

# HEALTH AND WELLBEING BOARD:



**PLYMOUTH**  
CITY COUNCIL

## HEALTHY WEIGHT UPDATE

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## 1.0 Introduction

Rates of excess weight (overweight and obesity) have increased markedly over the last 30 years and are projected to continue to rise. Overweight and obesity is a complex issue, and needs to be tackled at a variety of levels (national, local and by individuals) and with a wide variety of interventions, which are centred around healthier eating habits and promoting physical activity.

Plymouth has a Healthy Lives 4 Healthy Weight (HL4HW) programme of action, which has a comprehensive plan in place. This has been progressing well since this was last shared with the Board, and the purpose of this paper is to highlight some key activity that has been undertaken since last reported, areas of success, challenges ahead and next steps.

## 2.0 Current position

### 2.1 National data

#### PHOF 2.12 - Percentage of adults overweight or obese 2012 – 14

Area	Value (%)	95% Lower CI	95% Upper CI
England	64.6	64.5	64.7
South West	64.2	63.7	64.6
<b>Plymouth</b>	<b>62.4</b>	<b>59.9</b>	<b>65.0</b>

This data is taken from the Active People survey and indicates that rates of overweight and obesity in adults living in Plymouth are similar and to the levels seen nationally, and regionally<sup>1</sup>.

#### PHOF 2.06i - Percentage of children overweight or obese: Reception 2014/15

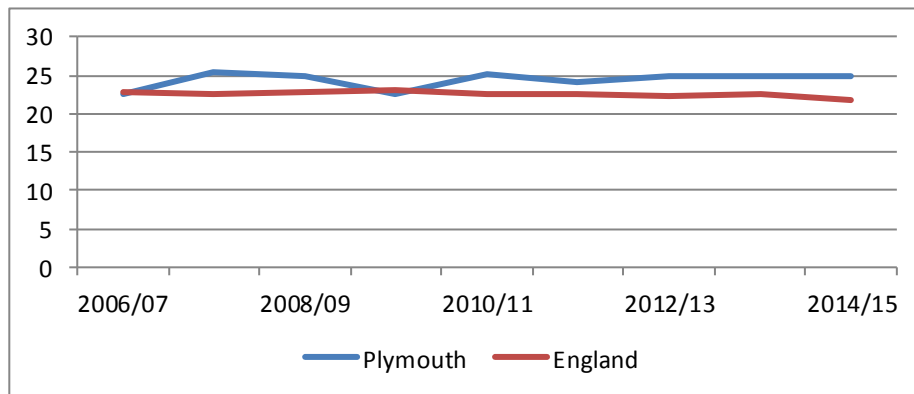
Area	Value (%)	95% Lower CI	95% Upper CI
England	21.9	21.8	22.0
South West	22.3	22.0	22.7
<b>Plymouth</b>	<b>24.8</b>	<b>23.3</b>	<b>26.4</b>

#### PHOF 2.06ii - Percentage of children overweight or obese: Year 6 2014/15

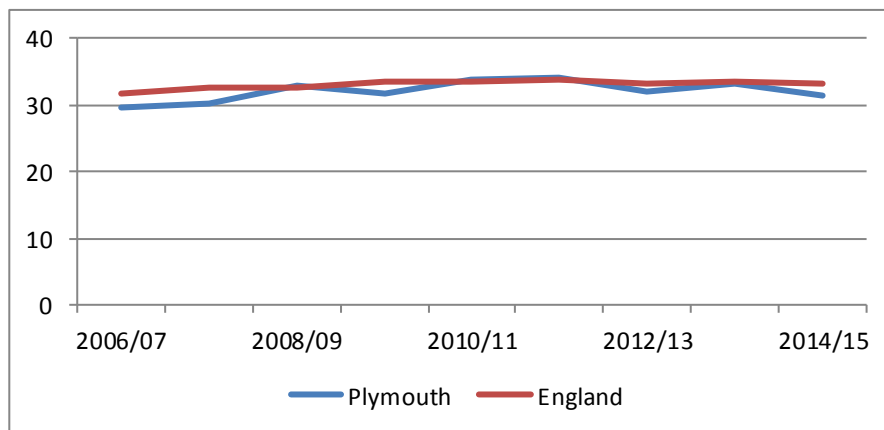
Area	Value (%)	95% Lower CI	95% Upper CI
England	33.2	33.1	33.4
South West	30.5	30.0	30.9
<b>Plymouth</b>	<b>31.5</b>	<b>29.7</b>	<b>33.5</b>

<sup>1</sup> This survey figure is based on a relatively small number and so is only an estimate of the actual levels (1,337 Plymouth adults took part in the survey); the 95% confidence intervals shown indicate that the most likely figure is somewhere between 59% and 65% and so overlaps with the national and regional figures, i.e. it is not significantly different.

**PHOF 2.06i- Trend in percentage of children overweight or obese 2006-13: Reception**



**PHOF 2.06ii- Trend in percentage of children overweight or obese 2006-13: Year 6**



**PHOF 2.06i- Excess weight in Reception** is statistically significantly above the England comparator. Plymouth has the 5th highest levels, when compared to the 15 other comparator local authorities<sup>2</sup>, with eight being significantly better (confidence intervals did not overlap) than Plymouth and one local authority is significantly worse than Plymouth. Trend data suggests that both national and Plymouth trajectories are showing a flattening.

**PHOF 2.06 ii-Excess weight in Year 6** is below but not statistically significantly different from the England comparator. Plymouth has the second lowest prevalence of the 15 local authorities and only one of the local authorities is significantly better than Plymouth, while five of the local authorities were significantly worse than Plymouth. Trend data suggests that both national and Plymouth trajectories and showing a flattening.

The data on healthy eating is mixed, depending on the source. The most recent data published in the PHOF is based on the Sport England Active People Survey 2014. The results show that Plymouth performs better than the England average.

**PHOF 2.1 I i** –Proportion of the population meeting the recommended ‘5-a-day’ Plymouth is 64.2% which is significantly higher than the England’s average of 53.5%

**PHOF 2.1 I ii**-Average number of fruit consumed daily

Plymouth is 2.73 which is significantly higher than England’s average of 2.58

**PHOF2.1 I iii**- average number of vegetables consumed daily

Plymouth is 2.39 which is significantly higher than England’s average of 2.27

<sup>2</sup> PHE now uses local authority comparators based on CIPFA (Chartered Institute of Public Finance and Accountancy). These are Darlington, Gateshead, North Tyneside, Redcar and Cleveland, Sunderland, Bolton, Sefton, St. Helens, Tameside, Wirral, North East Lincolnshire, Derby, Dudley, Southampton, Bristol

## 2.2 Local data

The Plymouth 2014 Wellbeing Survey was sent to 6,327 over 18 year olds (return 1,647) and found that 61% of adults were eating 5 portions of fruit and vegetables a day. Variation across the city showed a high of 78% in the Peverell ward and a low of 43% in St Budeaux ward.

The Schools Health Related Behaviour Survey 2014 was carried out in 15 secondary schools with responses from 3,749 pupils in Year 8 (12/13 years) and Year 10 (ages 14-15). It found that 16% of children had eaten five portions of fruit and vegetables in the previous day. Variations were found across the city with a high of 17% in the Peverell ward and a low of 8% in St Budeaux ward.

## 3.0 Delivering the Plymouth Healthy Lives for Healthy Weight Action Plan

The four aims of the plan are detailed below with the corresponding delivery progress:

### 3.1 Aim 1: To build a strategic approach, sustainable, city wide approach to promoting health lives for healthy weight

The draft Healthy Lives for Healthy Weight (HL4HW) action plan was presented to the Board last year. Subsequent to this the plan has been subject to wider partner engagement. An Equality Impact Assessment has been undertaken and will be incorporated into further action planning. A multi-agency HL4HW group is in place and a number of key topic implementation groups have been established and linkages made through representation at or by other key strategic groups including the Breastfeeding Strategy Group and Food Plymouth.

A number of significant strategic plans have come into being in the last year or so, that both support and are supported by the aspirations of the HL4HW action plan:

- The Plymouth Plan and in particular the Healthy Cities module has implications for physical activity and diet<sup>3</sup>.
- Thrive Plymouth includes in its target four behaviours both healthy eating and physical activity.
- The HL4HW plan supports the integrated commissioning plans overarching themes of “right place, right person, and first time”; best start to life and prevent and reduce.

The HL4HW action plan has clear synergies with these key strategic documents and so will be iterated to demonstrate and strengthen the alignment to these.

### 3.2 Aim 2: To create and develop active, health promoting environments where we live, play, learn and work

The linkages for healthy eating and physical activity in the Plymouth Plan were highlighted in the DPH annual report 14/15 and are shown in appendix I.

The launch of Thrive Plymouth in November 2014 focussed year 1 on workplace health. As a result over 40 businesses have signed up to the Workplace Charter. Through Livewell@Work, Plymouth Community Healthcare (now Livewell Southwest) supports businesses in Plymouth to work towards the Charter standards. Businesses that sign up to the Workplace Wellbeing Charter are also encouraged to train a number of Workplace

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<sup>3</sup> The Plymouth Plan will replace many of the strategies previously referred to in the HL4HW plan. The HL4HW action plan will be iterated to demonstrate the alignment to these

Health Champions as part of their approach. Plymouth Guild in partnership with Livewell Southwest deliver this health champion scheme<sup>4</sup>. There are currently 153 people registered as being currently active as health champions on the scheme, with over 200 people trained in total. Food, diet and physical activity are the commonest discussion areas with health champions

More recently Thrive Plymouth year 2 was launched with schools and educational settings as the focus.

### **3.2.1. Healthy eating**

Food Plymouth is a CIC with a focus on food poverty in the city. The group are working towards Silver Sustainable Food City award (following successful award of Bronze).

Another example of a programme of work tackling Food Poverty in the city is Grow, Share, Cook. This Cities of Service project, which uses volunteers to supporting growing project, is providing people in need with fresh fruit and vegetables and also providing family friendly cooking classes to help to ensure that people have the ability to use the food. Over 100 families have been supported in this way so far.

Recently, the use of planning powers to promote a healthier food environment around schools was put into practice, when an application to change the use of a premise to a fast food takeaway, in close vicinity of a secondary school was refused.

### **3.1.2. Physical Activity**

The Physical Activity Needs Assessment (PANA) has been completed. The additional information and insight provided by the PANA was shared at a partnership workshop held in September 2015 to agree further development of the healthy weight strategic action plan, with reference to physical activity. Particular reference to vulnerable groups was made and a new objective will be added to Aim 2 of the healthy weight strategic plan to note a focus on high-risk groups.

The Physical Activity Strategy Group has now formed and is well attended by a wide range of stakeholders in the city. The initial focus has been around developing the understanding of the PANA findings and recommendations and developing the plans for implementation. A number of ambitions for increasing physical activity are now addressed through the Plymouth Plan. The HW4HL action plan will be updated reflecting these new positions.

## **3.3 Aim 3: To give all children the best start to life and support the achievement of healthy lives for healthy weight in their families and communities**

The Breastfeeding strategy is in the process of being refreshed with a first draft with the Breastfeeding Strategy group for consideration.

Having achieved UNICEF Breastfeeding Friendly Initiative accreditation, both PHNT and Livewell Southwest are due to have their reaccreditation assessments in 2016.

Work continues to build the breastfeeding peer support network and training is now oversubscribed. Developments in the last year have included the extension of peer support in PHNT to include the neonatal unit.

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<sup>4</sup> A health champion is someone, who with training and support, voluntarily shares positive health messages, help to motivate simple lifestyle changes and/or signposts people to local services. The scheme is open to volunteers from organisations, businesses, school staff and pupils and anyone who wants to join the scheme directly.

The Great Expectations<sup>5</sup> antenatal parent education programme has attracted national recognition from the National Institute for Health and Care Excellence, an award from the British Journal of Midwifery and more recently a finalist in the Health Service Journal Awards (HSJ). Session 5 “Welcome to the world” focuses on infant nutrition, feeding cues, attunement and bonding and a practical introduction to breastfeeding. The programme evaluation identified this session is where the largest element of learning took place.

Thrive Plymouth year 2 focus on school age children and young people was launched with schools and educational settings in November 2015. A key component of this work is through the Healthy Child Quality Mark (HCQM) scheme which includes activity related to physical activity and nutrition continue to be well supported by schools and to date 76% of schools have engaged with HCQM with 49% achieving HCQM Bronze, eight achieving HCQM Silver and four achieving HCQM Gold. In addition, two Further Educational settings have achieved the Healthy College Quality Mark. Six Early Years settings are currently part of a pilot.

The Plymouth School Sports Partnership (PSSP) are supporting Schools to deliver Change4Life Clubs. There are currently clubs running in twenty-one Primary Schools providing opportunities for over 300 children to take part with 105 of these students having SEND. Twenty-five leaders support these clubs with training support delivered by the PSSP through Change4Life Champions.

### **3.4 Aim 4: To ensure effective prevention, identification, early intervention and management of obesity in children and adults**

Livewell Southwest offers a range of activities and programmes to help weight management through support around simple lifestyle changes to specific programmes. Activities range from cooking skills sessions, weight management programmes, physical activity programmes and health promotion events and campaigns. This includes a targeted tier 2 weight loss programme (10% clubs) and a specialist tier 3 programmes for higher BMI clients. More specialist services are also commissioned by CCG and NHS England for specific co-morbidities, associated conditions and bariatric surgery.

A Specialist Midwifery Service for Women with a BMI>35 has been implemented in PHNT. The service aims to support women to avoid excessive weight gain during pregnancy through the promotion of sustainable, positive health changes for pregnancy and beyond. This service will be evaluated for outcomes such as weight gain during pregnancy, incidence of gestational diabetes and high blood pressure, birth outcomes and patient satisfaction.

An early years nutrition care pathway is one of the three pathways prioritised to be developed as part of the integrated early years offer. The mapping of current activity is now underway to inform the pathway design with the expectation that this will be completed by end of Q4. Once the early years nutrition care pathway has been completed work will commence on the older child pathway.

The school nursing service deliver group based SHINE (Self Help in Nutrition and Exercise) for 13-19 years. This year the Livewell team and school nursing service also developed and piloted two 5-13 years groups to complement the SHINE programme. These will be reviewed as part of the pathway design work.

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<sup>5</sup> The Great Expectation antenatal programme has been developed and delivered in partnership with Plymouth City Council (Early Years’ Service) and Plymouth Children Centres, Plymouth Hospitals NHS Trust (PHNT)and Livewell Southwest. GE offers parents-to-be and their supporters a comprehensive antenatal education programme, in order to equip them with the knowledge and skills to make positive lifestyle choices for a healthy pregnancy, birth and lead a healthy lifestyle with their family.

Over the last year the Livewell team also designed and piloted a specific weight loss for clients with learning disability. Initial indications are that a programme could be effective in achieving better weight management and increasing confidence of support staff and the participants to make healthy choices around nutrition and physical activity. Further exploration of how to develop this in a sustainable way will be needed.

#### **4.0 Successes**

As can be seen from the activity described in section 3.0, there has been much activity supporting the delivery of the HL4HW action plan over the last year. Strategic alignment for healthy eating and physical activity and healthy weight can be seen across the Plymouth Plan, Thrive Plymouth and the integrated commissioning plans.

In the last year Thrive Plymouth has been well received as an approach to gain traction on the approach to health inequalities with clear messages on the behavioural causes that lead to chronic diseases and mortality. Healthy eating and physical activity (no matter what weight a person is) have health benefits and small changes at scale across the population can achieve marked impact.

The approach to Thrive Plymouth having a focussed area of activity each year have been well received and we know that there is much potential across the city, to release over the next few years.

These partner conversations that have been galvanised by Thrive Plymouth and the HL4HW groups have been ensuring our links with the voluntary sector and academia in the city have been strengthened. There are a number of projects where we are working with our partners on pilots or research proposals (e.g. e-coacher trial, identification of 'food deserts') and we hope to further explore working with them.

#### **5.0 Challenges**

**Multifactorial causation:** The influences on why people gain weight are multifactorial and include factors in the external environment and wider obesogenic influences. There is no single answer or quick delivery but a sustained programme of action over many years. There is a social gradient with regards to obesity inequalities.

The large number of the population who have excess weight mean that a focus on treatment of people once they are overweight is challenging both in terms of scale, the levels of obesity affect a significant proportion of the population and are on an upward trajectory and so turning the curve will be difficult and difficulty of treatment. This means that prevention and protection are key.

**Funding –** Public Health in the LA are currently awaiting information on our budgets for 2016-17. Having faced an in-year claw back of over 6.2 % of our budget in 2015/16, we anticipate further cuts over the coming years. There is therefore a challenge of how services are provided for the population particularly around prevention (physical activity and healthy eating) and weight management.

## 6.0 Next Steps

Maintaining continued action and implementation across the HL4HW plan. The HL4HW plan will need to be re-iterated over time reflecting progress on current action and in light of the key strategic drivers and strategies

Responding to new evidence, policy and initiatives, e.g. One You and the expected UK Government's childhood obesity strategy and how they influence our local work

Develop further our approach to communication and social marketing

Build on Thrive Plymouth and in particular for the coming year the work with schools following the year 2 launch in November 2015

Develop further the use of our local intelligence e.g. from the Schools Survey data and PANA to inform and refine the action plan

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## Appendix I: Additional information

### Ambitions for the city in the Plymouth Plan



Plymouth is known for its food; exceptional quality, locally grown, available to all, building on its 'food city' reputation. (Policy 3)



Addressing collectively the factors that are responsible for the limited access to healthy and/or inappropriate access to unhealthy diets amongst communities in the city. (Policy 11)



Ensuring access to healthy catering at sporting, leisure and cultural facilities across the city. (Policy 13)



Using its planning powers to support and protect the city's sporting and active leisure facilities, and to refuse planning applications for new hot food take aways (A5 use) in areas within a 400m radius of schools. Where a hot food takeaway is to be located within a shopping centre it must not result in: (1) More than 5 per cent of the units within the centre being hot food takeaways. (2) More than two A5 units being located adjacent to each other. (3) Fewer than two non-A5 units between individual or groups of hot food Takeaways'. (Policy 13)



Promoting access to food growing opportunities and allotments. (Policy 13)

### Ambitions for the city in the Plymouth Plan



A high quality and functional network of natural spaces embedded across Plymouth providing for the needs of people, wildlife and businesses, now and in the future. (Policy 3)



'Increasing participation by all sectors of the community in active lifestyles by supporting and sustaining a vibrant sports sector and creating excellent opportunities for walking and cycling, both for leisure purposes and as a primary means of transport. (Policy 13)



Enabling much higher levels of active travel by designing transport infrastructure and requiring new development to deliver safe and convenient facilities for walking and cycling, and removing street clutter to improve the local environment. (Policy 16)



'Providing high quality outdoor facilities that [will] encourage people to participate in sport and active recreation. (Policy 17)