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Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire 2016-2026

**Foreword**

To be inserted in final version of strategy following consultation
Short summary of the Strategy

Obesity is widespread. Nationally, two thirds of adults, a quarter of 2-10 year olds and one third of 11-15 year olds are overweight or obese. Excess weight in adults is predicted to reach 70% by 2034. Tackling obesity however, is not straight forward. There are many complex behavioural and societal factors that combine to contribute to the causes of obesity.

Inspired by the over-arching vision in North Yorkshire’s Health and Wellbeing Strategy:

‘People in all communities in North Yorkshire have equal opportunities to live long healthy lives’

...a new Vision for tackling overweight and obesity in North Yorkshire has been proposed:

‘To inspire a healthy weight generation’

...as well as six overall ambitions the Strategy hopes to achieve:

By 2026 we aim to:
- Reduce excess weight prevalence of adults
- Reduce the number of children with obesity at reception
- Halt the rise of obesity in school years
- Reverse the declining trend in physical activity
- Expand access to weight management services
- Create a culture and supporting environment to enable positive behaviour change

Six priority areas have been proposed to concentrate our efforts:

1. Supporting children’s healthy growth and healthy weight
2. Promoting healthier food choices
3. Building physical activity into our daily lives
4. Providing the right personalised weight management support at the right time
5. Ensuring people have access to the right information and resources to make healthy choices that support weight loss
6. Building healthier workplaces that support employees to manage their weight
...of which there are a number of proposed areas for action. Example proposed actions include:

- Support local organisations, including health care providers, to implement the UNICEF Baby Friendly Initiative standards and achieve Baby Friendly accreditation
- Increase markets for local food producers
- Increase access to food growing opportunities
- Ensure a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity that is safe and attractive and accessible from the workplace, home, school and other public facilities
- Ensure commissioned services that prevent or treat conditions such as cardiovascular disease, type 2 diabetes and stroke or improve mental health incorporate brief advice on physical activity into their care pathway
- Children and young people, and their parents or carers, have access to a publicly available up-to-date list of local lifestyle weight management programmes across the weight management pathway (tier 1 -4)
- Local employers and public sector organisations to receive a co-ordinated, consistent level of support for the development of workplace health policy, infrastructure and planned interventions

There are 8 proposed strategic outcomes to be achieved over the lifetime of the Strategy:

- Reduced health inequalities that arise from overweight and obesity
- Greater social cohesion through effective community engagement approaches when planning, commissioning and delivering weight management initiatives
- Stronger local economy as a result of reduced demand on health and social care services, improved workplace health schemes, improved offer of healthy food provision from local businesses
- Better quality of life as a result of reduced health risks associated with excess weight
- Less discrimination and bullying associated with overweight and obesity
- Fewer people with long term conditions as a result of excess weight
- Improved food and activity environments
Section 1: Overweight and obesity – the complexities, the impact, and the opportunities

Measurement and terminology of obesity
There are various ways in which to measure different aspects of obesity. They include Body Mass Index (BMI), skin fold thickness, waist circumference, and waist to hip ratio.

For adults, the most common method of measuring obesity is the Body Mass Index (BMI). BMI is calculated by dividing body weight (kilograms) by height (metres) squared. An adult BMI of between 25 and 29.9 is classified as overweight and a BMI of 30 or over is classified as obese. BMI is the most widely used approach in the UK, but it is important to note that it is not a direct measure of body fat mass or distribution, and BMI measures may be skewed by very high muscle mass. The relationship between BMI and health also varies with ethnicity. Figure 1 illustrates the classifications.

<table>
<thead>
<tr>
<th>BMI range (kg/m²)</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 - 24.9</td>
<td>Healthy weight</td>
</tr>
<tr>
<td>25 - 29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30 - 34.9</td>
<td>Obesity I</td>
</tr>
<tr>
<td>35-39.9</td>
<td>Obesity II</td>
</tr>
<tr>
<td>≥40</td>
<td>Obesity III</td>
</tr>
</tbody>
</table>

Figure 1.
Assessing the BMI of children is more complicated than for adults because a child’s BMI changes as they mature. Also, these patterns of growth differ between boys and girls. Therefore, to work out whether a child’s BMI is too high or too low, both the age and sex of the child need to be taken into account.

In England, the British 1990 growth reference charts are used to classify the weight status of children according to their age and sex. BMI thresholds are frequently defined in terms of a specific centile, on a child growth reference. Once a child’s BMI centile has been calculated, this figure can then be checked to see whether it is above or below the defined thresholds for the child growth reference used.

When measuring an individual child (for example in clinic or feeding back National Child Measurement Programme results to parents) weight status is defined using the UK90 clinical cut points which are as follows:
 Clinically very underweight: ≤0.4th centile
 Clinically low weight: ≤2nd centile
 Clinically Healthy weight: >2 - <91st centile
 Clinically Overweight: ≥ 91st centile
Clinically Obese*: ≥98th centile
Clinically Extremely obese: ≥99.6th centile

*This is also called ‘very overweight’ in the NCMP parental feedback letters.

Throughout this Strategy the terms ‘excess weight’, ‘overweight’ and ‘obese’ will be used. ‘Excess weight’ will be used when referring to both overweight and obese (BMI of 25 or above or above the 91st centile). The term obese is used for any adult with a BMI of 30 or above or any child on or above the 98th centile.

The complexities – causes of excess weight
Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body’s metabolism and physical activity over a prolonged period, resulting in the buildup of excess body fat. Tackling obesity however, is not straightforward. There are many complex behavioural and societal factors that combine to contribute to the causes of obesity.

The Foresight Report (2007) presents an obesity system map that illustrates over 100 variables directly or indirectly affecting energy balance. The Foresight map illustrated in Figure 2 highlights 7 cross-cutting predominant themes:

- **Biology**: an individual’s starting point - the influence of genetics and ill health;
- **Activity environment**: the influence of the environment on an individual’s activity behaviour, for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;
- **Physical activity**: the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day;
- **Societal influences**: the impact of society, for example the influence of the media, education, peer pressure or culture;
- **Individual psychology**: for example a person’s individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences;
- **Food environment**: the influence of the food environment on an individual’s food choices, for example a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home;
- **Food consumption**: the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual’s diet.
The complexities – health inequalities

Health inequalities arise because of inequalities in society, in the conditions in which people are born, grow, live, work, and age. In the UK, socioeconomic inequalities have increased since the 1960s and this has led to wider inequalities in both child and adult obesity, with rates increasing most among those from poorer backgrounds.

There are major health challenges relating to specific ‘equality groups’ based on age, sex, ethnicity, sexuality, and disability.

Age and gender

The prevalence of obesity and overweight changes with age. Prevalence of obesity is lowest in the 16-24 year age group, and generally higher in the older age groups among both men and women. There is a decline in prevalence in the oldest age group, which is particularly apparent in men. This pattern has remained consistent over time (Figure 3).
Deprivation

In adults, the highest level of educational attainment can be used as an indicator of socioeconomic status. For both men and women obesity prevalence decreases with increasing levels of educational attainment.

There is a strong relationship between deprivation and childhood obesity. Analysis of data from the National Child Measurement Programme (NCMP) shows that obesity prevalence among children in both Reception and Year 6 increases with increased socioeconomic deprivation (Figure 4). Obesity prevalence of the most deprived 10% of the population is approximately twice that of the least deprived 10%.**
Figure 4 Prevalence of obesity by deprivation decile (National Child Measurement Programme 2012/13).

**Ethnicity**

There is no straightforward relationship between obesity and ethnicity, with a complex interplay of factors affecting health in minority ethnic communities in the UK. Whilst many people from minority ethnic groups have healthier eating patterns than the White population, unhealthy diets and low levels of physical activity are known to be of concern in some minority ethnic groups, in particular those of South Asian origin. Members of minority ethnic groups in the UK often have lower socioeconomic status, which is in turn, associated with a greater risk of obesity in women and children. People from minority ethnic groups may also experience elevated levels of obesity-related stigma\(^iv\).

**Sexuality**

Evidence around the relationship between sexual orientation and excess weight is somewhat limited. Recent evidence suggests that gay and bisexual men are less likely to be overweight or obese than men in general, with 44% of gay and bisexual men being overweight or obese compared with 70% of men in general.

Lesbian and bisexual women are equally as likely to be overweight or obese as women in general. Findings from the US Growing Up Today Study, where participants were aged between 12-22 years, suggests that sexual minorities engage in less moderate/vigorous physical activity (MVPA) than same-gender heterosexuals.
Lesbian, gay and bisexual persons taking part in this study, reported 1.21-2.62 hours per week less MVPA and were 46% less likely to participate in team sports than same-gender heterosexualsv.

**Disability**

It is known that people with disabilities are more likely to be obese and have lower rates of physical activity than the general populationvii. Children who have a limiting illness are more likely to be obese or overweight, particularly if they also have a learning disabilityvii. Both underweight and obesity are an issue for people with learning disabilities. This relationship varies according to age and gender.

**The impact of excess weight**

Obesity is widespread. Nationally, two thirds of adults, a quarter of 2-10 year olds and one third of 11-15 year olds are overweight or obese. Excess weight in adults is predicted to reach 70% by 2034. This rate of overweight and obesity affects the physical and mental state, and impacts on the life expectancy, of those affected. An increase in the prevalence of long term conditions associated with overweight and obesity is contributing to the increased demand on health and social care services.

**The impact on physical health**

There is now a considerable body of evidence linking obesity with a wide range of physical health issues.

Being overweight or obese in childhood has consequences for physical health in both the short term and the longer term. Once established, obesity is notoriously difficult to treat, so prevention and early intervention are very important. Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than normal weight childrenviii.

Potential physical health related consequences of overweight and obesity in children and young people include type 2 diabetes, asthma, obstructive sleep apnoea, and cardiovascular disease risk factors including high blood pressure, high cholesterol, and musculoskeletal problems.

The physical health risks for adults are just as concerning. Compared with a non-obese man, an obese man is:

- five times more likely to develop type 2 diabetes
- three times more likely to develop cancer of the colon
- more than two and a half times more likely to develop high blood pressure – a major risk factor for stroke and heart diseaseix.

An obese woman, compared with a non-obese woman, is:
• almost thirteen times more likely to develop type 2 diabetes
• more than four times more likely to develop high blood pressure
• more than three times more likely to have a heart attack\textsuperscript{ix}.

Risks of other diseases, including angina, gall bladder disease, liver disease, ovarian cancer, osteoarthritis and stroke, are also increased for those who are obese compared with those who are not.

**The impact on diabetes prevalence**

Being overweight or obese is the main modifiable risk factor for type 2 diabetes. Currently 90% of adults with type 2 diabetes are overweight or obese. In England, the rising prevalence of obesity in adults has led, and will continue to lead, to a rise in the prevalence of type 2 diabetes. This is likely to result in increased associated health complications and premature mortality, with people from deprived areas and some minority ethnic groups at particularly high risk.

In England, obese adults are five times more likely to be diagnosed with diabetes than adults of a healthy weight. People with severe obesity are at greater risk of type 2 diabetes than obese people with a lower BMI\textsuperscript{x}.

People with diabetes are at a greater risk of a range of chronic health conditions including cardiovascular disease, blindness, amputation, kidney disease and depression than people without diabetes. Diabetes leads to a two-fold excess risk for cardiovascular disease. Nearly one in five people with diabetes have clinical depression\textsuperscript{xi} rates of depression being nearly twice as high in people with type 2 diabetes compared to those without the condition (19.1% compared to 10.7%), with higher rates among women than men\textsuperscript{xii}.

Type 2 diabetes usually appears in adults, but recently more children in the UK are being diagnosed with the condition, some as young as seven\textsuperscript{xiii}. 95% of children under 17 years old that are diagnosed with type 2 diabetes are overweight and 83% obese\textsuperscript{xiv}.

To tackle the rising trend of type 2 diabetes NHS England, Public Health England and Diabetes UK have completed an initial roll out of a Diabetes Prevention Programme. The Programme is established to identify those at high risk and refer them onto an evidence-based behaviour change programme to help reduce their risk. By 2020 the roll out across the whole country will be completed. There is a huge opportunity in North Yorkshire to increase the identification of those who are at risk of diabetes and increase the access to evidence-based behavior change programmes when the national rollout commences.

**The impact on mental health**

The connection between obesity and common mental health disorders is an important public health issue. Both these conditions have major implications for health care systems and account for a significant proportion of disease\textsuperscript{xv}. Individuals who suffer from both obesity and common mental health disorders may also face
particular risks to health and well-being, as it is likely that the conditions may perpetuate each other\textsuperscript{xvi}.

Being overweight as a child or adolescent has been found to have an adverse effect on a young person’s self-esteem, self-image, and self-concept,\textsuperscript{xvii} with physical appearance and athletic/physical competence being most affected\textsuperscript{xviii} \textsuperscript{xx}. Obesity has also been associated with depression in adolescents\textsuperscript{xx}. A lack of physical activity, low self-esteem, body dissatisfaction, eating disorders and weight-based teasing are all obesity related factors that cause mental health disorders in children and adolescents. Factors linked to mental health disorders including lack of energy, medication, family breakdown or poverty are thought to contribute to obesity in children and young people. The impact of obesity on mental well-being increases with age and is stronger in girls than boys.

In adults the relationship between obesity and common mental health disorders is complex. Some researchers suggest that obesity can lead to common mental health disorders, whilst others have found that people with such disorders are more prone to obesity. Some evidence suggests an obese person has a 55\% increased risk of developing depression over time, and a depressed person has a 58\% increased risk of becoming obese\textsuperscript{xxi}.

Low self-esteem, stigma, dieting and weight, cycling, medication, and hormonal and functional impairment are all thought to be factors associated with obesity that impact of mental health. Unhealthy lifestyles, medication and recued support are factors associated with poor mental health that are thought to contribute to the increased prevalence of obesity in adults.

Whilst both obesity and common mental health disorders share similar symptoms such as sleep problems, sedentary behaviour and poorly controlled food intake, for the most part they are treated as separate health problems, often leading to poor treatment outcomes\textsuperscript{xv}. There is a real opportunity for partners who have responsibility for commissioning and providing obesity interventions and services to work with mental health professionals to address obesity and mental health more cohesively.

\begin{tcolorbox}
\textbf{Local action – North Yorkshire’s Mental Health Strategy: Hope, Control and Choice (2015 – 2020)}

North Yorkshire’s Mental Health Strategy (2015-2020) highlights the importance of working in new ways to take into account the physical health of those suffering from poor mental health. There is real opportunity for a co-ordinated action across the two strategies.
\end{tcolorbox}
The impact on maternal health

Maternal obesity (defined as obesity during pregnancy) increases health risks for both the mother and child during and after pregnancy. Statistics on the prevalence of maternal obesity are not collected routinely in the UK, but trend data from the Health Survey for England show that the prevalence of obesity among women of childbearing age increased during the period 1997-2010. Women who are obese are significantly more likely to be older in pregnancy, to have a higher parity (number of pregnancies), and live in areas of high deprivation, compared with women who are not obese.

There is a large body of evidence which links maternal obesity to adverse pregnancy outcomes. In the UK, the Centre for Maternal and Child Enquiries (CMACE) summarises these risks as follows:

- severe morbidity
- miscarriage
- cardiac disease
- spontaneous first trimester and recurrent miscarriage
- pre-eclampsia
- gestational diabetes
- thromboembolism
- post-caesarean wound infection
- infection from other causes, postpartum haemorrhage
- low breastfeeding rates.

Maternal obesity rates are influenced by social, economic and demographic changes in the population, which is important to consider when planning public health strategies and interventions. This Strategy provides the chance for partners commissioning and providing maternity services to monitor and review service provision to reduce the risks associated with maternal obesity. Key stakeholders also have the opportunity to work together to effectively commission and deliver weight loss interventions that support women of child bearing age (16-44 years) to manage their weight, pre-conception.

The impact on life expectancy

Obesity reduces life expectancy by an average of three years, or eight to ten years in the case of severe obesity (BMI over 40). This eight to ten year loss of life is equivalent to the effects of lifelong smoking.

The impact on social care

There is an important link between obesity and social care: both through the association between obesity and the development of long term conditions, and the physical and social difficulties that may result from the development of severe obesity. Increasing obesity prevalence along with the growing needs of an ageing population, the rise in non-communicable diseases associated with obesity, and
Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire 2016-2026

rising public expectations for service intervention and treatment present significant challenges and cost implications to both the health and social care systems.

Adults with severe obesity may have physical difficulties which inhibit activities of daily living. People are more likely to require housing adaptations such as specialist mattresses, doors, toilet frames, hoists and stair lifts, specialist carers and provision of appropriate transport and facilities (such as bariatric patient transport and specialist leisure services).

Long term conditions account for 70% of the total health and social care spend. While life expectancy has improved over time, the length of time people spend in ill health towards the end of life has increased. In England more than 15 million people have a long term condition and the care of people with long term conditions accounts for 70% of total health and social care spend.

The impact on the economy
Estimates of the direct costs to the NHS for treating overweight and obesity, and related morbidity in England, have ranged from £479.3 million in 1998 to £4.2 billion in 2007. Estimates of the indirect costs (those costs arising from the impact of obesity on the wider economy such as unemployment, early retirement and associated welfare benefits) over the same time period ranged between £2.6 billion and £15.8 billion.
The opportunities – changing individual lifestyle and behaviour

For those that are overweight or obese, losing weight can reduce the risk of some potentially serious health problems. Most people who need to lose weight can get health benefits from losing even a small amount – about 5% - of weight if they keep it off. Even a moderate weight loss of 3% that is kept off may improve or prevent health problems.xxviii.

Improving nutrition

Over the last 30 to 40 years there have been profound changes in our relationship with food – how we shop and where we eat, as well as the foods available and how they are produced. Food is now more readily available, more heavily marketed, promoted and advertised and, in real terms, is much cheaper than ever before.xxxix.

Consumption of excess calories is often due to over consumption of high energy foods and drinks such as processed or fast food, sweetened and alcoholic drinks, or large portion sizes. Eating healthily is about eating the right amount of food for individual energy needs. Overweight and obesity prevalence indicates that many of us are eating more than we need, and we should eat and drink fewer calories to lose weight.xxx.

Adults are more likely to maintain a healthy weight if they reduce consumption of high energy-dense foods and drinks and consume a lower-fat, high fibre diet, consisting of fruit, wholegrains, vegetables, lean meat and fish. Public Health England’s (PHE) new Eatwell Guide illustrates a healthy diet being one that includes more fruit, vegetables and starchy carbohydrates and fewer sugary foods and drinks. PHE have now put foods high in fat, salt and sugar outside of the main image (figure 5) and are described as ‘foods to eat less often and in small amounts’. This reflects the advice that they are not an essential part of a healthy and balanced diet.
Reducing sugar intake

Consuming too many foods and drinks high in sugar can lead to weight gain and related health problems, as well as tooth decay. Sugar intakes of all population groups are above the recommendations, contributing between 12 to 15% of energy. Consumption of sugar and sugar sweetened drinks is particularly high in school age children. It also tends to be highest among the most disadvantaged who also experience a higher prevalence of tooth decay and obesity and its health consequence. In general, the main sources of sugar in the UK diet are similar for both children and adults. These include soft drinks; table sugar; confectionery; fruit juice; biscuits; buns; cakes; pastries and puddings; breakfast cereals; and alcoholic drinks (for adults) with some foods making a larger contribution in different age groups.\textsuperscript{xxix}

The review, ‘Sugar reduction: the evidence for action’\textsuperscript{xxxix}, determines that a range of factors, including marketing, promotions, advertising and the amount of sugar in manufactured food, is contributing to an increase in sugar consumption. The evidence review shows that action to reduce sugar consumption levels could include, but is not limited to, reducing:

- the volume and number of price promotions in retail and restaurants
- the marketing and advertising of high sugar products to children
- the sugar content in and portion size of everyday food and drink products

\begin{figure}
\centering
\includegraphics[width=\textwidth]{Eatwell_Guide}
\caption{Public Health England’s new Eatwell Guide (March 2016).}
\end{figure}
Local action – Food for Life

The Soil Association’s Food for Life (FFL) programme aims to transform food culture in schools and their communities through a whole school approach to embed change by using a well-established framework for schools to follow, leading to an award based accreditation of their success. FFL uses food as a way to improve the whole school experience by making lunchtimes a positive feature of the day and enriching classroom learning with farm visits and practical cooking and growing. FFL is about bringing people together – teachers, pupils, families, cooks, caterers, farmers and the wider community – to enjoy good, wholesome food and change food culture throughout their community.

North Yorkshire County Council’s Public Health Team have commissioned a two year FFL programme that will be available to primary schools across the county. Hands on tailored support will be offered to schools where there are high rates of overweight and obesity (identified through the National Child Measurement Programme data) to enable them to gain national FFL accreditation; the programme will be delivered by the Energy Traded Service working within the Council.

Young people spend a considerable amount of time at school making this an effective environment for change and a setting where building skills and knowledge and demonstrating good lifestyle can have a lasting impact.

Reducing alcohol consumption

The relationship between obesity and alcohol consumption is complex. Associations between the two are heavily influenced by a number of factors including: patterns and levels of drinking; types of alcoholic drinks consumed; gender; body weight; diet; genes; physical activity levels; and other lifestyle factors.

Alcohol accounts for nearly 10% of the calorie intake amongst adults who drink. A recent survey by Alcohol Concern found that many people are unaware how many calories they are consuming in the form of alcoholic drinks, and they often fail to include them in their assessment of daily calorie consumption.

Much of the research regarding alcohol to date focuses on alcohol dependency, binge drinking and associated crime and disorder. The relationship with obesity does not appear to have been a research priority. Further research to help clarify this complex relationship is required to understand this relationship better.

Local action – North Yorkshire’s Alcohol Strategy (2014-2019)

The North Yorkshire Joint Alcohol Strategy aims to reduce the health, social and economic harms from alcohol. There is a real opportunity locally to build on the progress of the Alcohol Strategy action and work to address obesity and alcohol more cohesively.
Increasing physical activity

Being inactive is an issue at any age across all communities. If we spend too much time in positions that do not use energy, for example sitting at our desks for long periods and sitting in front of the television for long periods of time, our health can be affected. This is because of the way it affects our circulation and failure to use our muscles and bones.

To stay healthy adults aged 19 and over need a mixture of aerobic and strength exercise. Adults should aim for:

- At least 150 minutes of moderate intensity aerobic activity, per week. Examples of moderate intensity aerobic activity include, brisk walking, riding a bike and pushing a lawn mower
- Strength exercised on a minimum of 2 days per week such as yoga, heavy gardening and lifting weights.

National guidelines stipulate different levels and amounts of physical activity for children and young people depending on their age. Children and young people should reduce the time they spend sitting watching TV, playing computer games and travelling by car when they could walk or cycle instead.

Nationally, only 19% of men and 26% or women are physically active. Only 23% of girls aged 5-7 meet the recommended levels of daily activity, by ages 13-15 only 8% meet the recommendations \( \text{xxxvi} \).

There are several reasons that contribute to people being inactive and having sedentary lifestyles:

- Physical activity has slowly been removed from our daily lives as a result of social, cultural and economic change.
- Employment type has changed over time; less people have manual jobs and more people sit in offices for long periods of time. More than 40% of women and 35% of men spend more than six hours a day desk bound or sitting still.
- Increased use of technology at home and at work has resulted in more sedentary behaviours such as watching the television, using the computer, using mobile phones or tablets for long periods of time.
- The design of towns and cities does not always support people to be active.
- Speed and convenience are prioritised over walking or cycling.
- Public spaces are not designed appropriately or do not have the facilities people require to be physically active \( \text{xxxvi} \).

The opportunities – changing the environment we live in

Changes to our environment (including both the activity and food-related environment) are a necessary part of any response to support behaviour change and appropriate behaviour patterns \( \text{xxxviii} \). Solutions to address the obesogenic environment such as changes in transport infrastructure and urban design can be more difficult and costly than targeting intervention at the group, family or individual. However, they are more likely to affect multiple pathways within the obesity system in a sustainable way \( \text{xxxix xl xxxviii} \).
The Foresight report (2007) highlights that humans adapt readily to environments that promote sedentary behaviour and poor-quality food choices, and cultures exist where being active or eating ‘healthy’ foods are not high priorities and where there may be resistance to change. Environmental factors such as access to healthy food options, access to safe open spaces for play and physical activity, an infrastructure that supports active travel, and walking and cycling are all key in enabling the local population to make positive lifestyle changes and change the shift in priority.

The Public Health Responsibility Deal is an important initiative that contributes to changing the environment we live in. The Responsibility Deal aims to tap into the potential for businesses and other influential organisations to make a significant contribution to improving public health. Organisations signing up to the Responsibility Deal commit to taking action voluntarily to improve public health through their responsibilities as employers, as well as through their commercial actions and their community activities. Collective pledges covering alcohol, food, health at work and physical activity set out the specific actions that partners agree to take to support the Responsibility Deal. There is an opportunity in North Yorkshire for more food manufactures, retailer, out of home dining/catering sector organisations and bars and pubs to sign up as Responsibility Deal partners and create sustainable change.

Key settings such as early years, schools and workplaces are crucial to addressing overweight and obesity within the environment we live in.

Obesity can impact on the workplace in a number of ways. Obese employees take more short and long term sickness absence than workers of a healthy weight. In addition to the impact on individual health and increased business costs due to time off work through associated illnesses, obese people frequently suffer other issues in the workplace including prejudice and discrimination. There is a real opportunity to support local employers develop workplace health policy and interventions that support improved diet and physical activity levels of their workforce. Sign up to the national Workplace Health Charter is also recommended so that good practice can be recognised and shared with others.

Early years setting and schools are hugely important in supporting children and young people to improve their diet and physical activity levels. A whole-school approach should be used to develop life-long healthy eating and physical activity practices. Departments and services involved in education and learning have a significant role in tackling overweight and obesity in North Yorkshire. Supporting schools to implement the School Food Plan, further develop Healthy Schools Programmes, and participate the Eat Better, Start Better programme are some of the actions that can be taken locally within schools and early years settings. Full participation the National Child Measurement Programme is key in the identification of overweight and obese children and provides the opportunity to enhance the information and guidance families and carers receive to support weight management.
The activity environment – creating a more active society

In recent years, there has been increased interest in how the environment influences physical activity. Early physical activity research tended to focus on determinants of physical activity at the individual or group level and, as a result, early interventions operated predominantly at the individual level. More recently, research has begun to investigate the role of environmental factors in shaping an individual’s decisions about their behaviour.

Walking, cycling and active travel

Increased reliance on the car over the last fifty years and the focus on the car in planning and transport practice over the past two generations has resulted in a suppression walking and cycling across all sectors of society. Current data suggests that 64% of trips are made by car, 22% are made on foot and 2% of trips are made by bike. This decline in active travel has mirrored the increase in the proportion of overweight, obese and inactive people in the population.

The Government’s ambition is to make cycling and walking the norm for a short journey or as part of a longer journey. Promotion of ‘active transport’ (e.g. walking and cycling) is one way of increasing activity. But without complementary broader environmental changes to tackle the wider environment, including the distance to frequent destinations such as shops, workplaces and schools, along with the diversity of land uses in a neighbourhood (residential, commercial, industrial), changing individual behaviour is limiting. High connectivity and land-use mix have been used to indicate the walkability of the environment. There is also evidence of a relationship between the perceived and actual safety, greenery, aesthetics and upkeep of neighbourhoods and physical activity. As well as the space between buildings, the design and layout of buildings themselves can support physical activity with, for example, prominent and appealing staircases rather than escalators or lifts.

Creating a more active society, in which it is easier and more natural for people to be active than inactive, will require action by a huge range of bodies over a significant period of time. This will mean offering people ways to be physically active that they enjoy, at times and places that suit them, and encouraging people to create opportunities to engage in activity for themselves. NICE guidance (PH41 and PH8) recommends multi-agency action to:

- ensure walking and cycling programmes form a core part of local transport investment planning
- support individuals to make personalised travel planning
- implement town-wide programmes to promote cycling for both transport and recreational purposes
- implement local walking and cycling programmes
- ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads
- plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity
- ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity
Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire 2016-2026

- ensure public open spaces and public paths are maintained to a high standard and are safe, attractive and welcoming to everyone
- ensure school playgrounds are designed to encourage varied, physically active play

Local action - North Yorkshire’s Local Transport Plan (LTP 4) (2016-2045)

The North Yorkshire Local Transport Plan prioritises healthier travel and promoting healthier travel opportunities, focusing on fully operational street lighting, maintaining and promoting public right of way, continuing to prioritise the maintenance of our existing infrastructure for walking and cycling (including footways, roads, and cycle tracks) over the provision of new facilities, and improving road safety.

Active play

Children seem to be born with an instinctive love of physical activity but play, an important element of physical activity from early childhood, has become ever more restricted. At home, sedentary activities increasingly dominate while more formal play facilities tend to be at a distance from the home and often accessed by car. From across the developed world there is strong evidence that compared with previous generations, children spend less time playing outdoors and that they walk and cycle less.

Research suggests that over recent decades parents have increasingly tried to avoid risks to their children from outside the home by creating barriers to their children's independent mobility. This ‘retreat from the street’ removes a crucial initial step for children's active independence. Moreover, in this environment where perceived traffic danger is a major concern, adults often want to segregate children from risk, to ‘park them’ in safe places and to set controls on where they can play or go and how they get there. Letting children roam or play outside unaccompanied is now sometimes judged as an indication of neglectful and irresponsible parenthood.

NICE guidance on Physical activity and the environment and Promoting physical activity for children and young people highlight some key recommendations that can contribute to increases in active play:

- ensure open spaces and outdoor facilities encourage physical activity
- ensure public open spaces … can be reached on foot [and] by bicycle
- identify transport policy which discourages children and young people from walking and cycling e.g. policies to keep traffic moving may make it difficult to cross the road. Consider how these policies can be improved to encourage active travel
- re-allocate road space to support physically active travel e.g. by widening pavements
- introduce traffic-calming schemes
Local action – North Yorkshire and York’s Safer Roads, Healthier Places Strategy (2016-2020)

The North Yorkshire and York 95 Alive Road Safety Partnership’s Safer Roads, Healthier Places Strategy aims to strengthen the local partnership approach and brings together resources and expertise in order to achieve its ambition of meeting the long term road safety targets and improving the health and wellbeing of the population through the recognised co-benefits of road safety activity, such as increased physical activity.

Safer roads are an important part of a healthy environment and overall wellbeing. It is widely acknowledged that roads where people are safe and feel safe can encourage more active travel and active play, therefore road safety activity can have a direct effect on increasing more active modes of transport and active play. The Strategy also recognises that well designed and maintained roads that are attractive, accessible and appropriate are also key in enabling people to make safer and healthier travel choices.

The Safer Roads, Healthier Places Strategy captures the coordinated actions that 95 Alive partner organisations will deliver in order to support the development of safer road environments that enable people to walk, cycle and ride, and encourage sustainable modes of transport while protecting our local communities.

The food environment – ‘increasing access to healthy and competitively priced food’

Environmental influences on diet often involve physical ease of access to food and drink, for example, from supermarkets for home consumption, from takeaways and from restaurants. As eating habits become more unstructured, the availability of, and access to, ‘food on the go’ is an important consideration.

Community food provision

Neighbourhood food environments (“foodscapes”) have been labelled “obesogenic” when they facilitate the overconsumption of energy dense, nutrient poor foods, and increased levels of overweight and obesity. Understanding the influence of such fooodscapes on diet and health has become more urgent with recent changes in society. During the past decade in the United Kingdom, consumption of food away from the home has increased by 29%, while the number of takeaway (or fast food) outlets has increased dramatically. Food eaten outside the home is more likely to be high in calories. Of particular concern are hot food takeaways, which tend to sell food that is high in fat and salt, and low in fibre, fruit and vegetables.

The density of outlets across England varies between 15 and 172 per 100,000 population. The data shows a strong association between deprivation and the density of fast food outlets, with more deprived areas having a higher proportion of fast food outlets per head of population than others.
Foods consumed away from the home are typically less healthy than those consumed at home\textsuperscript{iv} \textsuperscript{v}. Therefore, the environments around workplaces and commuting routes, for example, are important areas of study and potential targets for government policy intervention\textsuperscript{lii}. Using local planning laws, policy initiatives have developed with the intention to limit neighbourhood access to sources of “unhealthy” food. These restrictions have historically been based on concerns over noise, litter, and neighbourhood aesthetics, but more recently have come to acknowledge the potential adverse effects of these food outlets on diet and health\textsuperscript{lv} \textsuperscript{lvii}.

**Local action – ‘Healthier Choices for a Healthier You’ Business Award**

North Yorkshire County Council’s Trading Standards team have established a free to join certification scheme aimed at supporting and promoting businesses selling food and drink who provide ‘healthier options’ to their customers. The aim of the Scheme is to reduce the levels of saturated fat, sugar and salt in food provided by retailers, takeaways and manufacturers of food in North Yorkshire.

**Sustainable food**

Sustainability is a very broad concept and is about direction of travel rather than reaching a specific destination\textsuperscript{lix}. In developing sustainable food programmes, it useful to think about food across six areas:

1. Promoting healthy and sustainable food to the public
2. Tackling food poverty, diet-related ill health and access to affordable healthy food
3. Building community food knowledge, skills, resources and projects
4. Promoting a vibrant and diverse sustainable food economy
5. Transforming catering and food procurement
6. Reducing waste and the ecological footprint of the food system

These six ‘key issues’ have been used to structure the Sustainable Food Cities Award. There is opportunity to work with local businesses and key stakeholders to develop a North Yorkshire food partnership and join the Sustainable Food City Network to further develop local action on the six key issues relation to sustainable food.
Section 2: Patterns and trends of obesity – children and adults

The national picture

Adults

- Almost 7 out of 10 men are overweight or obese (66.4%)

- Almost 6 out of 10 women are overweight or obese (57.5%)

(Health Survey for England 2012 to 2014)

Children and young people

- One in five children in Reception is overweight or obese (boys 22.6%, girls 21.2%)

- One in three children in Year 6 is overweight or obese (boys 34.9%, girls 31.5%)

(National Child Measurement Programme, 2014/15)
The local picture

Adults
For 2012-2014 the prevalence of overweight and obese adults in North Yorkshire is 66.71%, which equates to 339,838 of 499,248 adults aged 16 and over. This is higher than the national average of 64.8%. The diagram below illustrates the district level prevalence.

Children and young people
Every year, as part of the National Child Measurement Programme (NCMP), children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) have their height and weight measured during the school year to inform local planning and delivery of services for children; and gather population-level data to allow analysis of trends in growth patterns and obesity.

4-5 year olds
For 2012 - 2014 the prevalence of excess weight in 4-5 year olds in North Yorkshire is 21.08%, which equates to 2,716 of 12,885 4-5 year olds. This is lower than the national average of 21.89%. The diagram below illustrated the district level prevalence for 4-5 year olds.
The prevalence of excess weight in 10-11 year olds in North Yorkshire is 30.06%, which equates to 3,822 of 12,714 10-11 year olds. This is lower than the national average of 33.24%. The diagram below illustrates the district level prevalence for 10-11 year olds.
Section 3: The Strategy

The vision
The vision of North Yorkshire’s ‘Healthy Weight, Healthy Lives: Tackling overweight and obesity’ Strategy is
‘to inspire a healthy weight generation’

The ambitions
By 2026 we aim to:

- Reduce excess weight prevalence of adults
- Reduce the number of children with obesity at reception
- Halt the rise of obesity in school years
- Reverse the declining trend in physical activity
- Expand access to weight management services
- Create a culture and supporting environment to enable positive behaviour change

The priorities
Six key priorities have been identified to tackle overweight and obesity in North Yorkshire, which include:

1. Supporting children’s healthy growth and healthy weight
2. Promoting healthier food choices
3. Building physical activity into our daily lives
4. Providing the right personalised weight management support at the right time
5. Ensuring people have access to the right information and resources to make healthy choices that support weight loss
6. Building healthier workplaces that support employees to manage their weight

Within each priority are a number of proposed areas for action, which will require a cohesive response from key stakeholders and community groups. These are presented in figure 8.
## Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire 2016-2026

<table>
<thead>
<tr>
<th>Priority</th>
<th>Proposed Action</th>
</tr>
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<tbody>
<tr>
<td>Supporting children’s healthy growth and healthy weight</td>
<td><strong>Breastfeeding</strong>&lt;br&gt;Support local organisations, including health care providers, to implement the UNICEF Baby Friendly Initiative standards and achieve Baby Friendly accreditation&lt;br&gt;Support all health care professionals, families and carers to confidently and sensitively encourage</td>
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<tr>
<td>Promoting healthier food choices</td>
<td><strong>Sustainable food</strong>&lt;br&gt;Increase markets for local food producers&lt;br&gt;Increase access to food growing opportunities&lt;br&gt;Promote community food growing through the ‘Growing Health’ initiative&lt;br&gt;Promote the use of local sustainable food&lt;br&gt;Support local businesses to reduce food</td>
</tr>
<tr>
<td>Building physical activity into our daily lives</td>
<td><strong>Walking, cycling and active travel</strong>&lt;br&gt;Ensure a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity that is safe and attractive and accessible from the workplace, home, school and other public facilities&lt;br&gt;Ensure public open spaces and public paths can</td>
</tr>
<tr>
<td>Providing the right personalised weight management support at the right time</td>
<td><strong>Assessment, brief advice and tailored support</strong>&lt;br&gt;Work with primary health care professionals to increase the number of adults identified as not currently meeting UK physical activity guidelines&lt;br&gt;Ensure commissioned services that prevent or treat conditions such as cardiovascular disease, type 2 diabetes and stroke or improve</td>
</tr>
<tr>
<td>Ensuring people have access to the right information and resources to make healthy choices that support weight loss</td>
<td><strong>Services and community programmes</strong>&lt;br&gt;Children and young people, and their parents or carers, have access to a publicly available up-to-date list of local lifestyle weight management programmes across the weight management pathway (tier 1 -4)&lt;br&gt;Health and social care practitioners have access to up to date information</td>
</tr>
<tr>
<td>Building healthier workplaces that support employees to manage their weight</td>
<td><strong>Policy and intervention</strong>&lt;br&gt;Local employers and public sector organisations to receive a co-ordinated, consistent level of support for the development of workplace health policy, infrastructure and planned interventions&lt;br&gt;Support local employers to develop and implement travel plans that encourage</td>
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<tr>
<td><strong>Food provision in schools and child care settings</strong></td>
<td><strong>Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire 2016-2026</strong></td>
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<tr>
<td>Influence food contracts such as catering in schools to ensure they are compliant with relevant nutritional frameworks</td>
<td>Ensure individual support is available for anyone who is walking on their own, walking informally with others in a group, on local lifestyle weight management programmes across the weight management pathway (tier 1-tier 4)</td>
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<tr>
<td>Develop a cross-sector food partnership which works to create a better food system</td>
<td>Better connect people with community programmes in their locality i.e. through the Stronger Communities Programme</td>
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<tr>
<td>North Yorkshire food partnership [once established] to join the Sustainable Food City Network to share successes and challenges and learn from other areas</td>
<td>Increase the mobilisation of communities living in rural areas and in isolation i.e. through community transport initiatives and library services</td>
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<tr>
<td>Continue to improve the standard of school meals through the effective implementation of the School Food Plan, particularly in academies where the school food standards are</td>
<td>Health education and skills</td>
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<tr>
<td>Ensure planning policies support local food growing by: Providing space for growing food within new developments</td>
<td>employees to walk, cycle or use another mode of transport involving physical activity to travel part or all of the way to and from work</td>
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<td>surplus, loss and waste</td>
<td>Key stakeholders signed up to the Strategy to lead by example in the provision of healthier and more sustainable catering for the workforce and for events</td>
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<tr>
<td>be reached on foot, by bicycle and using other modes of transport involving physical activity. They should also be accessible by public transport</td>
<td>Support local organisations to meet Government buying standards for food and catering services</td>
</tr>
<tr>
<td>Ensure public open spaces and public paths are maintained to a high standard. They should be safe, attractive and welcoming to everyone</td>
<td>Encourage organisations to become a Public</td>
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<td>Pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads</td>
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<td>Action</td>
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<tr>
<td>Develop existing and planned programmes and projects that increase nutritional literacy for pre-school and school aged children</td>
<td>not mandatory</td>
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<tr>
<td>Work with local child care providers, children centres and parents to increase the number of child care organisations that serve healthy food, snacks and beverages</td>
<td>Work with local communities and highways to</td>
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<tr>
<td>Work with schools and child care organisations to</td>
<td>Work with local communities and highways to</td>
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<tr>
<td>Including edible plants and trees in planting schemes in new developments</td>
<td>or participating in local walking programmes. This includes helping to assess their activity levels and to set goals which build on this</td>
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<tr>
<td>Encouraging local groups starting a community food growing space</td>
<td>Children and young people identified as being overweight or obese, and their parents or carers are given information about local lifestyle weight management programmes</td>
</tr>
<tr>
<td>Protecting open space under threat from a proposed development</td>
<td>Ensure new workplaces are linked to walking and cycling networks. Where possible, these links should improve the existing walking and cycling infrastructure by creating new, through routes (and not just links to the new facility)</td>
</tr>
<tr>
<td>Using land for food growing on a temporary basis e.g. pending its redevelopment</td>
<td>Parents or carers of children are given advice about physical activity as part of the National Child Measurement Programme (NCMP)</td>
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<tr>
<td>Supporting jobs in the food and farming sector by encouraging small- and medium-sized food enterprises (SMEs), such as</td>
<td>Ensure all members of the health, care and social care</td>
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<tr>
<td>Maximise the opportunity for residents to have access to an expanding set of accredited health apps and digital information services to self manage and their physical activity levels and nutrition</td>
<td>Increase the number of local employers and public sector organisations achieving the Workplace Wellbeing Charter accreditation, key stakeholder organisations who are signed up to the Strategy to lead as role models</td>
</tr>
<tr>
<td>Develop a cross-sectional health education approach to increasing community health literacy and skills to make practical change for individuals and families i.e. healthy cooking interventions</td>
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<tr>
<td>Increase access to tap water, replacing drinks high in sugar content i.e. fizzy drinks, fruit juices, squash in schools, children centres and child care settings</td>
<td>Markets and on-site farm shops, and local and regional distribution infrastructure</td>
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<tr>
<td>Work with schools, children and parents to increase the uptake of school meals, particularly in the transition from primary to secondary education</td>
<td>Community food provision</td>
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<tr>
<td>Work with schools, children and parents to design and implement interventions</td>
<td>Reduce the proximity of fast food outlets to schools, colleges and leisure centres</td>
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<td>Use regulatory and planning measures to address the increase of hot food takeaways</td>
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<td></td>
<td>Ensure children and young people, and their parents or carers, see details of nutritional information on menus at local</td>
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<td></td>
<td>Reduce residents’ car use and switch to more active methods of travel</td>
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<td></td>
<td>Support schools to implement and review school travel plans to promote safe, sustainable and less car dependent patterns of travel</td>
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<td></td>
<td>Identify a senior member of the public health team who is responsible for promoting walking and cycling to support coordinated, cross-sector working, for example, by ensuring programmes offered by different sectors</td>
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<td>Ensure additional, one-to-one support is offered at regular intervals to help people develop a long-term walking habit</td>
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<td>Ensure consistency in the provision of tailored brief advice to all adults assessed as inactive</td>
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<td>All adults having their NHS Health Check are given brief advice about how to be more physically active</td>
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<td></td>
<td>Parents or carers of children are given advice about physical activity during their child’s Healthy Child</td>
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<td></td>
<td>Workforce have the knowledge and skills to embrace the opportunities of evidence-based and approved lifestyle information</td>
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<td></td>
<td>Maximising the use of social media to share evidence based and approved information</td>
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<td>Campaigns</td>
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<td>Develop a cross-sector approach to local promotion of campaigns such as Change4Life and One You campaigns</td>
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<td>Area</td>
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| Access to sweets and other high calorie foods outside of the authority and NHS venues | Increase the level of support to local businesses to reduce the levels of fats, sugars and salts in foods sold on their premises i.e. take-away and cafes. Explore the possibility of reducing access to unhealthy food options via food licencing and planning.  
We will ensure that health and wellbeing is considered in planning for new development in North Yorkshire. Ensure all local authority planning decisions are complement rather than duplicate each other.  
Ensure walking and cycling programmes form a core part of local transport investment planning, on a continuing basis. Provide appropriate and timely support for those interested in changing their travel behaviour to make small, daily changes by commissioning personalised travel planning programmes. Provide training for those who are interested in cycling, either as a form of  
Programme 2-year review  
All local authority leisure and community services offer women with babies and children the opportunity to take part in a range of physical or recreational activities. |
<p>| Encourage participation in the Eat Better, Do Better programme        |                                                                                                                                                                                                                                                                       |
| Healthy Schools Programmes using Healthy Schools resources and toolkits. (These toolkits are still available although the programme ended in 2011) |                                                                                                                                                                                                                                                                       |
| That encourage children at secondary schools to stay in school for lunch |                                                                                                                                                                                                                                                                       |</p>
<table>
<thead>
<tr>
<th>school or child care setting</th>
<th>subject to a health impact assessment</th>
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<tr>
<td>Restrict planning permission for takeaways and other food retail outlets in specific areas i.e. walking distance from schools</td>
<td>Children and young people, and their parents or carers, see healthy food and drink choices displayed prominently in local authority and NHS venues</td>
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<tr>
<td>Restrict trading from fast food vans near schools</td>
<td>Work with the local the food industry to resize portions and reformulate products (e.g. through the Responsibility Deal)</td>
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<tr>
<td>Establish and regulate the boundaries of fast food exclusion zones near schools i.e. 400-800m radius</td>
<td>Encourage manufacturers, retailers, the out of home dining/catering sector and bars</td>
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<td>Improve the quality of the food environment around schools</td>
<td>transport or as a recreational activity i.e. Bikeability</td>
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<td>Community safety</td>
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<td></td>
<td>Support community safety and enforcement activities which will help create an environment in which people feel safe, able to get out and be active</td>
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<tr>
<td></td>
<td>Active play and planned physical activity</td>
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<td></td>
<td>Provide and promote family friendly environments that enable opportunities for active play and planned physical activity</td>
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<td></td>
<td>Ensure school playgrounds and</td>
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<td>who are overweight or obese are invited to attend lifestyle weight management programmes, regardless of their weight</td>
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<td></td>
<td>Ensure services meet the needs of rural and most at risk community groups</td>
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<td></td>
<td>Walking and cycling are included in chronic disease pathways</td>
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<td></td>
<td>Assessment of physical activity, the delivery and follow up of brief advice are built into local long-term disease management strategies</td>
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<tr>
<td>including takeaways, fast food vans, access to sweets and other high calorie foods in shops near schools</td>
<td>and pubs to register as Responsibility Deal partners and commit to delivering on actions relating to the alcohol, physical activity, food and health at work pledges</td>
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<tr>
<td>Ensure children and young people, and their parents or carers, using vending machines in local authority and NHS venues can buy healthy food and drink options</td>
<td>Food poverty Increase access to healthier foods in deprived areas</td>
</tr>
<tr>
<td>Ensure children and young people, and their parents or carers, see details of nutritional information on</td>
<td>Promote local fruit and vegetable schemes and support target groups to access these</td>
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<td></td>
<td>Develop a county-wide food poverty plan</td>
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<tr>
<td>menus at local authority and NHS venues</td>
<td>physically active play</td>
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</tr>
<tr>
<td>Children and young people, and their parents or carers, see healthy food and drink choices displayed prominently in local authority and NHS venues</td>
<td>families</td>
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<tr>
<td><strong>Food poverty</strong></td>
<td></td>
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<tr>
<td>Promote Healthy Start vitamins and encourage target groups to take up the offer</td>
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<tr>
<td>Work with schools, children and families to increase the uptake of free</td>
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</table>

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35
<table>
<thead>
<tr>
<th>School meals; de-stigmatising the initiative and ensuring the application process is quick and easy</th>
<th>Change lifestyle behaviour</th>
</tr>
</thead>
</table>
| **Weight measurement**  
Ensure a proactive approach to the National Child Measurement Programme (NCMP) so that parents are supported and know where to get advice and support if their child is overweight or obese | Ensure all practitioners providing information or advice to children and adults in primary care, community based settings, early years settings, schools and workplaces provide physical activity and nutritional information in line with current advice and guidance |
| Ensure health professionals, healthcare assistants and support workers have the skills to advise on the health benefits of weight |  |
management and risks of being overweight or obese before, during and after pregnancy, or after successive pregnancies.

Increase the number of primary care professionals trained to implement the Making Every Contact Count concept.

* Examples include: exercise professionals, GPs, health trainers, health visitors, mental health professionals, midwives, pharmacists, physiotherapists and practice nurses.

**Figure 8**
The outcomes

The Strategy aims to achieve the following outcomes:

- Reduced health inequalities that arise from overweight and obesity
- Greater social cohesion through effective community engagement approaches when planning, commissioning and delivering weight management initiatives
- Stronger local economy as a result of reduced demand on health and social care services, improved workplace health schemes, improved offer of healthy food provision from local businesses
- Better quality of life as a result of reduced health risks associated with excess weight
- Less discrimination and bullying associated with overweight and obesity
- Fewer people with long term conditions as a result of excess weight
- Improved food and activity environments

Figure 9 summarises the vision, ambitions and priorities of the Strategy.

![Figure 9]
Section 4: Implementation and evaluation

In order to effectively implement and evaluate the Strategy, some core principles are proposed.

Sharing the responsibility
There is an increasing emphasis on the need for local government, primary care, other NHS organisations, voluntary and community organisations, and other public sector organisations to work together to develop a shared vision for health and wellbeing for their local communities. This Strategy requires a truly joined up approach to tackling obesity and increasing physical activity across the life course and for target populations most at risk. A clear and sustainable governance structure is required to ensure key stakeholders and communities agree and achieve action against the priorities set out in this Strategy.

Sign up to the priorities and outcomes within this Strategy from key partners and community groups is essential to its success.

Universal and targeted action
The approach for the prevention and management of obesity should be modelled on tackling this issue across the life course, targeting groups where there are periods of metabolic change, which are linked to spontaneous changes in behaviour, or periods of significant shifts in attitude.

There is also a need take a universal and targeted approach ensuring that actions taken are universally proportionate. Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This is called proportionate universalism.

- Universal interventions, e.g. physical activity and green spaces, food access and choice, social norms, built environment and infrastructure, active transport, workplace approaches, school approaches, economic development
- Targeted interventions, e.g. lifestyle interventions, cooking skills, I want to get active etc.
- Specialist interventions, e.g. specialist weight management services

Population groups who are more at risk of developing obesity require a more targeted approach.
**Improving the way we work**

To ensure the focus of any weight management or physical activity service or intervention delivered in North Yorkshire is on outcomes, and that services and interventions have a clear framework for planning and managing performance, the Strategy recognises the need for local partners to adopt The Mark Friedman Outcomes Based Accountability (OBA) approach.

Key features of OBA include:
- population accountability, which is about improving outcomes for a particular population within a defined geographical area
- performance accountability, which is about the performance of a service and improving outcomes for a defined group of service users.

Using OBA allows us to distinguish between ‘How much did we do?’, ‘How well did we do it?’ and, the most important category, ‘Is anyone better off?’. The Strategy needs to adopt an OBA approach to maximise outcome and quality of intervention across North Yorkshire.

**Connecting people**

Recent engagement activity with key stakeholders confirmed the significant amount of organisations that have a direct or indirect role in tackling overweight and obesity in North Yorkshire. Key partners such as sport, leisure and physical activity providers, planners, health care providers and commissioners, weight management providers, third sector and those in research all need to be connected. This is important to achieve the following:

- Better understanding of available services for more effective sign posting and referral
- More connected care pathways
- Shared learning for effective planning, commissioning and delivery of services
- Shared intelligence on population need

**Taking a place-based approach that utilises existing assets**

The conditions in which people grow, live, work and age have a powerful impact our health. Strong communities with high levels of resilience thrive. Those who live in strong communities where resilience is high and people have good social networks live longer and healthier lives. Recognising and understanding the enormous impact communities have on health and wellbeing is the first step needed to take in transforming that way overweight and obesity is tackled in North Yorkshire. Shifting the focus from the more traditional or medical approach to health improvement to recognising and embracing the social determinants of health is crucial in improving the health of the county.

That is why this Strategy will take a place based approach that utilises existing assets. Strategic partners will start by looking at what individuals and communities
have and can offer, whether this be skills, capacity, knowledge or resources that can be used to improve the health of the community. Currently, need is often used as the criteria for developing services. As result there is always a focus on deficits rather than assets. This drives dependency rather than solutions. As a result, need grows and people and communities are less empowered to support themselves and one another in the community. All communities have assets, finding, understanding and developing them will build resilience of communities.

**Working with our community**

Since ‘Community engagement: approaches to improve health’, NICE guideline PH9 (2008), was published there has been a substantial increase in the evidence on how community engagement can improve health and wellbeing.

The Marmot Review notes the importance of involving local communities, particularly disadvantaged groups, as being central to local and national strategies in England for promoting health and wellbeing and reducing health inequalities. Statutory and voluntary sector organisations cannot improve people’s health and wellbeing on their own. Working with local communities will lead to services that better meet people’s needs, improve health and wellbeing and reduce health inequalities.

Key principles to a community engagement approach that the Strategy will adopt include:

- Ensuring local communities, community and voluntary sector organisations and statutory services work together to plan, design, develop, deliver and evaluate weight management and physical activity interventions
- Recognising that building relationships, trust, commitment, leadership and capacity across local communities and statutory organisations needs time
- Supporting and promoting sustainable community engagement by encouraging local communities to get involved in all stages of weight management and physical activity initiatives.

**Clear governance**

It is proposed that a place based approach will be applied with each district having its own action plan to address the Strategy’s 6 priorities. Expert groups will be established to provide specialist support to the working groups on priority areas. The proposed governance structure is illustrated in figure 10.
Expert groups established to support the working groups

Figure 10

Measuring the impact

The suggested Public Health Outcome Framework indicators that will be used to measure impact of the Strategy are included in figure 11. Current trends are illustrated in figure 11 which will be reviewed annually through the governance arrangements proposed.

<table>
<thead>
<tr>
<th>Healthy Weight, Healthy Lives</th>
<th>Year</th>
<th>Gender</th>
<th>Age group</th>
<th>North Yorkshire</th>
<th>Unit</th>
<th>North Yorkshire Trend</th>
<th>Years of data available</th>
<th>North Yorkshire 5 Year Projection</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.13ii - Percentage of physically active and inactive adults - inactive adults</td>
<td>2014</td>
<td>Persons</td>
<td>16+ yrs</td>
<td>24.9</td>
<td>%</td>
<td>#</td>
<td>3</td>
<td>19.4</td>
<td>27.7</td>
</tr>
<tr>
<td>2.12 - Excess Weight in Adults</td>
<td>2012-14</td>
<td>Persons</td>
<td>16+ yrs</td>
<td>66.7</td>
<td>%</td>
<td>#</td>
<td>1</td>
<td>#</td>
<td>64.6</td>
</tr>
<tr>
<td>2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds</td>
<td>2014/15</td>
<td>Persons</td>
<td>4-5 yrs</td>
<td>21.1</td>
<td>%</td>
<td>#</td>
<td>9</td>
<td>38.5</td>
<td>21.9</td>
</tr>
<tr>
<td>2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds</td>
<td>2014/15</td>
<td>Persons</td>
<td>10-11 yrs</td>
<td>30.1</td>
<td>%</td>
<td>#</td>
<td>9</td>
<td>54.1</td>
<td>33.2</td>
</tr>
<tr>
<td>2.11i - Proportion of the population meeting the recommended '5-a-day'</td>
<td>2014</td>
<td>Persons</td>
<td>16+ yrs</td>
<td>59.7</td>
<td>%</td>
<td>#</td>
<td>1</td>
<td>#</td>
<td>53.5</td>
</tr>
<tr>
<td>2.11ii - Average number of portions of fruit consumed daily</td>
<td>2014</td>
<td>Persons</td>
<td>16+ yrs</td>
<td>2.7</td>
<td>%</td>
<td>#</td>
<td>1</td>
<td>#</td>
<td>2.6</td>
</tr>
<tr>
<td>2.11iii - Average number of portions of vegetables consumed daily</td>
<td>2014</td>
<td>Persons</td>
<td>16+ yrs</td>
<td>2.4</td>
<td>%</td>
<td>#</td>
<td>1</td>
<td>#</td>
<td>2.3</td>
</tr>
<tr>
<td>1.16 - Utilisation of outdoor space for exercise/health reasons</td>
<td>Mar 2013 - Feb 2014</td>
<td>Persons</td>
<td>16+ yrs</td>
<td>21.7</td>
<td>%</td>
<td>#</td>
<td>3</td>
<td>27.5</td>
<td>17.1</td>
</tr>
<tr>
<td>1.09ii - Sickness absence - The percent of working days lost due to sickness absence</td>
<td>2010-12</td>
<td>Persons</td>
<td>16+ yrs</td>
<td>0.7</td>
<td>%</td>
<td>#</td>
<td>2</td>
<td>1.2</td>
<td>1.6</td>
</tr>
<tr>
<td>2.02i - Breastfeeding - Breastfeeding initiation</td>
<td>2014/15</td>
<td>Female</td>
<td>All ages</td>
<td>73.8</td>
<td>%</td>
<td>#</td>
<td>5</td>
<td>74.7</td>
<td>74.3</td>
</tr>
<tr>
<td>2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth</td>
<td>2010/11</td>
<td>Female</td>
<td>6-8 weeks</td>
<td>46.8</td>
<td>%</td>
<td>#</td>
<td>1</td>
<td>#</td>
<td>43.8</td>
</tr>
</tbody>
</table>

Figure 11
Section 5: Feedback

For an alternative version of this Strategy or feedback please email:
healthyweighthealthy.lives@northyorks.gov.uk
**Section 6: References**


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