the easy option.

We recognise that our vision of reducing deaths through CHD and preventing the rise in obesity is a challenging one and that we will have to prioritise the outcomes we wish to achieve, in light of the resources available to partners over the life time of the Strategy.

Encouraging individuals to adopt a healthier lifestyle has been the objective of a range of programmes within Wrexham County Borough. The MEND programme has been successful in engaging young people and families to adopt healthier behaviours, whilst the Appetite for Life scheme has completely transformed lunchtime at local schools.

[1]Rhodri Morgan fears for 'toxic generation raised on PlayStation and burgers' Wales On line Nov 27 2009 By Madeleine Brindley Health Editor Comments Rhodri Morgan has launched a scathing attack on "toxic" childhoods which he believes will have an "horrific" effect on our children's future health.

Exercise on Referral has encouraged people to become more active to benefit their health. Progress has been made in many areas but in future (as a result of the adoption of this strategy) local programmes will be far more co-ordinated and better performance managed to show progress at a population level.

It is important to be clear that the identified outcomes cannot be achieved overnight. To change the culture of a whole community, to bring about the level of behaviour change that is needed to demonstrate the positive impact on individuals' quality of life and health outcomes requires a long term approach. Whilst the current Health, Social Care and Well-being Strategy "Caring for Our Health" is only in force until 2011, it is envisaged that this Healthy Eating and Being More Active Strategy will be incorporated into successive local planning policy and strategy.

Acknowledgements

The Health, Social Care and Well-being Strategy Partnership Board would like to acknowledge the work carried out by a range of stakeholders leading to the development of this strategy. In particular the work undertaken by Lynne Kennedy of the University of Glyndwr Faculty of Public Health and Eveline Hooft Van Huysduynen student of the University of Wageningen , Netherland.

Executive Summary

Overall aim:

To improve the health and well-being of the people of Wrexham by reducing the levels of obese and overweight adults and children through healthy eating and being more active.

Wrexham currently has one of the highest levels of CHD in Wales and therefore Key Aim 1 of *Caring for our Health*[2], targets reducing Coronary Heart Disease as a major priority. This ***Healthy Eating and Being More Active Strategy (HEBMA)*** has been developed to contribute to reducing CHD in Wrexham through an emphasis on reversing current trends for overweight and obesity - an important but preventable risk factor for CHD - through diet and physical activity.

The health risks associated with overweight and obesity are well documented, and pose significant risks both in terms of individual suffering through increases in levels of morbidity and mortality due to preventable conditions and societal burdens associated with treating and managing chronic conditions and lost economic productivity through absence from work.

Diet and physical activity levels play a significant role in maintenance of a healthy weight, and contribute to the prevention of many chronic conditions. In terms of access to a healthy diet, the recommendations focus on a balanced diet. In Wales, and the UK, current advice recommends a diet that is sufficient in energy intake (to maintain a healthy weight), low in total and saturated fat; low in salt; high in complex carbohydrates (pulses and grains), high in fruits and vegetables; moderate in low fat dairy foods and meat/poultry/fish/eggs. Breastfeeding is important to give infants the best start in life and ensures a lower risk of overweight and obesity later in life. Being physically active is influential in having a positive impact on the risk factors for a range of chronic conditions and maintaining a healthy weight.

Available population data has been analysed to identify current trends in rates of overweight and obesity in Wrexham County Borough. Consideration has also been given to trends in behaviours and lifestyle choices, such as eating five portions of fruit and vegetables per day. There are gaps in data from a local perspective, and in some instances Wales wide or even UK data sets have been utilised to gain a picture of national trends. It is clear that action is needed to reduce the levels of overweight and obesity in both adults and children. With reference to lifestyle choices, there is a need to improve diet and breastfeeding rates, and despite positive indications of levels of physical activity increasing further development is needed with a range of targeted groups. Health inequalities exist, and populations subject to deprivation are more likely to be affected by overweight and obesity and more likely to experience barriers to accessing healthy food and physical activity opportunities.

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[2]The Health Social Care Well-being Strategy; 'Caring For Our Health' 2008-2011, Wrexham County Borough Council. http://www.wrexham.gov.uk/english/council/documents/hscwb_strategy.htm

The scientific model of health focuses very much on the role of the individual and energy balance as the primary explanation for the so-called global 'obesity epidemic'. High fat, energy dense diets and sedentary lifestyles of the last 20 to 30 years, along with economic growth, urbanisation and the globalization of food markets have all contributed to the problem of obesity. In order to halt the rise in levels of obesity and overweight, it is necessary to adopt a multi agency population based[3] approach.

The key areas identified for the HEBMA strategy are:

- Tackling the **obesogenic** environment to make the healthy option the easier option.
- Encouraging people to build physical activity into their daily routines.
- Promoting children's health through maternity, parenting, early years and school settings.
- Supporting healthy eating and being more active in the school, home, community and work place.
- Providing more effective treatment and support when people become overweight or obese.

There are a range of interventions and programmes in operation throughout the Wrexham County Borough. The Healthy Eating and Being More Active Programme Group will support the development of and monitor a co-ordinated Action Plan which brings together existing initiatives and allows for more effective and efficient use of resources, highlighting areas of risk. Results Based Accountability[4] will be used to contribute to monitoring and evaluating the strategy and action plan.

Many current initiatives are provided via time limited grant revenue streams, and in the current economic climate substantial new sources of revenue for this work are not expected to be forthcoming from national government (as has been the case in England) and activities undertaken to meet the intended outcomes will have to be resource neutral. The third sector will be supported to access charitable funds and grants to maximise available resources to deliver in Wrexham.

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[3]Friedman, Mark, Trying Hard Is Not Good Enough, 'How to produce measurable improvements for customers and communities', Trafford Publishing, 2005
[4]Friedman, Mark, Trying Hard Is Not Good Enough, 'How to produce measurable improvements for customers and communities', Trafford Publishing, 2005

Introduction

Major chronic diseases, although largely preventable, are a main cause of premature death and the overall disease burden in western industrialised societies[5]. The UK currently has one of the highest levels of premature or avoidable death (people dying before the age of 65) in Europe[6]. In 2002, the average life expectancy for adults living in Wales was 2 to 3 years lower than the best in Europe and lower than levels in England; today, circulatory diseases (mainly Coronary Heart Disease and stroke) remains the chief cause of premature death in Wales, accounting for approximately 40% of all deaths, followed by cancers and respiratory diseases[7]. Although notable improvements have been made in recent years, heart disease is still Wales' biggest killer, accounting for more than 11,000 deaths each year. Moreover, social and geographic variation in the levels of CHD mortality have increased further; with people living in most socially deprived areas and neighbourhoods affected most[8].

Chronic disease not only impacts on the individual in terms of suffering, poor quality of life and premature death, it affects families and society at large. The economic burden of diet-related ill health and disease in the UK is estimated to cost the NHS between £4 billion and £6 billion a year; costs to the economy, through working days lost, are also substantial. National and local action to reduce the burden of chronic disease and improve public health is therefore a key priority for government at all levels.

Effective action requires sound knowledge of the causal factors and a robust evidence base. The exact nature and cause of diseases - such as CHD - is complex and multi-factorial. Nonetheless, knowledge of the major risk factors, including biological (hereditary factors), structural (educational attainment, social class) and individual lifestyle (smoking, diet and physical activity for example) is now well established.

Obesity, diet and sedentary lifestyle **are key risk factors for heart disease**. A strategy aimed at prevention of chronic disease, including CHD, through adoption of a healthier diet and being more active is therefore essential. This advice is consistent with international public health policy and guidance. The *World Health Organisation (WHO) Global Strategy on Diet, Physical Activity and Health*[9], *Food and Health Action Plan for Europe*[10] and the *Countrywide Integrated Non-Communicable Diseases Intervention (CINDI) strategy to prevent chronic disease in Europe*[11] all advocate the adoption of **population-wide prevention-based strategies**, to tackle chronic disease as the major causes of premature death and morbidity worldwide.

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[5]The World Health Report 2002. Reducing the risks, promoting healthy life. Geneva, World Health Organization, 2002

[6] The European Health Report 2002. Copenhagen, WHO Regional Office for Europe, 2002 (WHO Regional Publications, European Series, No. 97

[7]Health in Wales The Chief Medical Officers Report 2001/2 (2002) The national Assembly for Wales, Cardiff

[8]Chief Officer for Wales Annual Report 2008 (2009) Welsh Assembly Government, Cardiff

[9]WHO, May 2004. Global strategy on Diet, Physical activity and Health. [pdf] Available at: http://whqlibdoc.who.int/publications/2004/9241592222_eng.pdf

[10]WHO, 2004. Food and health in Europe: a new basis for action. [pdf] WHO regional publications. European series; No. 96. Available at: http://dosei.who.int/uhtbin/cgisirsi/0fF57mm488/295580037/9

[11]WHO, 2004. A strategy to prevent chronic disease in Europe: A focus on public health action. [pdf] Denmark: European Regional Office. Available at: http://www.euro.who.int/document/e83057.pdf

Part 1: Policy Context and Background

Levels of CHD are unacceptably high in Wales compared with the rest of Europe. In addition as a population people living in Wales are not meeting global recommendations for key risk factors, such as levels of overweight and obesity, dietary fat intake and fruit and vegetable consumption[12].

Wrexham currently has one of the highest levels of CHD in Wales and therefore Key Aim 1 of Caring for our Health, targets reducing Coronary Heart Disease as a major priority[13].

This ***Healthy Eating and Being More Active Strategy*** has been developed to contribute to reducing CHD in Wrexham through an emphasis on reversing current trends for overweight and obesity – an important but preventable risk factor for CHD - through diet and physical activity.

The strategy forms part of wider policy initiatives and action under *Caring for Our Health 2008-2011*, the Health, Social Care and Well-being Strategy for Wrexham County Borough and should therefore be viewed in context with the broader health and well-being agenda.

Moreover, the Healthy Eating and Being More Active Strategy represents a broad ***partnership approach*** to ***promote healthy eating*** and ***being more active*** in Wrexham, which, besides tackling the rising problem of obesity the strategy will also provide additional benefits to enable individuals and communities to take greater control over their own health and well-being.

This strategy is informed by **international, national and local policy context** for safeguarding and improving public health and well-being (Box 1).

[12]Health in Wales The Chief Medical Officers Report 2001/2 (2002) The national Assembly for Wales, Cardiff

[13]The Health Social Care Well-being Strategy; 'Caring For Our Health' 2008-2011, Wrexham County Borough Council. http://www.wrexham.gov.uk/english/council/documents/hscwb_strategy.htm

Box 1: Policy drivers of the Wrexham Eating Healthy and Being More Active Strategy

Global:

World Health Organisation Global strategy on diet and physical activity and health[14] identifies a leadership role of government in initiating and developing food and health policy and ensuring its implementation.

Food and Health in Europe: a new basis for action[15] highlights need for integrated and multidisciplinary food and nutrition polices; encouraging sustainable food production and the need for affordable and accessible food.

Wales & Wrexham

The diet and nutritional policy context in Wales is outlined in the national strategy *Food and Well-being: The nutrition Strategy for Wales*[16]. This sets out the Welsh Assembly Government (WAG) commitment and priorities for achieving a healthier diet for the whole population of Wales, reducing food poverty and inequalities in Health. Besides advocating improvements to diet and nutrition the strategy also addresses overweight and obesity.

Health Challenge Wales- and the local equivalent *Health Challenge Wrexham* - invites all sections of society, including organisations and individuals to take steps to improve health and well-being. Launched in 2004, it provides policy and strategic direction for the drive to improve health, a key theme is tackling obesity.

The WAG *Food and Fitness Task Group* has been responsible for addressing food, nutrition and physical activity.

The *Wrexham Breastfeeding Strategy* sets out the actions to be implemented locally to improve breastfeeding rates and so provide a better start for infants and young children, with benefits lasting into adulthood.

Creating an Active Wales (2010) is the WAG policy and action plan for physical activity and builds on the previous document Climbing Higher. It recognises that physical activity and sport are beneficial to health and that a partnership across WAG, local authorities, the NHS, the third sector and our communities is essential if we are to gain the benefits of an active and healthy Wales.
http://wales.gov.uk/docs/phhs/publications/activewales/100121activewalesen.pdf

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[14]WHO, May 2004. Global strategy on Diet, Physical activity and Health. [pdf] Available at: http://whqlibdoc.who.int/publications/2004/9241592222_eng.pdf
[15]WHO, 2004. Food and health in Europe : a new basis for action. [pdf] WHO regional publications. European series; No. 96. Available at: http://dosei.who.int/uhtbin/cgisirsi/0fF57mm488/295580037/9
[16]Food Standard Agency Wales. February 2003. Food and Well Being Reducing inequalities through a nutrition strategy for Wales. [pdf]. Cardiff. Available at: http://food.gov.uk/multimedia/pdfs/foodandwellbeing.pdf

Part 2: Healthy Weight, Eating More Healthily and Being More Active

Being either underweight or overweight increases the risk of ill health, chronic diseases and premature death. Indeed, the importance of maintaining a healthy weight cannot be underestimated. Problems of underweight and related nutritional deficiencies, although not widely publicised have a substantial impact on people's health and quality of life particularly vulnerable groups such as older people or disabled people. As the age profile of the population increases, problems associated with underweight and malnutrition will also become more prevalent and warrants mention in the HEBMA strategy. The primary focus however will be to address the individual and social burden of current public health issues, such as the unacceptably high levels of CHD and obesity in the local population, through immediate action to reduce and prevent further rises in obesity together with a longer term goal of promoting a culture of eating healthily and being more active.

Diet, Eating Healthy and Public Health

The food we eat has a major impact on our health (See Box 2). It is widely reported that diet, physical activity and obesity play an important role in the development - and also in the prevention - of chronic disease and are therefore important public health issues of our time.

Box 2: Evidence linking diet and public health

A diet rich in fruits and vegetables is associated with decreased risk of coronary heart disease[17]

A low intake of fruits and vegetables is estimated to cause about 19% of gastrointestinal cancer.[18]

Eating just one extra portion of fruit and vegetable a day decreases risk of CHD by 4% and stroke by 6%[19]

Between 30% and 40% of all cancers can be prevented through changes in diet and physical activity and maintenance of appropriate body weight[20]

Reducing our salt intake to no more than 6g / day, can result in a 22% reduction in the incidence of stroke and 8% reduction of CHD[21]

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[17]National Heart Forum, 1997. Preventing CHD: The role of antioxidants, vegetables and fruit. London: The Stationary Office.
[18]WHO, May 2004. Global strategy on Diet, Physical activity and Health. [pdf] Available at: http://whqlibdoc.who.int/publications/2004/9241592222_eng.pdf
[19]Joshipura, J. et al., 2001. The Effect of Fruit and Vegetable Intake on Risk for Coronary Heart Disease. Annals of Internal Medicine, 134, 1106-1114.
[20]National Public Health Service for Wales, 2005. Framework for Action Nutrition. [doc]. Available at: http://www2.nphs.wales.nhs.uk:8080/WiderDeterminantsdocs.nsf/61c1e930f9121fd080256f2a004937ed/026565e966c1f49480257089003l0ce5/$FILE/FrameworkforactionNutrition.pdf.
[21]Wanless D., 2004. Securing good health for the whole population –final report. [pdf]. Department of Health. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4074426.

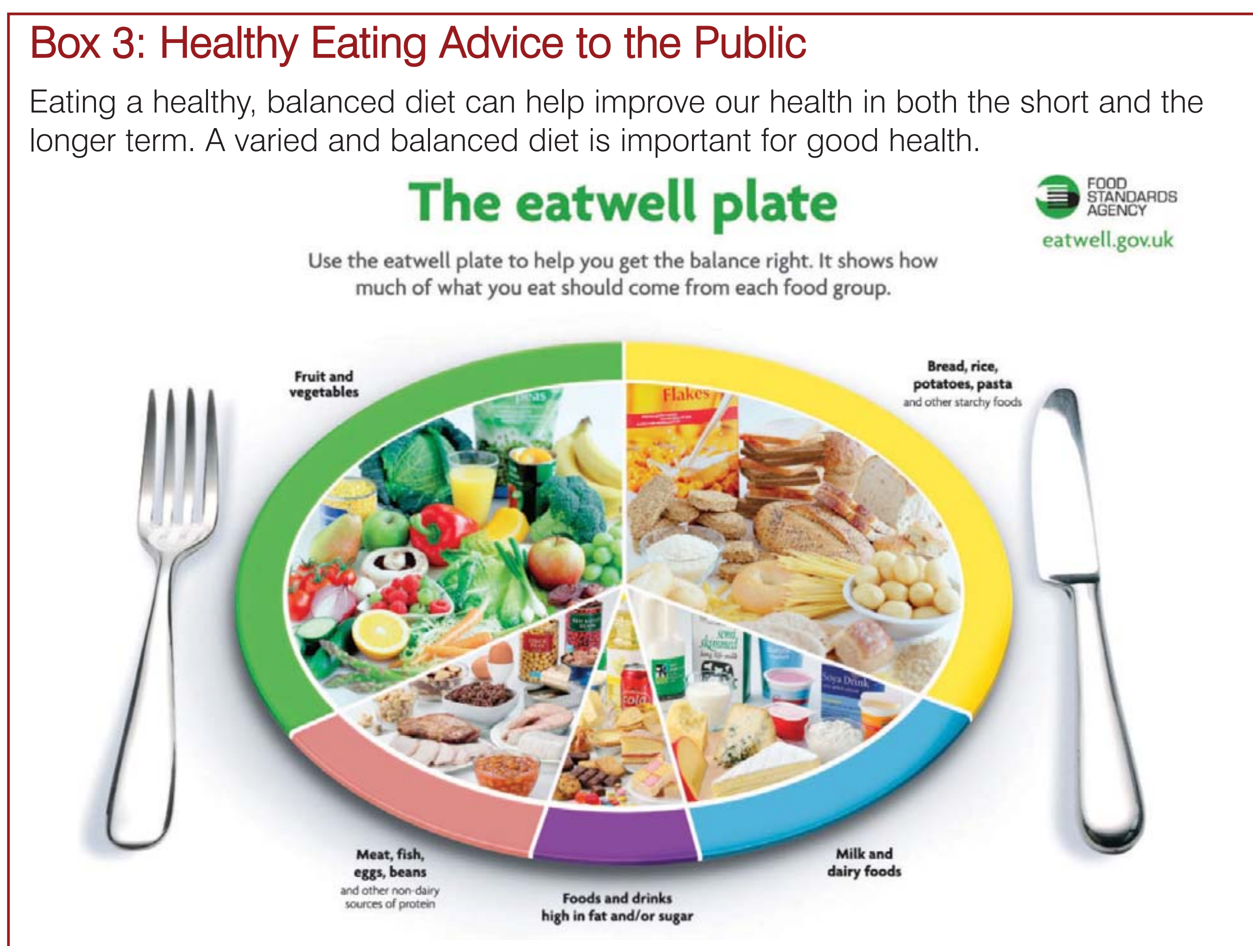
A global consensus on what constitutes a healthy diet now exists based on the premise that eating certain foods may have protective and even beneficial effects on people's health[22]. In Wales, and the rest of the UK, current advice recommends a diet that is:

- sufficient in energy intake (to maintain a healthy weight)
- low in total and saturated fat
- low in salt
- high in complex carbohydrates (pulses and grains)
- high in fruits and vegetables
- moderate in low fat dairy foods and meat/poultry/fish/eggs.[23]

This particular dietary pattern is supported by epidemiological evidence recommending a diet conducive to achieving optimum nutrition and improved public health.[24] These recommendations and the scientific basis for eating a healthy diet have also been translated into healthy eating messages for the general public

Box 3: Healthy Eating Advice to the Public

Eating a healthy, balanced diet can help improve our health in both the short and the longer term. A varied and balanced diet is important for good health.



[22]James W.P.T. et al., 1988. Healthy nutrition: preventing nutrition-related diseases in Europe. WHO Regional Publications. European series No 24.
[23]Committee on Medical Aspects of Food Policy, 1984. Diet and Cardiovascular Disease. Report on Health and Social Subjects Number 28. Department of Health and Social Security. London: MSO.
[24]WHO, May 2004. Global strategy on Diet, Physical activity and Health. [pdf] Available at: http://whqlibdoc.who.int/publications/2004/9241592222_eng.pdf

Physical Activity and Public Health

The scientific evidence in favour of physical activity and being more active in our daily lives is increasingly compelling (Box 4).

Box 4: Evidence linking physical activity and public health

A lack of physical activity is estimated to contribute to 22-23% of CHD, 15% of Diabetes and 12-13% of stroke in developed countries, such as Wales[25]

Health benefits of physical activity extend across the life course and relate to cardiovascular disease, diabetes, musculoskeletal health, cancer, mental health and well-being[26].

Adults who are physically active have 20-30% reduced risk of premature death and up to 50% reduced risk of developing the major chronic diseases.[27]

Physical activity can bring benefits to the wider economy, including increased productivity and reduced sickness absence from the workplace.[28]

Action targeting physical activity promotion can also help create healthier communities (through cycling routes and walk ways) and enhance neighbourhoods through safe roads or clear air[29]

Active ageing can extend our ability to live independently, reduce falls and improve social engagement, boosting quality of life for individuals and saving on costs of health care[30]

A 20% increase in cycling by 2015 would result in a decreased mortality rate, valued at £107 million, with potential savings to the NHS of £52 million from reduced illness and a further £87 m saved by employers through reducing absence[31]

International and national guidance for physical activity advise that adults should take part in physical activity for 30 minutes on 5 or more occasions in a week (5 x 30); the recommended amount of physical activity for children is at least 60 minutes on five or more days.[32]

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[25]World Health Organisation 2002. World Health Report, 2002: Reducing risks promoting healthy life. Geneva
[26]Department of Health, 2004. At least 5 a week: evidence on the impact of physical activity and its relationship to health. [pdf] Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4080994
[27]Department of Health, 2004. At least 5 a week: evidence on the impact of physical activity and its relationship to health.[pdf] Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4080994
[28]WHO (2002) ibid
[29]WHO (2002) ibid
[30]Department of Health, 2009. Be active Be healthy: A plan for getting the nation moving. [pdf]. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094358
[31]Cavill N. and Davis A., 2009. Cycling and Health: What is the evidence? Cycling England. Available at: http://www.dft.gov.uk/cyclingengland/site/wp-content/uploads/2009/01/cycling_and_health_full_report.pdf .
[32]NICE, Jan 2009. Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings. [pdf] NICE Public Health Guidance 17. Available at: http://guidance.nice.org.uk/PH17/Guidance/pdf/English

Breastfeeding and Public Health

Breastfeeding has been shown to provide health benefits to both infant and mother and more recent claims suggest a protective effect against obesity. According to a recent review, there is a positive relationship between the duration of breastfeeding and a lower risk of becoming overweight as a child[33] regardless of maternal body weight[34]. This is supported by studies of infants who are not breastfed where evidence suggests that babies who are not breastfed are more likely to become obese in later childhood[35 36 37]. Mothers who do not breastfeed have been shown to have more problems returning to their pre-pregnancy weight[38]. Low breastfeeding rates and poor weaning practices are linked to malnutrition and poor cognitive development and digestive and respiratory infections in infants and young children[39].

Box 5: Current breastfeeding recommendations[40]

- Breast milk is the best form of nutrition for infants
- Exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life
- Six months is the recommended age for the introduction of solid foods for infants
- Breastfeeding (and/or breast milk substitutes) should continue beyond the first six months, along with appropriate types and amounts of solid foods.

Despite increased preference for bottle feeding over breastfeeding in the current population[41], the evidence unequivocally recommends that exclusive breastfeeding should be maintained for at least the first six months of a babies life (Box 5), and is not only more beneficial but is critical to a healthy start in life[42] and may help prevent health problems in adulthood[43].

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[33]Harder T, Bergmann R et al (2005) Duration of breastfeeding and risk of overweight: a meta-analysis. American J of Epidemiology, 162 (5): 397-403
[34]Mayer-Davies EJ, Rifas-Shiman SL et al (2006) Breastfeeding and risk for childhood obesity, Diabetes Care, 29: 2231-2237
[35]Department of Health, 2004. Choosing a better diet: a food and health action plan. [pdf.] London: Department of Health. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4082161.
[36]Li L. et al., 2003. Breast feeding and obesity in childhood: cross sectional study. British Medical Journal, 327, pp. 904–905.
[37]Michels K.B., et al., 2003. A longitudinal study of infant feeding and obesity throughout life course. International Journal of Obesity, 31, pp. 1078–1085.
[38]Department of Health, 2004. Choosing a better diet: a food and health action plan. [pdf.] London: Department of Health. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4082161.
[39]WHO (2002) ibid)
[40]Bolling k. et al., 2006. Infant Feeding Survey, 2005. The Information Centre. [pdf] Available at: http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005.
[41]Bolling k. et al., 2006. Infant Feeding Survey, 2005. The Information Centre. [pdf] Available at: http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005
[42]World Health Organisation, July 2009. Ten facts on breastfeeding. [online] Available at: http://www.who.int/features/factfiles/breastfeeding/en/index.html.
[43]Mayer-Davies EJ, Rifas-Shiman SL et al (2006) Breastfeeding and risk for childhood obesity, Diabetes Care, 29: 2231-2237

Obesity and Public Health

According to the WHO obesity is now the most widespread nutrition-related disorder in western industrialised countries[44]. It is a disorder in which excess fat has accumulated to an extent that it endangers health[45]. Obesity is commonly measured using Body Mass Index (BMI) defined as a person's weight in kilograms divided by their height in metres squared. Health risks associated with obesity are greater the higher the BMI.

Table 1: Weight categories based on BMI

	BMI (kg/m2)
Healthy weight	18.5 – 24.9
Overweight	25-29.9
Obesity I	30-34.9
Obesity II	35-39.9
Obesity III	40 or more

The BMI of children is measured against standardised reference tables to provide guidance on recommended BMI according to child's age and sex. Children over the 98th percentile are classified as obese and those over the 91st percentile are classified as overweight[46].

In the last three decades the rise in numbers of adults and children in the UK classified as either overweight or obese has been dramatic. Most recent figures indicate approximately half the adult population is either overweight or obese; 30% of children (aged 2-15) are overweight whilst 16% are obese[47]. Overweight and obesity are well known risk factors for CHD. Moreover, obesity is also a major contributor to other diet related diseases or conditions, such as high blood pressure, certain cancers, Type 2 Diabetes, musculoskeletal problems and can adversely affect self-confidence, esteem and mental health[48]. (See Box 6)

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[44]National Heart Forum, 2007. Lightening the load: tackling overweight and obesity. [pdf]. Department of Health: Available at: http://www.heartforum.org.uk/Publications_NHFreports_Overweightandobesitytool.aspx
[45]National Heart Forum, 2008. Healthy Weight, Healthy Lives: A toolkit for developing local strategies. [pdf]. Department of Health. Available at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088968
[46]Cole TJ, Freeman JV & Preece MA (1995) Body Mass Index Reference curves for the UK, 1990. Archives of Disease in Children, 73: 25-29
[47]National Heart Forum, 2008. Healthy Weight, Healthy Lives: A toolkit for developing local strategies. [pdf]. Department of Health. Available at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088968
[48]Health Development Agency, 2003. The management of overweight and obesity- Evidence Briefing. [pdf]. National Public Health Service. Available at: http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications /management_of_obesity_and_overweight_evidence_briefing.jsp

Box 6: Health risks associated with obesity.

Obesity has shown to reduce life expectancy by on average 11 years.[43] Each year around 28,000 heart attacks in the UK are attributable to obesity.[50]

Research into the effects associated with obesity have proven it is an increased risk factor for diseases such as coronary heart disease (CHD), stroke, type 2 diabetes, osteoarthritis and cancer.[51] If the prevalence of obesity continues to rise at the current rate, we will see a corresponding increase in CHD (20%), stroke (30%) and type 2 Diabetes (70%).[52]

Increased risk of cancers, particularly post-menopausal breast cancer and endometrial cancer in women, is associated with obesity.[53] Children who are overweight or obese are more likely to be obese in adulthood; and the chance of overweight or obese in adulthood increases with the age of the child.[54]

The risk of overweight and obesity in children is considerably higher where one or both parents are already obese.[55] Obese patients who lose just 10kg of weight have a 20-25% decrease in overall mortality.[56]

The mental health benefits of losing or maintaining a healthy weight are also considerable, with strong links between body weight, mental health and well-being; people who are overweight or obese tend also to suffer from problems associated with poor self-esteem, depression, bullying and social exclusion.[57] Given current levels of adult obesity, persistence of obesity into adulthood is a major public health concern.[58]

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[49]National Heart Forum, 2008. Healthy Weight, Healthy Lives: A toolkit for developing local strategies. [pdf]. Department of Health. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088968
[50]National Heart Forum, 2008. Healthy Weight, Healthy Lives: A toolkit for developing local strategies. (ibid)
[51]National Institute for Health and Clinical excellence, Dec 2006:. Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. [pdf] NICE clinical guidance 43. Available at: http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf.
[52]Foresight, Oct 2007. Foresight Tackling Obesities: Future Choices – Summary of Key messages. Government Office for Science. Available at:http://www.foresight.gov.uk/Obesity/20.pdf.
[53]COMA, 1998. Nutritional aspects of the development of cancer: report of the working group on Diet and Cancer of the Committee on Medical Aspects of Food and Nutrition Policy. Reports on health and social subjects, 48, pp:1 -274.
[54]SEBCHU, 2008. Prevention of childhood obesity: A review of systematic reviews. [pdf] Edinburgh: NHS Scotland. Available at: http://www.healthscotland.com/uploads/documents/7918-RE049FinalReport0405.pdf.
[55]National Centre for Social Research, 2006. Obesity among children under 11. [pdf] Department of Epidemiology and Public Health at the Royal Free and University College Medical School. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_065358.pdf.
[56]Health Development Agency, 2003. The management of overweight and obesity- Evidence Briefing. [pdf]. National Public Health Service. Available at: www.hda.nhs.uk/evidence
[57]National Institute for Health and Clinical excellence, Dec 2006:. Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. [pdf] NICE clinical guidance 43. Available at: http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf.
[58]National Institute for Health and Clinical excellence, Dec 2006:. Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. [pdf] NICE clinical guidance 43. Available at: http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf.

Economic cost of obesity

Obesity places a considerable burden on societies. In the UK the estimated costs associated with treating people who are obese is presented below (Box 7).

Box 7: The cost of obesity[59]:

6% of all deaths in the UK can be attributed to obesity.
Obesity is responsible for more than 9,000 premature deaths per year in England.
The overall cost of obesity (days lost working; NHS costs etc.) is £3.3 million.
The overall cost for overweight and obesity combined is approximately £6.5 billion.
The direct cost to the NHS is at least £1 billion per year – with 80% of the cost arising from CHD, hypertension and type 2 Diabetes – thus action to prevent or reduce these in the population will have financial benefits.

The direct cost of treating obesity related disease and ill health is £17.4 billion.[60]
The wider costs associated with obesity is estimated at £15.8 billion.[61]
If current trends persist; these figures will rise to £20.9 billion and £49 billion.[62]

[59]The National Audit Office (NAO) report on the cost of obesity (2001)
[60]House of Commons Health Committee, 2004. Obesity. London: The stationary Office. Available at: www.parliament.uk/parliamentary_committees/health_committee.cfm.
[61]House of Commons Health Committee, 2004. Obesity. London: The stationary Office. Available at: www.parliament.uk/parliamentary_committees/health_committee.cfm.
[62]Foresight, Oct 2007. Foresight Tackling Obesities: Future Choices – Summary of Key messages. Government Office for Science. Available at: http://www.foresight.gov.uk/Obesity/20.pdf. [Accessed September 2009].

Part 3: Causes of Obesity, Factors influencing Diet and Physical Activity

The precise cause of the so called 'obesity epidemic' is widely contested and a single explanation for the causes of overweight and obesity is far from straightforward. Within the medical and public health professions the dominant opinion is the 'scientific' explanation known as 'energy balance'; whereby weight gain is the result of excess calorie consumption (food intake) above the energy (calories) burnt off through physical activity.

'Energy Balance'

High fat, energy dense diets and sedentary lifestyles of the last 20 to 30 years, along with economic growth, urbanisation and the globalization of food markets have all contributed to the problem of obesity. For most individuals, obesity results from excessive calorie intake and or inadequate physical activity[63].

In the past Century there has been a dramatic shift in the amount, type and quality of foods eaten in Britain; with a move towards highly refined foods and higher consumption of meat and dairy products, containing high levels of saturated fats, and less emphasise on starchy foods and fruits and vegetables. This, together with marked reductions in energy expenditure, through increased car ownership, poorly planned urban centres or residential areas, lack of recreational and green spaces[64 66], and sedentary lifestyles[66 67] and occupations[68 69 70], support the scientific or 'individual' explanation for the dramatic rise in obesity.

'Obesogenic Environment'

Changes in energy intake (food consumption) and energy expenditure (physical activity) however do not fully account for dramatic rise in obesity. Since the 1990's the term ***'obesogenic environments'*** has been widely used to refer to the broader factors, many of which are outside of the individual's control, and the increase in obesity.

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[63] Garrow J. and Summerbell C., 2000. Obesity. In: Stevens A. et al., 2000. Health Care Needs Assessment: the Epidemiologically Based Needs Assessment Reviews: 3rd Series. Abingdon: Radcliffe Medical Press Ltd.
[64] Boehmer et al., 2006. Perceived and observed neighbourhood indicators of obesity among urban adults. International Journal of Obesity. 31(6), pp. 968-977.
[65] Bjork j et al., 2008. Recreational values of the natural environment in relation to neighbourhood satisfaction, physical activity, obesity and well-being. Journal Epidemiology Community Health, 62.
[66] Shields M. and Tremblay M.S., 2008. Sedentary behaviour and obesity. Statistic Canada Catalogue, Health reports, 19(2).
[67] Stamatakis E et al., 2009. Moderate-to-vigorous physical activity and sedentary behaviours in relation to body mass index-defined and waist circumference-defined obesity. British Journal of Nutrition, 101, pp. 765-773.
[68] Popkin B.M., 2006. Technology, transport, globalization and the nutrition transition food policy. Food Policy, 31, pp. 554-69.
[69] Boyce R.W. et al., 2008. Physical activity, weight gain and occupational health among all call centre employees. Occupational medicine, 58, pp. 238-244.
[70] Mummery W.K. et al., 2005. Occupational sitting time and overweight and obesity in Australian workers. American Journal of Preventive Medicine, 29, pp.91-97.

OBESOGENIC

Likely to cause someone to become excessively fat

obesogen *noun* [C]
'We live in an **obesogenic** environment – a plethora of fast food outlets, reliance on cars, and offers enticing us to eat larger portions …'
Professor Mike Kelly – as quoted in the Telegraph 8th October 2003

The term ***'obesogenic environment'*** is now widely used and is defined as 'the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity'[71].

Since the mid 20th Century there has been a global period of rapid societal change. At all levels food systems have changed dramatically as a result of economic growth, urbanisation and the globalisation of food markets[72]. While obesity is influenced by genetic and behavioural factors, the environmental influences have yet to be fully explored and understood[73].

One aspect of the obesogenic environment is the built environment. The physical design of a community, the assets and facilities available, and uses of built environment can influence opportunities for physical activity. Evidence of a link between the built environment and physical activity has been established[74].

In terms of health inequalities, low income groups are thought to be affected more by their built environments because their activity spaces are smaller, they are more constrained by lack of transportation, and opportunities to buy healthy food are generally lacking in areas of deprivation[75] [76] [77]. Concerns exist around employment patterns (shift work) and weight gain. Although the evidence is limited, some employment conditions are likely to be related to obesity, for example; sedentary work, disinclination to use active transport, and ready access to energy dense foods.[78]

The difficulties in maintaining an ideal body weight - choosing a healthy diet and being more active – is compounded further by social and structural factors such as income

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[71]Swinburn Swinburn, B., G. Egger, and F. Raza, (1999). Dissecting Obesogenic Environments: The Development and Application of a Framework for Identifying and Prioritizing Environmental Interventions for Obesity*1. Preventive Medicine, 29(6): p. 563-570.
[72]Burgoine et al., 2009. Changing foodscapes 1980-2000 using the ASH30 Study. Appetite 53.
[73]Holsten J., 2008. Obesity and the food environment: a systematic review. Public Health Nutrition, 12(3).
[74]NICE (2008) National Institute for Clinical Excellence (NICE) Promoting and creating built or natural environments that encourage and support physical activity (internet) 2008: Available from: http://guidance.nice.org.uk/PH8
[75]Dowler E. and Turner S., 2001. Poverty bites. Food, health and poor families. London: CPAG.
[76]Lawrence M. and Worsley T., 2007. Public health nutrition: From principles to practice. Maidenhead: Open University Press McGraw-Hill.
[77]Papas M.A. et al., 2007. The built environment and obesity. Epidemiology Review, 29, pp. 129-43.
[78]Broom D. and Strazdins L., 2007. The harried environment: is time pressure making us fat? In: Dixon J., Broom D., eds. The 7 deadly sins of obesity. Sydney: University of New South Wales Press, pp. 35-45.

level and car ownership. Having a low income or living in a deprived area can make it more difficult to access a healthy diet. Only 50% of people taking part in the National Diet and Low Income Survey had access to a private car for shopping. Moreover, around 30% of respondents reported that the money available for food was the most important factor determining food choice.[79]

Individuals have control over some but not all of the factors believed to be responsible for the dramatic rise in obesity. Whilst having a significant impact on the rise of obesity in the population, diet and physical activity alone cannot be considered in isolation. Strategies for addressing obesity and improving health and well-being must therefore take into account the effect of wider social determinants of health and the environments in which people live and work. Such complex and multi faceted contexts also warrant a multidisciplinary approach.

Barriers to Dietary Change and Being More Active

We know that diet (including breastfeeding), physical activity and maintenance of an ideal weight are significant factors involved in the prevention of disease and promoting health and well-being. As the previous section illustrates however not everyone follows a healthy diet, meets the physical activity recommendations, or is a healthy weight. Besides individual choice, motivation and genetic factors it is widely acknowledged that some people simply feel unable to adopt guidelines and advice because of social or structural barriers to change, such as income, access to shops or leisure activities.

Interestingly, according to a local survey, Wrexham Voices 2008[80], when asked about the barriers to maintaining a healthy lifestyle the most common answers from respondents, in no particular order, included:

- Unable to take regular exercise to due to disease, work, age, costs and time
- The costs of fruit, vegetables and fish
- Availability of cheap unhealthy foods
- Too few healthy food options in cafés, pubs and restaurants
- Difficulties with balancing time for cooking, work, life and exercise
- Lack of motivation
- Enjoying current lifestyle and wrong food
- Lack of information

As a result respondents were especially interested to receive information on the following topics:

- How to maintain healthy weight (77%)
- Footpaths and walkways (64%)
- Diet and healthy recipes (56%)
- Country parks (47%)
- Leisure activities (48%)

[79]Food Standards Agency, 2007. Low income diet and nutrition survey: summary of key findings. [pdf]. Online: The Stationary Office. Available at: http://www.food.gov.uk/multimedia/pdfs/lidnssummary.pdf
[80]Wrexham County Borough Council and Local Health Board, 2009. Wrexham peoples' voice survey 5, 2009. [pdf]. Swansea: Opinion Research Services.

Social Determinants of Health

The broad model of health, promoted by the World Health Organisation (WHO) recognises the limitations of action targeted solely at individuals. It takes into account the **social and environmental determinants of health** (Figure 1) and concern for issues such as sustainability and social inclusion. It also advocates a movement towards action based upon the core principles of the World Health Organisation's framework for Health Promotion: equity, empowerment, community involvement, partnership working and healthy public policy. The latter – basically national or local government policies that support health - is critical to **'make the healthy option the easier option'**. It is this framework that underpins the development process, content and implementation of the present HEBMA Strategy outlined in the next section.

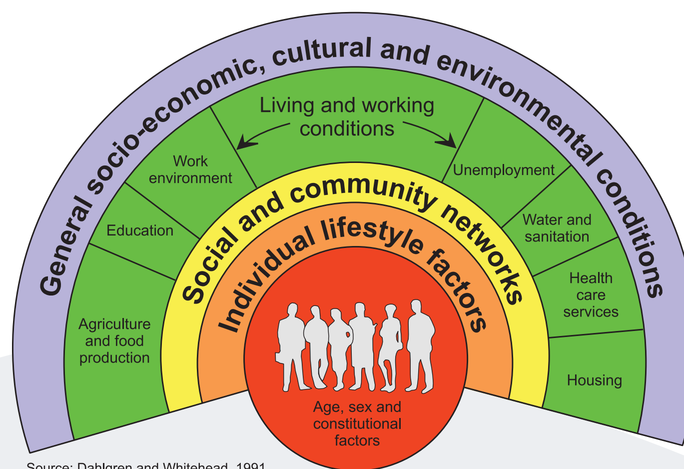

Figure 1: Social Determinants of Health. (Dahlgren and Whitehead, 1991)[81]

People's behaviour and lifestyles does not take place in a vacuum. Lifestyle choices, like the foods we eat, are more than just a physiological necessity; they are a central part of everyday life. Whereas in the past professionals tended to issue guidance on what was a healthy lifestyle and somewhat naively assumed that people would simply adopt their advice; we now recognise that people are **active consumers** with a choice about the lifestyle they choose and should therefore be actively engaged in any decision making process. The role of the professional is to encourage, inform and enable people in making decisions that may enhance their health and well-being.

As the World Health Organisation (WHO)[82] advocate that a critical part of this process is to ***make the healthy option the easy option***. Professionals need to focus on creating environments and opportunities – through healthy public policy - that support people in

[81]Dalgren G. and Whitehead M., 1991. Policies and strategies to promote social equity in health. Stockholm: Institute of Futures Studies.
[82]World Health Organisation Ottawa Charter for Health Promotion [internet] In: First International Conference on Health Promotion, Ottawa: WHO; 1986. Available from: http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

making healthy choices; for example the development of active transport (cycle routes) policies or action in settings such as schools, communities and workplaces that encourage people to choose a healthy option.

All these environmental factors can have a significant impact on whether or not individuals and populations become overweight or obese. That is why this Strategy adopts a broader and comprehensive socio-ecological approach to the public health issues associated with obesity. Working across partner organisations is essential to make the healthy option the easier option and encourage healthy eating and physical activity at a population level.

Part 4: Current Trends – Where are we now?

For the purpose of developing any strategy it is necessary to establish a baseline. This section outlines the current picture for the people living in Wrexham in terms of levels of overweight and obesity and patterns of healthy eating and being more active. Although data on local populations is lacking the next best available data sources have been used .

Current trends for overweight and obesity - adults (UK, Wales and Wrexham)

There has been a marked increase in the proportion of obese adults in the UK over the past 20 years. Since 1980 the prevalence (or proportion of the population who are classified as obese) has trebled in the UK. If current trends persist it is claimed that 60% of men and 50% of women will be obese by 2050. Figures for Wrexham (Table 2) are similar to national and UK trends for men and women (Table 3).

Table 2: Percentage overweight and obese adults in Wrexham and (Wales) (WHS 03/05/07)

	2003 / 2004	2005 / 2006	2007	2008
Overweight or Obese	**57%** (54%)	**53%** (55%)	**52%** (56%)	**53%** (57%)
Obese	-	**17%** (19%)	**20%** (20%)	**19%** (21%)

Table 3: Percentage overweight and obese adults by gender in the UK, Wales and Wrexham

	UK[86]	**Wales[87]**	**Wrexham[80]**
Men	65%	62%	58%
Women	56%	*52%*	48%

In the UK[88] as in most European countries obesity is more prevalent among those living in socially deprived communities The relationship between BMI and social class varies with sex and age. BMI tends to be higher amongst women in lower socio-economic groups, whilst in men is less clear. Information on the prevalence of obesity in different

[83]The availability of data on health indicators such as obesity, dietary and nutritional intakes and physical activity for Wales is limited particularly for local regional (sub-national) or local authority level. A combination of data from the UK and, where available, from national (Wales) and local (Wrexham) data sets has therefore been used.
[84]Health Development Agency, 2003. The management of overweight and obesity- Evidence Briefing. [pdf]. National Public Health Service. Available at: www.hda.nhs.uk/evidence
[85]Foresight, Oct 2007. Foresight Tackling Obesities: Future Choices – Summary of Key messages. Government Office for Science. Available at:
http://www.foresight.gov.uk/Obesity/20.pdf.
[86]Health Development Agency, 2003. The management of overweight and obesity- Evidence Briefing. [pdf]. National Public Health Service. Available at: www.hda.nhs.uk/evidence
[87]Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. [pdf] Available at:
http://www.adjudicationpanelwales.org.uk/topics/statistics/publications/healthsurvey2008
[88]Centre fro longitudinal studies (2007) Millennium Cohort Study: Second Survey. A user's guide to initial findings London, University of London.
[89]World Health Organisation (2006) Obesity in Europe [Online] www.euro.who.int/obesity

ethnic groups although restricted, indicates the risks are greater amongst people of Asian ethnic origin.

According to the Welsh Health Survey the prevalence of obesity in Wales is higher amongst socially deprived groups.[90] Thirteen of the 47 Wards in Wrexham - or 26% of Wrexham's population – are included in the category for most deprived fifth of wards in Wales.[91 92] Health and associated indicators, including obesity, physical activity levels and diet, are all significantly worse in these areas[93] and therefore warrants attention.

Key Message

Those Wards in Wrexham falling in the lower fifth of social deprivation in Wrexham (13 Wards) should be identified as priority areas in the strategy

Current trends for overweight and obesity - children

Recent figures indicate a drastic increase in the prevalence of overweight and obese in UK children over the last two decades.[94] Unless action is taken immediately to halt or reverse current trends, reports predict that two thirds of children aged 2-15 years in the UK will either be overweight or obese by the year 2050.[95]

At present, data relating to children and obesity is only available on an all Wales basis.

Table 4: Overweight and obesity among children (2-15) in Wales[96]

	2003 / 2004	2005 / 2006	2007	2008
Overweight or Obese	**57%** (54%)	**53%** (55%)	**52%** (56%)	**53%** (57%)
Obese	-	**17%** (19%)	**20%** (20%)	**19%** (21%)

A third of all children (33%) in Wales are currently overweight or obese; 15% of girls and 17% of boys are obese, with an almost equal proportion (16% and 17%) in the overweight category. As the data in Table 4 suggests trends for obesity in children in Wales is rising in line with national trends; action is needed to halt the year on year rise in obesity amongst children.

Key Message

Trends for obesity in children in Wales are rising in line with national trends; action is needed to halt the year on year rise in obesity amongst children.

[90] National Health Service for Wales, 2007. Health Needs Assessment 2006: Nutrition and Obesity. [pdf] Available at: http://www.wales.nhs.uk.
[91] Ranked according to Townsend Score
[92] National Public health Service for Wales (2006) Deprivation and Health in Wrexham, pp 1-8
[93] National Public health Service for Wales (2006) ibid
[94] National Institute for Health and Clinical Excellence, Dec 2006: Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. [pdf] NICE clinical guidance 43. Available at: http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf.
[95] Foresight, Oct 2007. Foresight Tackling Obesities: Future Choices – Summary of Key messages. Government Office for Science. Available at: http://www.foresight.gov.uk/Obesity/20.pdf.
[96] Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. [pdf] Available at: http://www.adjudicationpanelwales.org.uk/topics/statistics/publications/healthsurvey2008

Current Trends - Healthy Eating

In essence people wishing to maintain a healthy weight, or who wish to lose weight are advised to follow a diet that is high in fibre and complex carbohydrates (e.g. wholegrain bread, pasta, rice and cereals), low in fat and high in fruits and vegetables.[97] One key indicator therefore of a healthy diet is fruit and vegetable intake and is measured as part of national surveillance.

Current trends Healthy Eating in Adults: Fruit & Vegetable intake

According to a recent Welsh Consumer Attitudes to Food Survey, the majority (76%) of the public are already aware of the public health message to consume at least five portions of fruit and vegetables each day.[98] This represents an improvement of almost 30% in the last 7 years. Similar findings have been reported in Wrexham.[99] The fact that knowledge and awareness of the key messages is high but that this has not yet translated into actual changes in behaviour is however a matter of concern.

The UK guidelines advocate that individuals should consume at least 5 portions of fruit and vegetables per day. According to recent surveys less than one third of all adults in the UK (27 % of men and 31% of women) are currently meeting this recommendation.[100]

In Wrexham and Wales less than half the population meet the recommended target of 5 portions of fruit and vegetable a day, with people in Wrexham consuming marginally less fruit and vegetables compared with figures for the rest of Wales[101]. Individuals living in socially deprived areas are less likely to consume 5 a day than people living in other areas (30% vs. 37%)[102] and this is believed to contribute to the increasing health divide between socio-economic groups in Wales. People living in affluent areas of Wales can expect to live more than five years longer than those in the poorest regions – and the gap is growing.

[97]National Institute for Health and Clinical Excellence, Dec 2006: Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. [pdf] NICE clinical guidance 43. Available at: http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf.
[98]Food Standards Agency, 2008. Consumer Attitudes to Food Standards (2007): Wales Summary Report. [pdf] London:TNS. Available at: http://www.food.gov.uk/multimedia/pdfs/cas2007walesreport.pdf
[99]Wrexham County Borough Council and Local Health Board, 2009. Wrexham peoples' voice survey 5, 2009. [pdf]. Swansea: Opinion Research Services.
[100]The Information Centre for Health and Social Care, 2008. Health Survey for England 2007. Healthy livestyles: knowledge, attitudes and behaviour. A summary of key findings. [pdf]. Survey carried out on behalf of the NHS. Available at: http://www.ic.nhs.uk/webfiles/publications/HSE07/HSE07%20Summary.pdf.
[101]National Public Health Service for Wales (2007) Health Needs Assessment 2006: Nutrition and Obesity
[102]Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. [pdf] Available at: http://www.adjudicationpanelwales.org.uk/topics/statistics/publications/healthsurvey2008

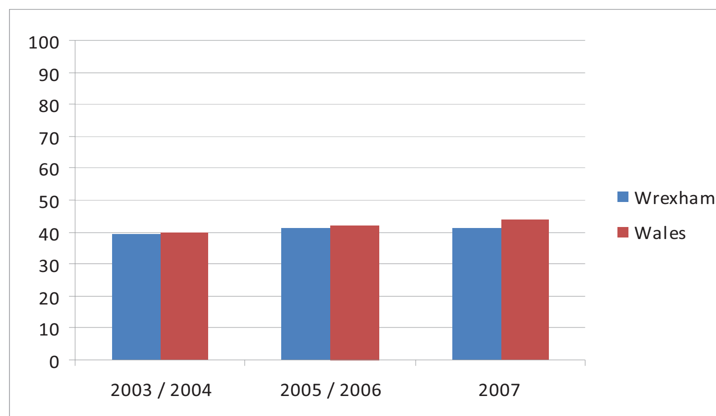

Figure 2: Percentage of adults consuming 5 a day fruit and vegetables

Although intakes have risen slightly over the past 5 years, people in Wrexham have not improved their diet as much as those living in Wales generally (Figure 2). Moreover, the trends data suggests that people know what they should be doing to benefit their health but this does not always result in changes in practice. Possible explanations as to why some people are fully aware of the key messages but do not change their behaviour have been mentioned.

Current trends - Healthy Eating Children: fruit and vegetable consumption

Within the 2008 Welsh Health Survey over half (58%) of the children surveyed reported eating fruit every day and 51% reported eating vegetables every day. In the health survey for England it was found that 21% percent of both boys and girls reached the target of five portions of fruit and vegetables a day with 68% of the boys and 72% of the girls reporting that they consumed fruit the previous day.[103]

Key Message

Both adults and children living in Wrexham would benefit from eating more fruits and vegetables.

The difference in consumption of fruit and vegetables in deprived and non-deprived areas contributes to growing health inequalities.

Eating just one extra portion of fruit and vegetable a day - a modest goal – can decrease risk of CHD by 4% and stroke by 6%[104]

[103] The Information Centre for Health and Social Care, 2008. Health Survey for England 2007. Healthy lifestyles: knowledge, attitudes and behaviour. A summary of key findings. [pdf]. Survey carried out on behalf of the NHS. Available at: http://www.ic.nhs.uk/webfiles/publications/HSE07/HSE07%20Summary.pdf.
[104] Joshipura, J. et al., 2001. The Effect of Fruit and Vegetable Intake on Risk for Coronary Heart Disease. Annals of Internal Medicine, 134, 1106-1114.

Current Trends - Breastfeeding

As highlighted previously within this Strategy breastfeeding has been shown to provide health benefits to both infant and mother and more recent claims suggest a protective effect against obesity. Current UK policy calls for exclusive breastfeeding for the first 6 months. Thereafter, it recommends that breastfeeding should continue for as long as the mother and baby wish, while gradually introducing a more varied diet.[105]

Whilst there has been an increase in the percentage of UK women breast feeding at birth, very few mothers are exclusively breastfeeding their babies at 6 weeks and the number at six months is negligible. The UK infant feeding survey 2005[106] showed that 78% of women in England breastfed their babies after birth but, by 6 weeks, the number had dropped to 50%. Only 26% of babies were breastfed at 6 months. Exclusive breastfeeding was practised by only 45% of women one week after birth and had declined to just 21% at 6 weeks.[107]

In Wrexham 57% of women in 2008 breastfed their child at birth although lower than England, is similar to the percentage for Wales as a whole (57%).[108] It is important to note however that these figures indicate that almost half of all mothers in Wrexham are choosing to bottle feed. There is currently no data available on breastfeeding rates at six weeks or six months.

Figures 3: Breastfeeding at birth by maternal age In Wales

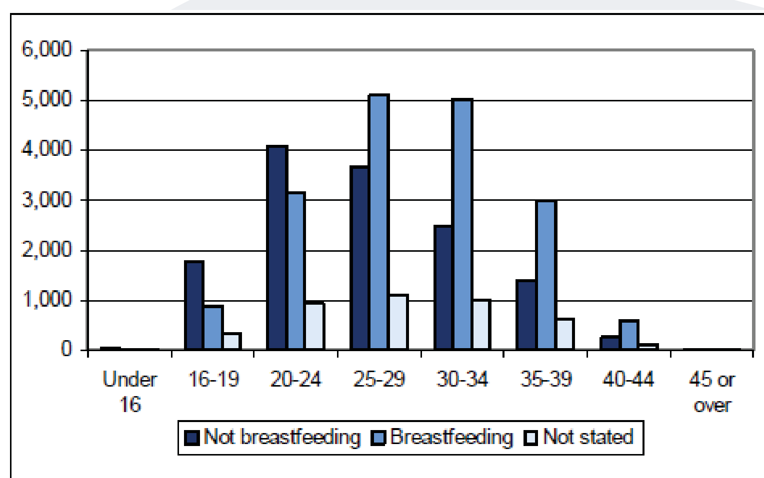

Figure 3 shows that in Wales, babies born to older mothers are more likely to be breastfed than babies from younger mothers whereas younger mothers are more likely

[105]Health Development Agency, 2003. The management of overweight and obesity- Evidence Briefing. [pdf]. National Public Health Service. Available at: www.hda.nhs.uk/evidence

[106]Bolling k. et al., 2006. Infant Feeding Survey, 2005. The Information Centre. [pdf] Available at: http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005.

[107]Bolling k. et al., 2006. Infant Feeding Survey, 2005. The Information Centre. [pdf] Available at: http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005.

[108]Welsh Assembly Government, 2009. Births in Wales 2008: Data from the National Community Child Health Database. [pdf]. Available at: http://wales.gov.uk/topics/statistics/headlines/health2009/hdw200907081/?lang=en

to bottle feed.[109] This is consistent with trends for the rest of the UK. Surveys have also indicated that mothers from higher socio-economic backgrounds are far more likely to initiate and continue breastfeeding[110].[111]Why such a large proportion of women are choosing to bottle feed over breast feed is a complex and contentious issue; reasons commonly cited for choosing bottle over breast include convenience and social attitudes towards breastfeeding, particularly in public places.

Key message

Action needs to be targeted at promoting breastfeeding, particularly amongst younger women and those living in the most socially deprived areas of Wrexham. If this is going to be successful action needs to be taken to encourage a positive attitude and breastfeeding culture amongst the general population.

Current Trends - Physical activity

In the past decade there has been a shift away from emphasis on the amount and level of ***exercise*** people do towards a greater focus on ***being more active*** (where we are encouraged to build ***physical activity*** into our everyday lives) through the creation of environments that support active lifestyles, such as walking rather than driving and active transport schemes[112].

Physical activity is any form of activity that raises the heart rate above its resting levels. Physical activity is not confined to just sport and exercise but encompasses everyday activities like walking, cycling to work, gardening, dancing, housework and play.(Be active, be healthy: a plan for getting the nation moving, London: Department of Health; 2009) ; Be active, be healthy; WAG, 2010: Creating an Active Wales.

The global consensus for physical activity is that adults should take part in physical activity for 30 minutes on 5 or more occasions in a week (5 x 30); the recommended amount of physical activity for children is at least 60 minutes on five or more days.[113]

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[109]Welsh Assembly Government. Births in Wales 20008: Data from the National Community Child Health Database. July 2009.
[110]Bolling k. et al., 2006. Infant Feeding Survey, 2005. The Information Centre. [pdf] Available at: http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005.
[111]Dykes F, Hall Moran V (2006) Transmitted nutritional deprivation: a socio-biological perspective. In: Hall Moran V and Dykes F (eds) Maternal and infant Nutrition and Nurture: Controversies and challenges, London: Quay Books.
[112]Department of Health, 2009. Be active Be healthy: A plan for getting the nation moving. [pdf]. Available at:http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094358
[113]NICE, Jan 2009. Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings. [pdf] NICE Public Health Guidance 17. Available at: http://guidance.nice.org.uk/PH17/Guidance/pdf/English

There are currently no national or local datasets that could be used as suitable indicators for monitoring 'being more active' and 'active environments'.

Current trends in physical activity – Adults

In the last five years figures for physical activity in Wrexham have increased above the levels for Wales. Approximately one third (30%) of adults in Wrexham and Wales currently undertake enough physical exercise to meet the recommended guidelines to promote and maintain health[114].

Figure 4: Percentage of adults meeting the physical activity recommendations of 5 times 30 minutes/ a week

Trends show that the levels of those taking part in physical activity decreases with age.[115]Small difference was found in overall exercise rates between the least deprived and most deprived wards nationally.[116]

Current trends in physical activity - Children

Within the 2008 Welsh Health Survey approximately half (53%) of the children surveyed in Wales told researchers that they met the recommended amount of physical activity of at least 60 minutes on five or more days. Of these, 35% reported doing at least 60 minutes every day.

[114]Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. [pdf] Available at: http://www.adjudicationpanelwales.org.uk/topics/statistics/publications/healthsurvey2008
[115]Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. ibid
[116]Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. ibid

Table 5 – Participation and regular participation in extra-curricular activity and in club based activity in Wrexham[117].

	Primary schools Any	Primary schools Regularly	Secondary schools Any	Secondary schools Regularly
Extra-curricular activity	86.3%	60.9%	62.9%	42.2%
Club-based activity	82.0%	61.1%	69.0%	50.7%

The 2006 survey from Sports Council Wales reports no significant difference between physical activity between sexes in the 7-11 years age category; however, as children increase in age (11-16 years), boys remain physically active compared to girls. Overall, primary school aged children are more physically active than secondary school aged children.

Although half of children report being active this is self-reported data and may be overestimated. Moreover, this also means that at least half the children were not taking part in the minimum levels of recommended physical activity to benefit their health and help prevent future ill health and disease.

Key Messages

Wrexham adults are engaging in physical activity and this is moving in a positive direction with approximately half of adults claiming to be physically active enough to meet the national guidelines.

At least half of all adults in Wrexham however are failing to meet recommended levels and is a major cause for concern.

At least half all children in Wrexham, but particularly girls and children living in more deprived areas, are failing to meet recommended levels of physical activity

[117]Sports Council Wales, 2006. Sports Update 58 - Active Young People in Wales. [pdf] Available at: http://www.sports-council-wales.org.uk/library-services.

Part 5: An Evidence Based Strategy To Promote Healthy Eating And Being More Active In Wrexham

Our Vision

Healthy Eating and Being More Active Vision

"An active, healthy and inclusive Wrexham, where eating healthily and being more active becomes second nature, the people of Wrexham are healthier as a result of the actions they take and are supported by the environments and organisations to prevent ill health, improve health and promote well-being"

Our strategy has been informed by national and international policy documents acknowledging that wider determinants of health can prevent people from engaging in physical activity and eating a healthy diet. Our values reflect the underpinning philosophy of the World Health Organisation (WHO) and share their aim to improve levels of physical activity and proportion eating a healthy diet in all populations and achieve optimal health for all people. We define 'health' holistically using the WHO's definition of a complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1986)

Overall Strategy Outcome:

The overall desired outcome of the Strategy is that:

'The People of Wrexham Eat Healthily and are Physically Active'

They will achieve this through having a positive attitude towards healthy eating and being more active and having the opportunities to put this into practise.

The aim of the Strategy is to improve the general health and well-being of the people of Wrexham, by reducing the levels of obese and overweight adults and children and reducing the levels of CHD in the adult population. There is also a need for targeted action among key population groups that stand to gain the most benefit from these improvements to diet, physical activity and healthy weight: children and families from socially deprived communities including vulnerable groups such as the elderly.

Key Indicators (how we will know whether we are achieving the desired outcome):

The HEBMA strategy and Health, Social Care and Well-being Partnership aim to:

- Reduce the levels of obese and overweight adults and children living in Wrexham.
- Increase breastfeeding rates in Wrexham.
- Increase the number of people in Wrexham who report to have consumed 5 portions of fruit and vegetables the previous day.
- Increase the number of people in Wrexham who report to reach the recommended level of physical activity in the previous week.

Achieving this will contribute towards achieving the following HSCWB Strategy objective:

- Reduce Coronary Heart Disease mortality rates (EASR) for residents (<75) with an underlying cause of death of Coronary Heart Disease.

Priority Population Groups

Whilst it is important for the whole population to eat healthy and be more active, there are particular groups within the local population who should be prioritised because either

- They are already at risk of ill health and disease associated with eating a poor diet and physical inactivity or
- Would yield the greatest benefits, in terms of prevention or potential health gain, as a result of modest improvements to lifestyle (diet and physical activity)

1. Infants and Children and Young People

There is strong evidence that good nutrition in infants and children positively affects health in later life, whilst breastfed infants have better health prospects compared to bottle fed infants. The diets of young people are inadequate, with lower than average intakes of fruits and vegetables; only half participate in the recommended weekly physical activity; a third of children in Wrexham are likely to be overweight or obese, with children from lower social groups and teenage girls at higher risk. Healthy eating established at an early age is likely to continue in the long-term, with added health benefits.

2. Deprived Populations and Vulnerable Groups

Socially disadvantaged groups have lower consumption of certain food groups, particularly fruits and vegetables which are essential for protection against chronic disease and promoting health. People living in the most socially deprived areas of Wrexham are at increased risk of developing chronic disease because they have higher risk factors and fewer opportunities for choosing healthy options. Vulnerable groups include the older people, ethnic minority groups, people living in rural areas, disabled people, people with learning disabilities, people with mental health needs and people on a low-income.

3. Adults

We know that more than half the adult population is currently over weight or obese; according to the Welsh Health Survey 2008 adults in the 55 – 64 years age group are particularly at risk: 68% of men and women (combined) are currently overweight/obese; 66% amongst 45-54 years and 65-74 years. This starts to fall from 75yrs+, most likely linked with the concerns related to malnutrition risks in this age group.

Most adults approx (60% men and women) in Wales, and slightly higher for Wrexham, do not consume the recommended 5 a day target for Fruits and vegetables. Adults in socially deprived communities consume even less.

Key Areas

The Healthy Eating and Being More Active strategy has primarily been informed by:

- The national policy context.
- The scientific rationale of the link between public health, obesity, eating healthy and being more active.
- Current trends in obesity, healthy eating and physical activity.
- Local authority targets and priorities

The key areas identified for the Healthy Eating and Being More Active strategy are:

- Tackling the obesogenic environment to make the healthy option the easier option.
- Encouraging people to build physical activity into their daily routines.
- Promoting children's health through maternity, parenting, early years and school settings.
- Supporting healthy eating and being more active in the school, home, community and work place.
- Providing more effective treatment and support when people become overweight or obese.

Strategic Objectives:

The Healthy Eating and Being More Active strategy will achieve its overall aim and key outcomes through the following objectives:

1. Build a multi-agency partnership to develop, implement and monitor the HEBMA strategy.
2. Adopt an evidence-based population approach to promoting healthy eating and being more active
3. Tackling the obesogenic environment to make the healthy option the easy option and create opportunities for people living in Wrexham to eat healthily and be more active.
4. Encourage a cultural shift in the local population to consider healthy eating and being more active as the 'norm'.
5. Provide appropriate information and support to the general population of the importance of maintaining healthy weight, eating healthily and being more active and to relevant organisations, practitioners and providers of this information.
6. Improve services involved in the management of people already overweight and obese.
7. Improve intelligence systems to support identification of need, better targeting of services and interventions and to monitor performance.
8. To effectively commission, implement and evaluate appropriate interventions.
9. To ensure access to interventions and services is equitable across the county.
10. Facilitate the development of third sector organisations and provide support to access appropriate funding opportunities to maximise resources available to deliver the Healthy Eating and Being More Active Strategy.

The Approach:

Three approaches are possible[118]:

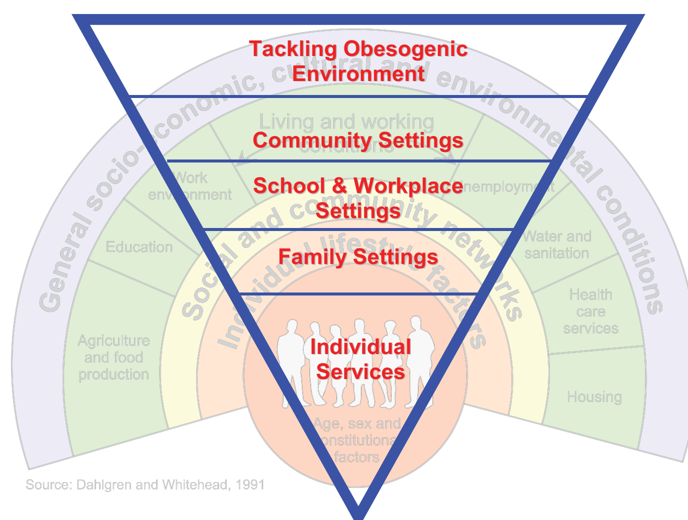
(a) To focus on the obese to help them reduce weight successfully
(b) To focus on those at risk of becoming obese (overweight) to help them avoid becoming obese;
(c) To develop a strategy to prevent the general population becoming overweight.

These approaches are not mutually exclusive and should be addressed concurrently. However, preventive action (b and c) alone will not help the outcomes to be achieved. Treating the obese individual (approach a) has limited success and surgical interventions require significant NHS resources and, in the absence of effective preventive approaches (b and c), would be required for ever increasing numbers.

This strategy does not have the scope to cover clinical interventions and deals principally with the preventive approaches (b and c above) aimed at the general population.

The approach recommended by the HEBMA Strategy is illustrated in Figure 5. The pyramid model is that shown through Wales Health and Social Care policy, where the broadest population based interventions are shown by the wide base. The pyramid is inverted to show that the population based approaches designed to tackle the obesogenic environment corresponds with the Dahlgren and Whitehead model (as seen on page 20). The intensive individual service provision required is shown by the point of the pyramid which corresponds with the central core of the Dahlgreen and Whitehead model.

Figure 5.



[118]Department of Health, 1995. Obesity Reversing the increasing problem of obesity in England. London: Department of health.

This approach will require coordinated action at different levels, involving key organisations and partners with an interest or role in helping people make choices about the foods they eat or to be more physically active and maintain the ideal body weight in order to enhance health and well-being (Figure 6).

Figure 6: Organisations and sectors potentially involved in promoting healthy eating and being more active.

Implementation

The ***Healthy Eating and Being More Active Programme Group*** has been established to develop and implement this Strategy.

The group has a true multi-agency approach with members from Wrexham County Borough Council, Betsi Cadwaladr University Local Health Board, Public Health Wales, the Third Sector (through AVOW) and Glyndwr University (Appendix 1). Membership of this group builds on previous work undertaken through the Synergistic Action Model[119]. Details of how a partnership approach will be taken to deliver the outcomes through the use of Results Based Accountability will be detailed in the Action Plan

The *Healthy Eating and Being More Active Programme Group* is accountable, through the ***Public Health Commissioning Group,*** to the ***Health, Social Care and Well-being Partnership Board*** which has overall responsibility for ensuring the delivery of *Caring for our Health 2008-2011* and its supporting strategies.

The group will not only target the prevention of obesity and overweight within the population of Wrexham County Borough, it will address this through a broad, integrated action plan providing opportunities for the people, organisations, and communities of Wrexham to eat more healthily and be more active, enabling them to take more control of their own health and well-being.

[119]The Health Social Care Well-being Strategy; 'Caring For Our Health' 2008-2011, Wrexham County Borough Council. http://www.wrexham.gov.uk/english/council/documents/hscwb_strategy.htm

The Healthy Eating and Being More Active strategy is only the start of the process and work of the partnership group. As listed in Appendix 2 the partnership has several tasks it wishes to achieve in the near future to support the strategy and achievement of its goals. The next major step will be the development and publication of an Action Plan in collaboration with partners.

This will involve:

A review of the current national and international evidence base for action on preventing obesity, promoting a healthy weight, eating healthy and being more active

The use of Results Based Accountability to develop a robust action plan to achieve the identified outcome – involving key partners and stakeholders in highlighting existing relevant activities, through the work of the agencies involved in the partnership, and gaps in provision to “turn the curve” on prevalence of overweight and obesity.

LIST of APPENDICES

Appendix 1 - Healthy Eating and Being More Active Programme Group membership

Appendix 2 - Recommendations for future action for the Healthy Eating and Being More Active Programme Group

APPENDIX 1

Membership of the Healthy Eating and Being More Active Programme Group

Janet Williams – Chair, Health and Social Care Manager, AVOW
Andrea Basu – Community Development Dietician Team Lead, BCUHB
Sarah Hughes - Health and Well-being Development Officer, WCBC
Alison Watkins - Senior Environmental Health Officer, WCBC
Gillian Cowan – HSCWB Strategy Manager, WCBC/BCUHB
Ben Carter – HSCWB Strategy Performance Assurance Manager, WCBC/BCUHB
Chris Fox – Health Programme Manager, Groundwork Wrexham & Flintshire
Sue Aston – Community Service Manager, BCUHB
Jeanette Shenton – C&YP Performance and Development Officer, WCBC
Liz Painter -Advanced Practitioner, Caia Park Health Team
Jo Spooner - Health Improvement Practitioner, Caia Park Health Team
Liz Clynch – Community Midwife, BCUHB
Jonathan Miller – C&YP Health and Well-being Manager, WCBC
Dr Lynne Kennedy – Academic Leader Medicine & Health Sciences, Glyndwr University
Alan Watkin – Vice Chair, Chief of Leisure Libraries and Culture, WCBC
Sylvia Rickard – Senior Health Promotion Specialist, PHS Wales

Agencies and Organisations involved in the production of the Healthy Eating and Being More Active Strategy

National Public Health Service
Wrexham County Borough Council:
Leisure, Libraries and Culture, Parks, Transport, Workplace Health, Healthy Schools, Economic Development.
Voluntary Sector: Through AVOW
University of Glyndwr Faculty of Public Health
Betsi Cadwaladr University Local Health Board:
Health Professionals, Dieticians, Health Visitors, Primary Care
Communities First

APPENDIX 2

Recommendations for future action for the Healthy Eating and Being More Active Programme Group

As a result of identifying risks, gaps and unequal distribution of resources the following recommendations were made for future consideration and or action:

1. Sustaining and improving existing initiatives:
   a. There is a need to gather improved data and intelligence on the range of interventions currently in place.
   b. Where there are risks to continuation of interventions of proven effectiveness and value, efforts need to be concentrating on removing the barriers to continuation through access to different funding streams, improved access to capacity building etc.

2. Developing a strategic approach:
   a. Develop systematic co-ordination of existing interventions, to improve provision, prevent duplication and to extend or refocus existing provision for additional identified target groups and settings.
   b. Prioritise targeted groups and settings according to NICE Guidance and risk.
   c. Focus on developing implementation of NICE Guidance to maximise improvements in local environments to support healthy eating and people being more active.
   d. Underpin all activities with robust partnership arrangements to ensure co-ordinated approach to Healthy Eating and Being More Active.
   e. Implement a co-ordinated social marketing campaign to highlight health issues, encourage lifestyle changes and raise awareness of the local interventions.

HEALTH ADVOCACY IN ACTION: INFLUENCING PLANNING PROCESS INVOLVING FAST FOOD OUTLETS

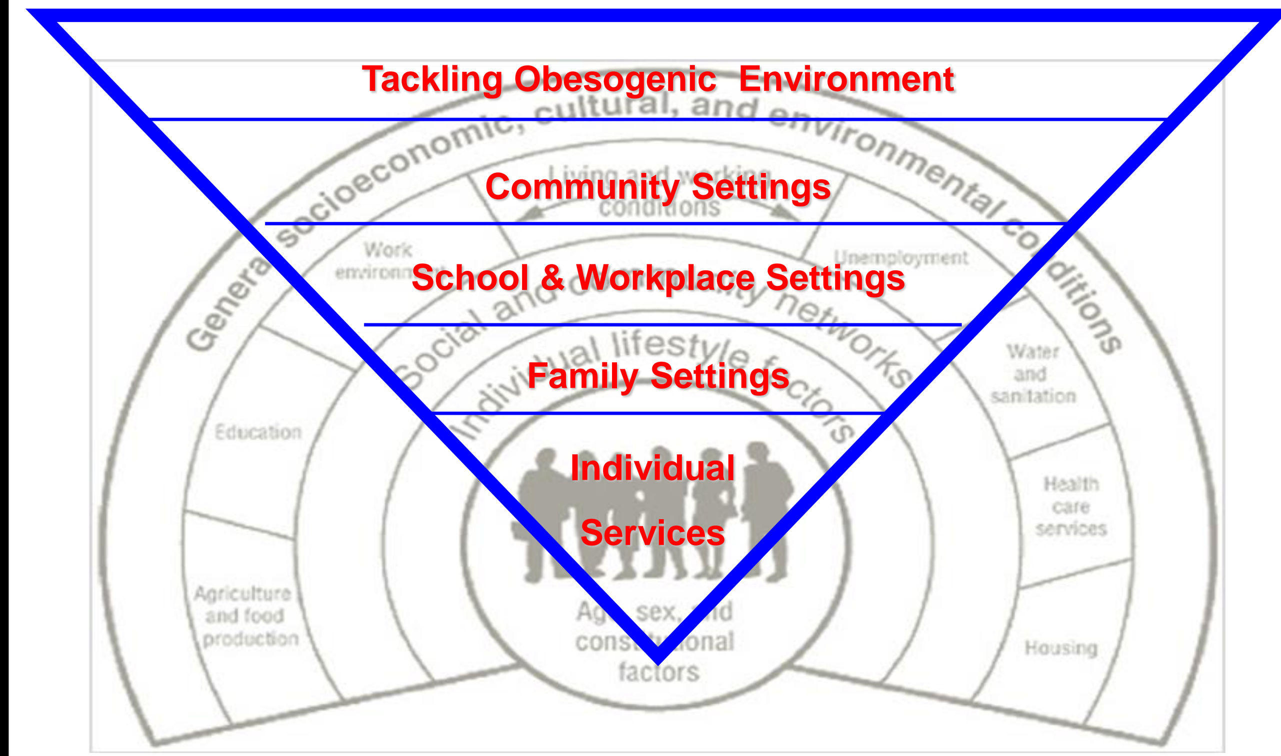
Janet Radford	Deputy Chief Officer, Association of Voluntary Organisations in Wrexham
Gillian Cowan	Partnerships Manager (Community Safety and Health, Social Care and Well-being), Wrexham County Borough Council
Dr Lynne Kennedy	Reader in Public Health, Glyndwr University
Sarah Grimley	Health and Well-being Development Officer, Wrexham County Borough Council

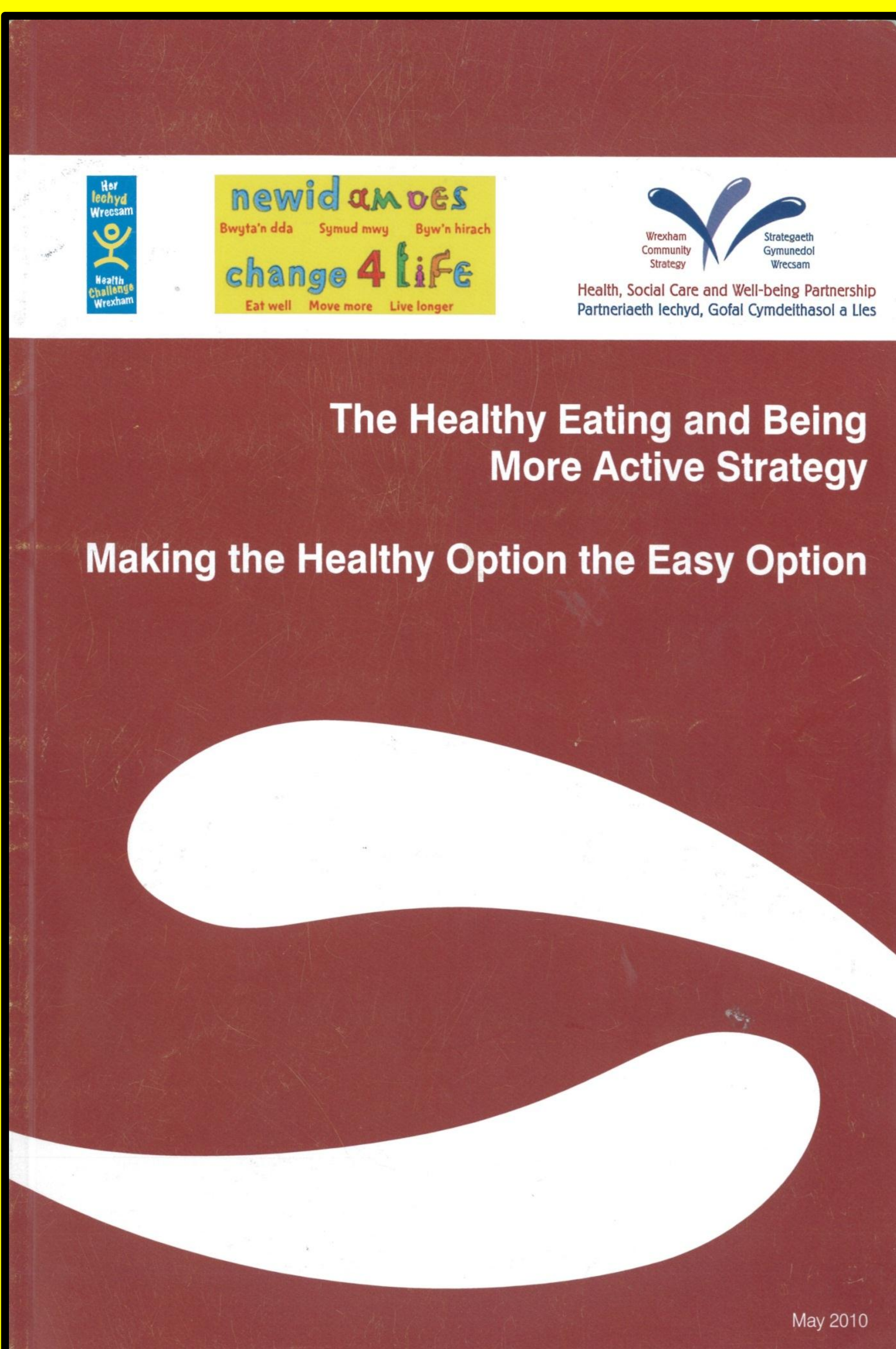
INTRODUCTION

In 2010, over half (54%) of adults living in Wrexham [1] and approximately 1 in 4 children aged 8/9 (Year 4) were overweight or obese [2]. Wrexham's Health, Social Care and Well-being Partnership Board established a multi-agency group to tackle this. In recognition of the barriers citizens face in terms of making healthy lifestyle choices, a comprehensive Healthy Eating and Being More Active (HEBMA) Strategy focussing on tackling obesogenic environments was developed (see Box 1). A fundamental priority of the HEBMA Strategy is to advocate for environmental changes, making healthy choices the easier choice.

Evidence suggests that efforts to improve the diets of children are undermined by the presence of fast-food outlets close to schools. As such National Institute for Health and Clinical Excellence (NICE) recommend local planning authorities restrict planning permission for fast food take-aways, and other food retail outlets, within walking distances of schools [3]. This calls for effective advocacy and lobbying at a local level.

Box 1





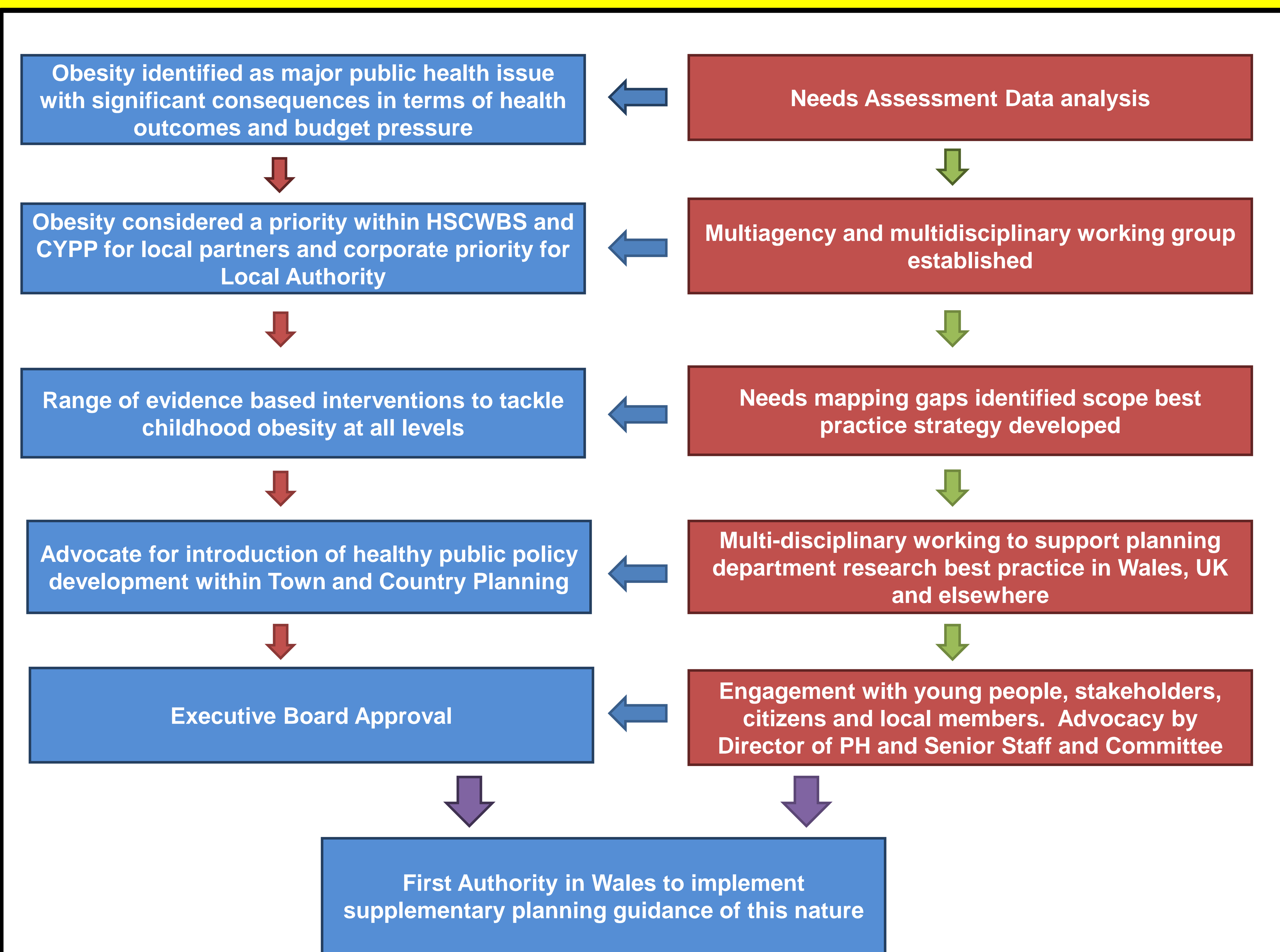
AIM

To advocate for healthy food environments; by developing a Supplementary Planning Guidance Note to prevent further proliferation of (new) fast-food outlets within 400m (10 minutes walking distance) of a school or tertiary college.

PROCESS/ KEY FINDINGS AND LESSONS LEARNED

The key issue – or challenge - for HEBMA was to effectively lobby Local Authority Elected Members, advocating that the benefits of challenging planning guidance outweigh the risks of potential costs associated with a Public Inquiry (should an application for a fast food outlet be refused). As no other Local Authority in Wales had successfully advocated to amend Planning Guidance, information was sought from other UK Authorities, predominantly lessons shared by London Boroughs of Tower Hamlets, Newham and Waltham Forest. The experience collected from these other Authorities was instrumental in the lobbying/ advocacy process.

This alone was not sufficient however to convince elected Members. Various public consultation events were held with representatives of young people, Wrexham Schools and local people, supported by AVOW (County Voluntary Council) to marshal additional support. Moreover, the media, the Executive Director of Public Health and many of the Council's partner organisations, were invited to advocate for change. Overall it was this process (see flow chart below) that was instrumental in lobbying for changes to local policy, influencing all future Fast Food Planning Guidance in Wrexham. This policy will support Wrexham Council, HEBMA and partner organisations to implement their comprehensive strategy tackling childhood obesity. Members are particularly positive that the proliferation of fast food outlets near schools will be halted and regard this as a legacy for future generations of Children and Young People in Wrexham.



LOCAL PLANNING GUIDANCE NOTE NO.9

Hot Food Take-Aways

The purpose of this Local Planning Guidance Note is to amplify national and local planning policies and community strategy objectives regarding improving sustainable design, community health and quality of life. This Note is part of a broader Healthy Eating and Being More Active Strategy to tackle obesity in the County Borough and focuses on hot food takeaways with regard to appropriate location and concentration, highway safety, general amenity and community health issues. The guidance note amplifies Unitary Development Plan policies GDP1, S1, S2, S5 and T8 updates the existing LPGN 9 and will be a material consideration in the determination of planning applications.

This LPGN has been subject to public consultation in May and June 2011 and was adopted by the Council in December 2011.

9

Available in alternative formats

Background

Planning and public health have a long shared history. Welsh Assembly Government guidance, as contained in Planning Policy Wales and "Creating an Active Wales" (2010), emphasises the importance of facilitating a built environment that supports, rather than inhibits, physical activity and access to natural green spaces for walking and cycling. The Royal Town Planning Institute Good Practice Guidance Note "Delivering Healthy Communities" (2009) states that "spatial planning has a key role to play in shaping environments which make it possible for people to make healthier choices about exercise, local services, travel, food, nature and leisure".

Although hot food takeaway outlets can provide a popular service and source of employment to local communities, particularly in Wrexham town and designated district shopping centres, and for late evening trade, they can have a detrimental impact on the retail character and function of shopping centres, residential amenity and community health. Such harmful impacts can include litter, odour, anti-social behaviour, noise and general disturbance, parking and traffic problems and longer term health impacts.

Hot food takeaways are defined as establishments whose primary business is the sale of hot food for consumption off the premises.

General Guidance

Development which results in the loss of or significant damage to residential amenity, quality of life, community health, traffic movement or highway and pedestrian safety will not be permitted.

General Location

New hot food takeaways should not be located in:

- Wrexham town centre (principal shopping streets) if they are detrimental to the character, vitality or viability of the area;
- predominantly residential areas;
- within 400 metres of the boundary of a school or tertiary college.

HOT FOOD TAKE-AWAYS

REFERENCES :-

[1] The Welsh Health Survey (2010) Statistics for Wales; Welsh Assembly Government.

[2] Measuring Childhood Heights and Weights in Wales (2010) Public Health Observatory for Wales, Public Health Wales.

[3] Prevention of Cardiovascular Disease (2010) National Institute for Health and Clinical Excellence.

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General Location

New hot food takeaways should not be located in:

- Wrexham town centre (principal shopping streets) if they are detrimental to the character, vitality or viability of the area;
- predominantly residential areas;
- within 400 metres of the boundary of a school or tertiary college.

Hot food takeaways may be acceptable in:

- Wrexham town centre (non-principal shopping streets) where less than 30% of the total length of one side of a street frontage and no two consecutive units are used for such purposes;
- in the designated district shopping centres of Borras Park (Wrexham), Cefn Mawr, Chirk, Coedpoeth, Gresford, Gwersyllt, Holt, Penybryn (Wrexham), Ruabon and Rhos;
- in other local mixed residential/commercial areas and isolated locations.

Proximity to Schools and Tertiary Colleges

The Government estimates the annual cost of overweight and obese individuals to the NHS to be £4.2 billion, a figure which is predicted to more than double by 2050. The Welsh Health Survey (2009) found that 56% of men and 49% of women, 52% of all people in the County Borough are classified as overweight or obese. Research indicates that once obesity is developed, it is difficult to treat. An obese adolescent is likely to remain so during adulthood, which may lead to associated medical conditions (e.g. diabetes, cancer, heart and liver disease) and reduced life expectancy.

Food outlets in close proximity to and surrounding schools can provide an added incentive and temptation to children to over-consume fast food. Most fast food takeaways are a source of cheap, energy dense and nutrient poor foods. Research indicates that children attending schools near fast food outlets are more likely to be obese than those whose schools are more inaccessible to such outlets (Currie et. al. 2009). In the County Borough nearly 60% of schools are located near to hot food takeaway outlets. Having additional outlets close to schools would negate efforts by the Council and its partners in supporting the Healthy Schools and Appetite for Life Programmes to ensure that young people have access to healthy options. Whilst pupils in primary education are not allowed out of school premises during the school day, research indicates that the most popular time for purchasing food from shops is after school.

Highway Safety and Parking

Hot food takeaways tend to attract a high proportion of car borne and short stay customers which, without essential accessible parking provision, can affect traffic flow and road safety. Often there is an increased occurrence of obstructed parking and interruption to the steady flow of traffic along the roads adjacent to these premises. Customers may be tempted to park for short periods to visit takeaway premises, often jeopardising the safety of other road users and pedestrians or park in adjacent residential streets thereby inconveniencing residents.

The impact of a proposal on the safety of pedestrians and road users will be considered with regard to:

- the existing use of the site;
- existing traffic conditions;
- the accessibility of the site by public transport, by cycling or walking;
- the availability of easily accessible parking provision in close proximity to the premises, including on-street parking;
- proximity of proposal to lighting junctions, pelican crossings, bus bays and bus stops;
- the availability of safe and legal loading areas in close proximity; and
- the implications for the amenity of the surrounding area (particularly if predominantly residential).

A delivery and service plan statement will be required for all applications.

Proposals must not have an unacceptable impact on highway safety (e.g. near to lighting junctions, pelican crossings, bus bays and bus stops).

Hours of Operation

Planning restrictions may be placed on hot food takeaway hours of operation. A single set of time limits would not be appropriate throughout the County Borough, because areas vary so much:

- within Wrexham town centre (non-principal shopping streets) and designated district shopping centres, where there is no housing adjacent to or in close proximity to the premises, it is unlikely that any restrictions will be placed on the hours and days of operation.
- in designated district shopping centres, where there is housing adjacent to or in close proximity to the proposal site, opening hours are likely to be restricted to Mon-Sat 10.00am-11.30pm, Sunday 10.00am-11.00pm.
- other local mixed residential/commercial areas and isolated locations will be considered on their merits and are likely to be 10.00am - 6.00pm

In addition, licensing requirements apply for operations undertaken between 11.00 pm and 5.00 am. Where operating times have been set as a condition of the planning permission and this is different to the approved licensing hours, the earlier closing time must be observed.

Control of Odours and Cooking Smells

Odours produced through cooking processes in hot food takeaways can cause amenity problems, particularly in areas which are residential in character. Often, natural ventilation is inadequate and extraction systems that satisfy environmental health standards, incorporating

extraction ducts, fans and filter, must be installed to effectively disperse odours and be designed so that they do not have an unacceptable impact on the visual and general amenity of the building and the adjacent street scene. A condition shall be placed on any permission requiring the installation and regular maintenance of an extraction vent before the business commences trading. If unacceptable smells and fumes cannot be prevented by appropriate means, planning permission will not normally be granted.

Disposal of Waste Products

Inadequate refuse storage facilities can harm visual amenity and increase risk to public health. Commercial bin stores of a suitable size, conveniently sited for access for refuse collection services and screened and designed to respect the character of the area and not cause nuisance to adjacent residential or commercial property, must be contained within the site. Where waste storage provision is considered inadequate, planning permission will not normally be granted. The discharge of fat or grease can cause problems for the public drainage system. Suitable grease traps must be installed on all drains to prevent possible blockages and flooding of adjacent properties. Full details of refuse storage arrangements and grease traps must be included in all planning applications.

Litter

Litter is inherently unsightly, can cause considerable annoyance to residents and adjoining businesses and can attract pests and vermin. Litterbins should be placed on the forecourt of premises. It is the operators' responsibility to ensure litterbins are regularly maintained and emptied, and the surrounding area remains litter free. A planning condition requiring the installation of on-site litterbins will be applied to every application for a hot food takeaway outlet.

Safety, Crime and Anti-Social Behaviour

Hot food takeaways can attract gatherings of people which can result in crime and disorder particularly at night. The consideration of proposals for new developments or change of use of premises for use as hot food takeaways will include crime and disorder issues. Where there is crime and antisocial behaviour concerns, the applicant may be required to enter into a legal agreement to contribute financially to the provision of safety and security mitigation measures (e.g. CCTV systems). Proposals considered to pose an unacceptable risk may not receive a licence.

For further information contact:

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Health advocacy in action: influencing planning process involving fast food outlets

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Introduction

In 1996, the WHO conference in Adelaide officially emphasised Advocacy as a key strategy for promoting health[1]. Early examples of the approach, viewed by some as the more radical (undesirable) element of health promotion practice, was disregarded by most as something 'others' do. This and the prevailing individualist paradigm of the past 30-years, helped marginalise advocacy from mainstream public health/health promotion practice. More recently, particularly in the US[2], Europe[3] and subsequently the UK[4] examples have arisen of professionals advocating on behalf of communities to introduce legislation to control food and drink portion sizes and fast-food outlet location (density) in neighbourhoods. Hence a renewed hope, professionals are engaging in advocacy to support individuals in making positive lifestyle choices. Although evidence of a link between fast food outlets and unhealthy eating/obesity exists (e.g.[5]) the association is tenuous and equivocal, the need for action on tackling rising obesity levels is undisputed; action is also justified by evidence that increased availability of healthier options enables healthy choices and in terms of access to food, is linked with healthier dietary behaviour[6]. This paper/poster outlines the action taken by a multi-agency strategic group charged with addressing and preventing obesity in a town in North Wales to ***advocate*** on behalf of the community to change planning regulations to restrict the proliferation of fast-food outlets in and around schools. The strategies involved in advocacy and lobbying are not easily described, because advocates need to adopt the same set of opportunist, responsive, imaginative, flexible, dramatic, sometimes newsworthy tactics traditionally

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1 World Health Organisation (WHO) Adelaide Recommendations on Healthy Public Policy Second International Conference on Health Promotion, Adelaide, South Australia, 5-9 April 1988

2 Robert W Jeffery,1 Judy Baxter,1 Maureen McGuire,2 and Jennifer Linde1 Are fast food restaurants an environmental risk factor for obesity? Int J Behav Nutr Phys Act. 2006; 3: 2. Published online 2006 January 25. doi: 10.1186/1479-5868-3-2 PMCID: PMC1397859

3 Timperio AF, Ball K, Roberts R, Andrianopoulos N, Crawford DA. Children's takeaway and fast-food intakes: associations with the neighbourhood food environment. Public Health Nutr. 2009 Oct; 12(10):1960-4. Epub 2009 Feb 26.

4 In 2009, Waltham Forest, London, was the first Local Authority to refuse planning permission for new takeaways within 400 yards of schools, leisure centres or parks. http://www.standard.co.uk/news/child-obesity-cut-by-block-on-fast-food-shops-6751504.html

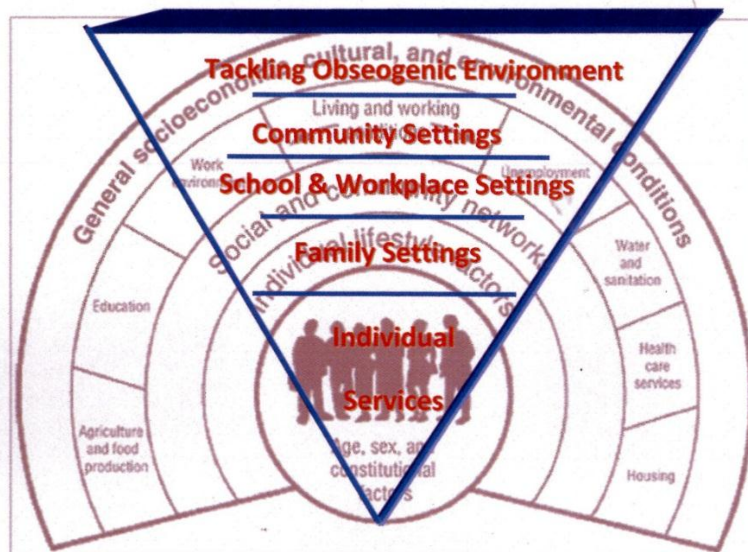
5 Janet Currie & Stefano Della Vigna & Enrico Moretti & Vikram Pathania, 2010. "The Effect of Fast Food Restaurants on Obesity and Weight Gain," American Economic Journal: Economic Policy, American Economic Association, vol. 2(3), pages 32-63, August.

6 Prevention of Cardiovascular Disease (2010) National Institute for Health and Clinical Excellence.

adopted by non-health forces, in marshalling public opinion, political and commercial campaigning. The steps taken for advocating for changes in local planning legislation will be outlined.

Background

In 2010, over half (54%) of adults living in Wrexham[7] and approximately 1 in 4 children aged 8/9 (Year 4) were overweight or obese[8]. The Health, Social Care and Well-being Partnership Board established a multi-agency group to tackle the issue. Acknowledging that individuals have control over some but not all of the factors associated with obesity; individual dietary habits and physical activity cannot be considered in isolation, and strategies for addressing obesity must take into account the effect of wider social determinants of health and moreover the environments in which people live and work. Such complex and multifaceted contexts warrants a multidisciplinary approach. Membership of the Programme Group reflects the diverse agencies and professional backgrounds essential to effect real and lasting change. In recognition of the barriers citizens face in terms of making healthy lifestyle choices the Programme Group developed a Healthy Eating and Being More Active Strategy which focussed on tackling the current obesogenic environment.



One of the priorities of the HEBMA group was to change the physical environment in which people lived and worked to make healthy choices the easier choices. The local authority had made positive changes in the education sector by implementing the Healthy Schools Initiative but the efforts to improve the diet of school aged children was potentially undermined by the presence of fast-food outlets close to schools. Moreover, although more research is required, previous studies suggest that the density of fast food outlets is linked to poor dietary habits and obesity; children attending school near to fast food outlets are

[7] The Welsh Health Survey (2010) Statistics for Wales; Welsh Assembly Government.
[8] Measuring Childhood Heights and Weights in Wales (2010) Public Health Observatory for Wales, Public Health Wales.

more likely to be obese[9]. The National Institute for Health and Clinical Excellence (NICE) in its role as a local authority advisory body state local planning authorities are encouraged to restrict planning permission for take-aways, and other food retail outlets, within walking distances of schools[10]. Although evidence of a link between fast-food outlets (density) and obesity, based on ecological data, maybe tenuous, this can be strengthened by evidence that increased availability of healthier options enables people to make healthy choices and has been linked with healthier dietary behaviour.

Aim

To advocate for healthy food environments; by developing a Supplementary Planning Guidance Note to prevent further proliferation of (new) fast-food outlets within 400m (10 minutes walking distance) of a school or tertiary college.

Methods

A key issue for the authority Elected Members was the risks involved of potential costs associated with Public Inquiry should an application for a fast food outlet be refused, and the evidence from other areas was conducive in allaying fears. A workshop was held with the Senedd Ir Ifanc (Youth Parliament) and the young people were able to discuss the proposals with a local councillor who was the Lead for Children and Young people. The Senedd Ir Ifanc fully supported the proposals and wrote a letter of support with the help of AVOW (County Voluntary Council) Children and Young people's Officer. Extensive support was received for the planning guidance by schools, the media (both locally and nationally), the Wrexham Senedd Ir Ifanc, the Executive Director of Public Health and many of the Council's partners which helped the policy to be voted through by Members [11].

Key findings and lessons learned

This policy seeks to support the Council and its partners existing programmes that promote a reduction in childhood obesity such as the MEND programme, Appetite for Life, Healthy Schools and Leisure services. The Council will now monitor the number of applications that this influences in the future and are particularly positive that proliferation of fast food outlets around schools has been halted; members regard this as a wonderful legacy for the future generations of Children and Young People of Wrexham.

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[9] The Effect of Fast Food Restaurants on Obesity and Weight Gain (2010) Currie *et al*; American Economic Journal: Economic Policy 2 (August 2010): 34–68

[10] Prevention of Cardiovascular Disease (2010) National Institute for Health and Clinical Excellence.

[11] Wrexham County Borough Council Executive Board Minutes (2011) http://www.wrexham.gov.uk/MinutesData/ExBoard/ex13122011m.htm

Revised April 2013

Our Joint Plan 2011-14

Healthy Eating and Being More Active Outcome Group

Terms of Reference

The Outcome Group will be accountable, through Outcome Group 5 – Healthy Choices (The Public Health Commissioning Group), to the partnership structures which have overall responsibility for the local response to emerging Welsh Government, regional and local health, social care and well-being and Children and Young People's priorities.

Reports to:

The Oucome Group will report to Outcome Group 5 – Healthy Choices.

The Outcome Group will:

- Advise on policy issues that arise from and relate to the implementation of Our Joint Plan in relation to Outcome 5 specifically related to Healthy Eating and Being More Active (obesity and overweight).
- Facilitate joint working in the development, implementation, monitoring and review of the Healthy Eating and Being More Active Strategy (HEBMAS), ensuring effective engagement with users, carers and other identified stakeholders.
- Commission additional sub-groups as necessary.
- Act as the group into which the appropriate additional sub-groups will feed.
- Identify the priorities for the Outcome Area.
- Work to improve joint planning mechanisms and investment.
- Formulate work programme for the Outcome Area in relation to the HEBMAS
- Monitor the implementation of the HEBMAS.
- Have responsibility for providing, developing and reviewing performance against agreed outcomes for the HEBMAS
- Prepare regular progress reports to Outcome Group 5 and providing a link to other regional and national initiatives and interventions related to the PG area.
- Liaise with other Outcome Groups as required and as appropriate.
- Commission advisors and experts to provide information, advice and guidance on issues.
- Ensure emerging WG and DoH initiatives/strategies e.g. NSFs are built into the work programme and that the Outcome Group 5 is advised of resource/service implications

The Outccome Group members will:

- Commit to attend meetings or send a deputy.
- Ensure they are able to present a representative view.

- Have an overview of national and local policies, initiatives and evidence base with regard to services and interventions within the Outcome Group area.
- Agree to share in decision-making processes and contribute time, energy, influence, contacts and resources.
- Agree to ensure effective communication links with, and that action is taken by, the organisation/department/directorate they represent and any other relevant and appropriate multiagency groups they serve on.

Membership

- Deputy Chief Officer AVOW (Chair)
- Community Development Dietician; BCUHB
- Finance and Performance Manager; WCBC
- Partnerships Manager; WCBC
- Health & Wellbeing Development Office; BCUHB/WCBC
- Sports Development Manager; WCBC
- Community Services Manager; BCUHB
- Child Health; BCUHB
- Health and Well-being Manager, C&YP, WCBC
- Leisure and Activity Officer, WCBC
- Senior Health Promotion Specialist, Public Health Wales
- Planning Policy Officer WCBC
- Countryside Services Officer WCBC
- Transport Officer WCBC
- Community Development Officer; WCBC
- Caia Park Health Team Leader
- Performance and Development Officer (Prevention & Inclusion); WCBC
- Glyndwr University

Co-opted members

Additional officers from the above core membership to ensure appropriate professional / specialist support as required.

Chair

The Chair will be elected from the membership and may represent a statutory or voluntary agency. The same arrangements apply to the Vice Chair, other than the nominee will be from an agency other than the Chair i.e. if the Chair represents a statutory agency, the Vice Chair will represent a voluntary organisation and vice versa.

Meetings

The frequency of meetings will be determined by the Chair in discussion with the membership, but will be at a minimum of four times per year scheduled to coincide with monitoring requirements. Administration will be provided through the Partnerships Team (Community Safety and Health, Social Care and Well-being).