

Manchester DRAFT Healthy Weight Strategy

2020-2025

A whole system approach



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Foreword

Councillor Bev Craig, Executive Member for Adult Health and Wellbeing

The rising levels of obesity in Manchester are both an outcome, and cause, of social and health inequalities affecting the people living in our city. Obesity impacts negatively on the physical and mental health of adults and children, their employment and broader social opportunities and, ultimately, their life expectancy.

As Executive Member for Adult Health and Wellbeing, I wish to see this trend reversed so that our residents live longer free from illness and disability, that our children are healthy and school ready and that our young people are physically active, educated and able to achieve economic independence. Having a healthy weight and living in a neighbourhood that supports good food choices, opportunities for physical activity and access to the right support when needed is key to these successful outcomes.

This strategy outlines our commitment to reversing obesity and unhealthy weight in Manchester, utilising the 'Our Manchester' strengths based approach, building from the assets that already exist from the wide-range of partners who have contributed to the development of the Strategy. This is an opportunity to look at everything from transport to the built environment, parks and leisure facilities, and licensing and food outlets.

The recent report "Marmot Review 10 Years On" highlighted the damage of a decade of austerity on the health of our poorest communities, demonstrating an increasing gap between wealthy and deprived neighbourhoods. In Manchester we are determined to do everything we can to create the conditions to support individuals, families and communities to achieve their full potential.

Councillor Bev Craig
Executive Member for Adult Health and Wellbeing

Introduction

The 2020-2025 Healthy Weight Strategy sets our priorities and partnership approach to promote a healthy weight and tackle unhealthy weight in Manchester.

The World Health Organisation (WHO) regards obesity as one of the most serious public health challenges of the 21st century. Obesity has long been identified as a major problem within the UK. Being overweight or obese is associated with an increased risk of a number of common diseases and causes of premature death, including diabetes, cardiovascular disease and some cancers. The “Marmot Review 10 Years on” identifies that the highest preventable mortality rates (obesity related deaths for example) occur in the poorest areas, and that these rates have increased for people aged 45-49 years where social and economic conditions undermine health over the last decade.

Our children (0-19 years) are also increasing in weight, as our National Child Measurement Programme evidences the impact of poverty on the food choices and overall health of the poorest families. The Institute for Fiscal Studies predicts child poverty- living in a household with less than 60% of the average national income, will increase by over 6% by 2021. This will undoubtedly increase the risk of obesity, where in many families, this is generational.

This strategy sets out the vision and strategic objectives needed to ensure that everyone in Manchester is able to achieve and maintain a healthy weight across the life-course.

Our strategy aims to translate national policies into local action, whilst also meeting the needs of local people based on evidence of what works. It will outline a **whole systems approach** to tackle the elaborate nature of obesity. A whole systems approach encompasses ‘Health in All Policies’ and draws upon the many complex behavioural and societal factors that combine to contribute to the causes of excess weight and recognises the value of engaging with the local community and maximising local assets to achieve better results long term.

Manchester Healthy Weight Strategy 2020:2025

This strategy aligns with a number of key national strategies including *'Healthy Lives, Healthy People: A call to action on obesity in England'*, *'Childhood Obesity: A Plan for Action' Chapter 1 and 2'*, *Health Equity in England*, *The Marmot review 10 Years on'* and *'The NHS Long Term Plan'*. It also complements the following current Manchester and Greater Manchester strategies and documents:

- *Our Manchester: The Manchester Strategy (2016-2025)*
- *Our Healthier Manchester (2016-2021)*
- *Manchester Population Health Plan (2018–2027)*
- *Our Manchester, Our Children (2016-2020)*
- *Manchester Reducing Infant Mortality Strategy (2019)*
- *Manchester ACES Strategy (2019)*
- *Manchester's Park Strategy (2017–2027)*
- *Manchester Sport and Physical Activity Strategy*
- *Greater Manchester Strategy: Our People; Our Place (2017-2020)*
- *Greater Manchester Transport Strategy 2040*
- *Greater Manchester Moving Plan (2017-2021)*

We know that up to 80% of a population's health status is attributable to factors outside the health services. The successful delivery of these strategies will make a huge positive difference to health outcomes in Manchester, as they inherently address the social determinants of health.

The delivery of the strategy in Manchester will be based on a set of principles that embody the 'Our Manchester' approach namely:

- **Person-centred:** listening to what residents need and want and involving them in decisions and plans about their support
- **Asset-based:** building on people's strengths across the lifecourse and supporting them to be in control of the things that matter to them and help them stay healthy
- **Collaborative:** developing supportive relationships and connections with and between individuals, children and families, communities and health and care services

What we know

A healthy weight is a weight that promotes and sustains health relative to the height of an individual.

What is obesity?

- Overweight and obesity are terms which refer to an excess accumulation of body fat, to the extent that health and wellbeing may be impaired.
- Excess weight increases the risks of a number of chronic conditions including cardiovascular disease, diabetes, cancers, and joint problems.

Measuring Obesity in Adults

- 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 BMI.
- BMI is calculated by dividing body weight (kilograms) by height (metres) squared
- 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.

Classification	BMI (kg/m²)
Underweight	< 18.5
Normal	18.5–24.9
Overweight	25.0–29.9
Obese:	
Class I	30.0–34.9
Class II	35.0–39.9*
Class III	≥ 40.0

Notes. BMI, body mass index; WHO, World Health Organization.

*Morbid obesity can be defined as a BMI ≥ 40, or class II with significant comorbidities.

Measuring Obesity in Children

- The method of assigning a BMI classification for children is different from that already described for adults.
- For children it is important to adjust for the continuous height and weight changes during normal growth.
- It is important when using BMI in children that age and gender appropriate growth references are used to correctly determine weight status.
-

In England, the UK90 Growth Reference chart is used to determine weight status. Clinical thresholds are defined as follows:

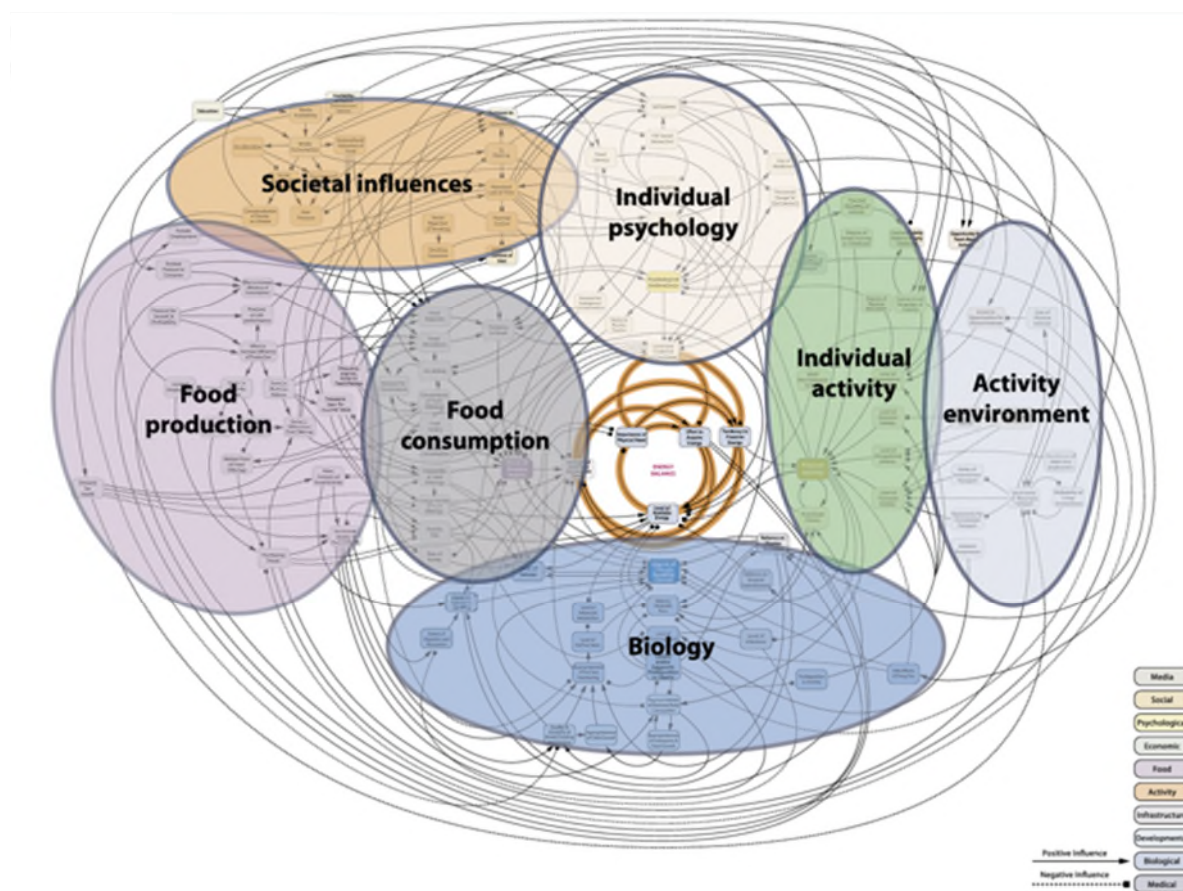
- **Healthy Weight** = BMI greater than **2nd** and less than the **91st** centile.
- **Overweight** = BMI equal to or greater than the **91st** centile
- **Obesity** = BMI equal to or greater than the **98th** centile.
- **Severe (extreme) Obesity** = BMI equal to or greater than the **99.6th** centile.

In Manchester, the mandatory National Child Weight Management Programme is place and children in Reception Year (age 4-5 years) and in Year 6 (age 10-11 years) are weighed and have their height measured in school.

Causes of Obesity

Obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture.

- The Foresight Report (2007) presents an obesity system map that illustrates over 100 variables directly or indirectly affecting energy balance. (The key 7 themes are illustrated below)
- At its root, obesity is caused by an energy imbalance: taking in more energy through food than we use through activity. Long term excess energy consumption relative to an individual's energy use leading to an accumulation of excess fat.
- The multiple determinants of obesity mean that to tackle it requires coordinated action across society. ¹



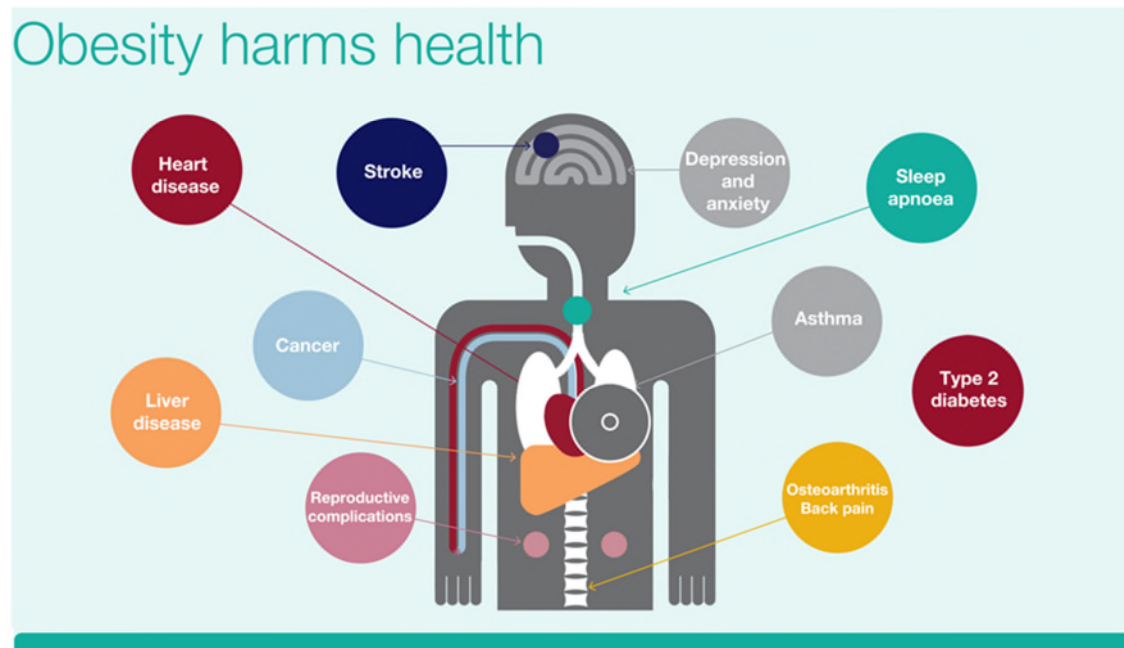
¹ (Foresight. Foresight Report: Tackling Obesity, 2007. Government Office for Science. London. October 2007)

What is the impact ?

The impact of obesity can be felt at an individual and societal level.

Health impact

- The risks to health from being overweight and/or obese are well recognised.
- It is estimated that obesity is responsible for more than 30,000 deaths each year.
- On average, obesity deprives an individual of an extra nine years of life, preventing many individuals from reaching retirement age. In the future, obesity could overtake tobacco smoking as the biggest cause of preventable death.²
- The most common health problems associated with obesity are outlined below:



² (Comptroller and Auditor General, *Tackling Obesity in England, Session 2000-01, HC 220, National Audit Office, February 2001*; Committee of Public Accounts, *Tackling Obesity in England, Ninth Report of Session 2001-02, HC 421, January 2002*.)

Individual impact



Obesity harms adults



Less likely to be in employment



Discrimination and stigmatisation



Increased risk of hospitalisation



Obesity reduces life expectancy by an average of 3 years

Severe obesity reduces it by 8-10 years



Obesity harms children and young people



Emotional and behavioural

- Stigmatisation
- bullying
- low self-esteem



School absence



- High cholesterol
- high blood pressure
- pre-diabetes
- bone & joint problems
- breathing difficulties



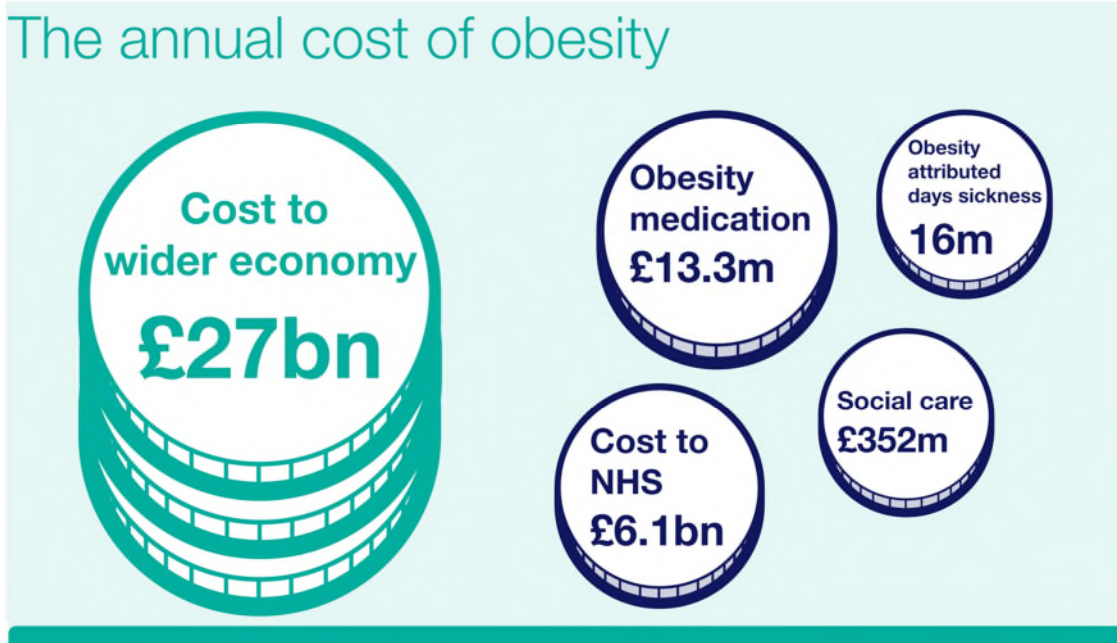
Increased risk of becoming overweight adults

Risk of ill-health and premature mortality in adult life

3

³ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

Financial impact



- There are significant health and social care costs associated with the treatment of obesity and its consequences, as well as costs to the wider economy arising from chronic ill health.
- The NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion/year.⁴
- There is evidence that obesity may reduce the wage levels of those in employment and that obese people are less likely to be in employment than people of a healthy weight.^{5 6 7}
- There is no current data on the costs to the NHS or society of childhood obesity.

⁴ (Foresight. *Foresight Report: Tackling Obesity*, 2007. Government Office for Science. London. October 2007)

⁵ (Morris, S. *Body Mass Index and Occupational Attainment*. *Journal of Health Economics*, 2006. 25:347-364),

⁶ Eriksson, J., Forsen, T., Osmond, C. and Barker, D. 2003. *Obesity from Cradle to Grave*. *International Journal of Obesity*. 2003. 27:722-727)

⁷ (NHS Digital, *Health Survey for England, 2017* <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

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Local costs

- In Manchester it was estimated that the costs of disease related to overweight and obesity during 2015 was £185.1million.⁸
- The Spend and Outcome Tool produced by Public Health England shows the relationship between spend and outcomes enabling comparisons across public health interventions to be made. Manchester has a relatively high spend on children's physical activity but is not getting better outcomes as measured by obesity. This tells us that we need to change our approach and use our resources in a different way.

⁸ (Department of Health (2008) *Healthy Weight, Healthy Lives: Toolkit*)

Where are we now?

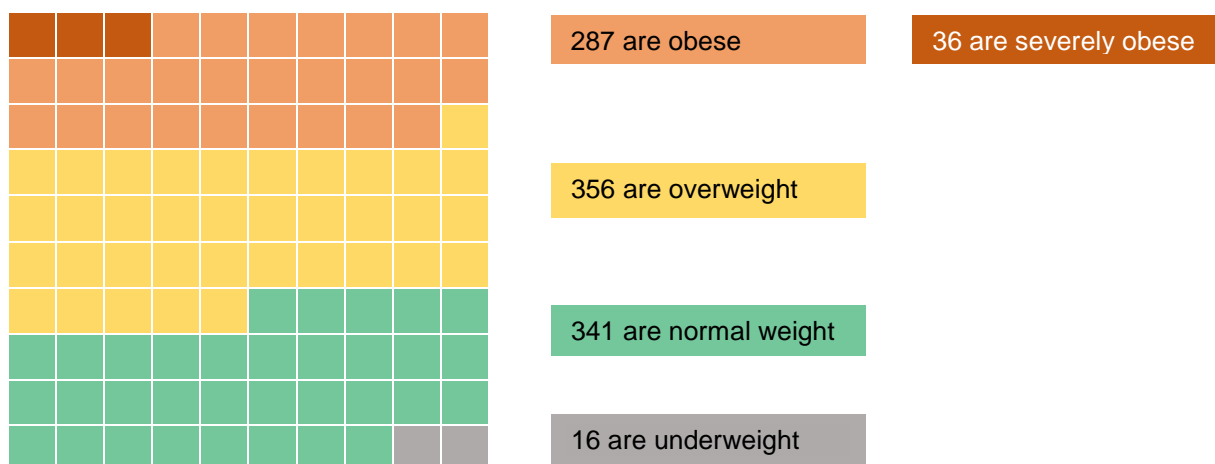
National Picture

*In England, **overweight** is now the average weight.*

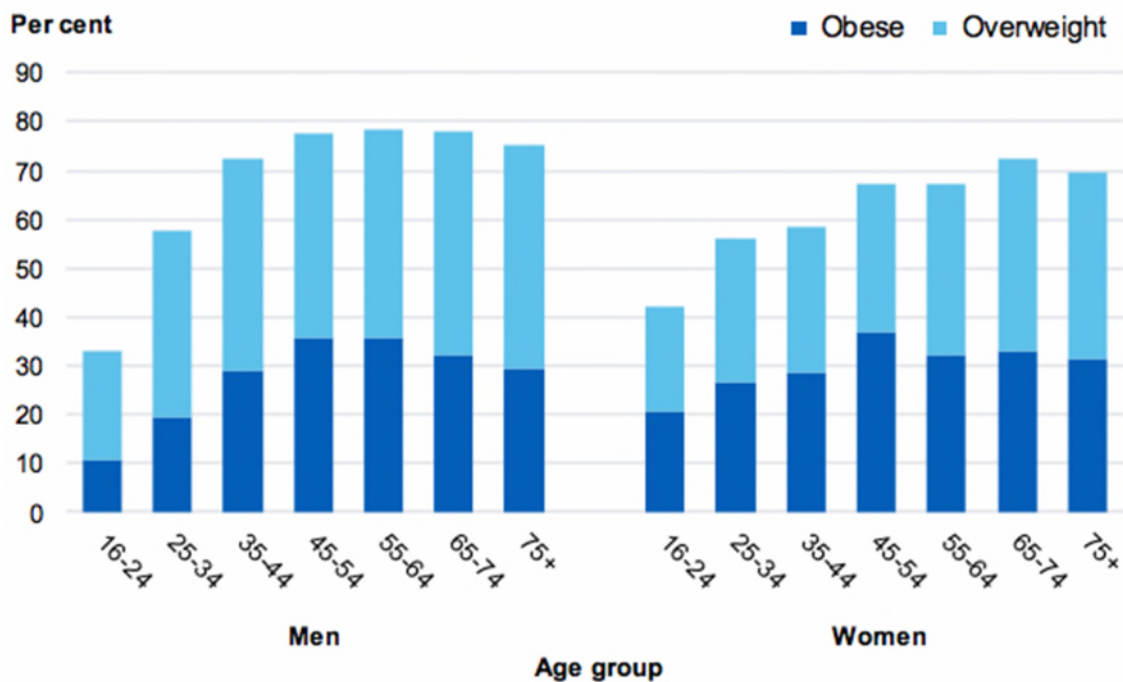
Adults

Out of every 1,000 adults in England...

of which



Prevalence by age and gender in England



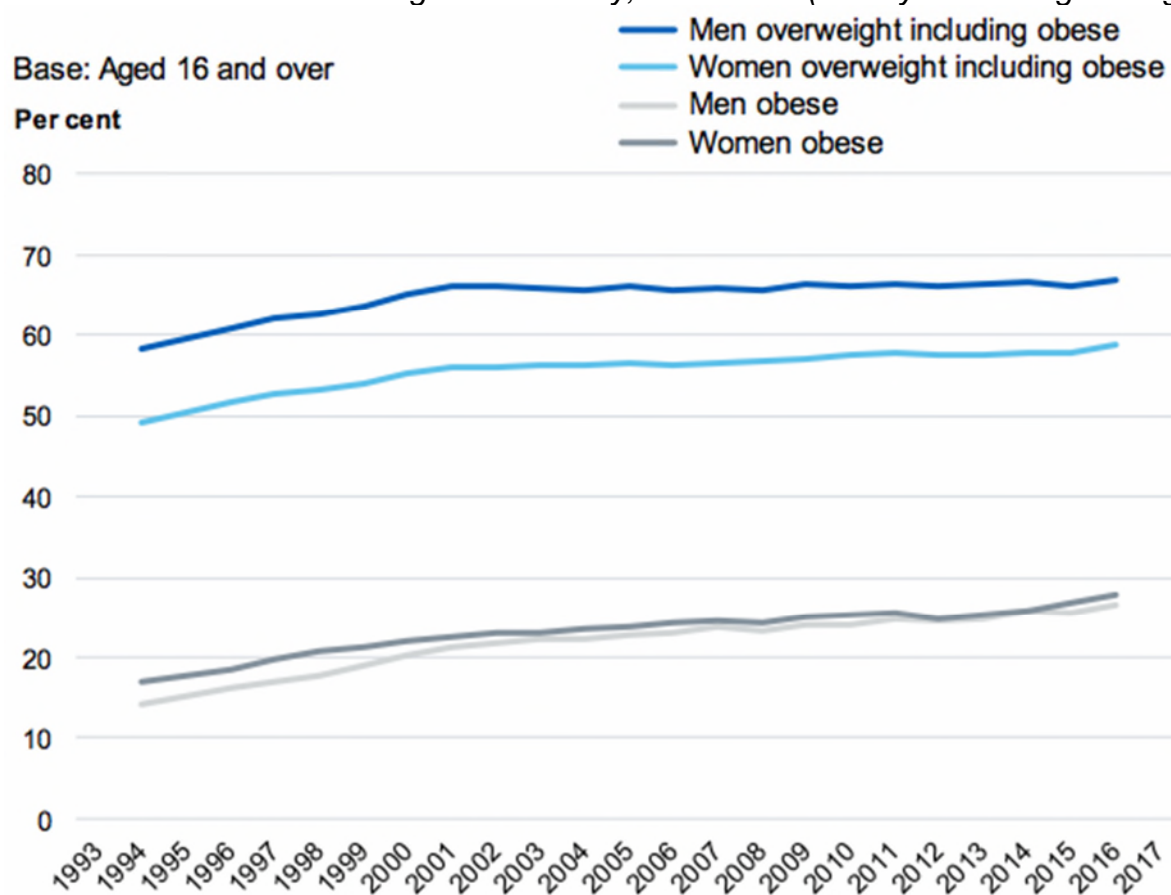
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⁹ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

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- In England, obesity prevalence increased steeply between 1993 and around 2000, and there was a slower rate of increase after that.
- The prevalence of obesity has generally fluctuated between 23% and 27% from 2003 to 2016. In 2017, it was 29%; higher than in recent years.
- Severe obesity has also increased since 1993, with 2% of men and almost 5% of women morbidly obese in 2017, compared with fewer than 0.5% of men and just over 1% of women in 1993.

Adult trend in overweight and obesity, 1993-2017 (three year moving average)



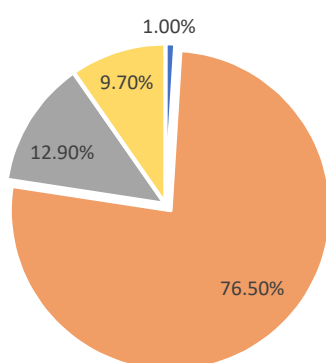
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¹⁰ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

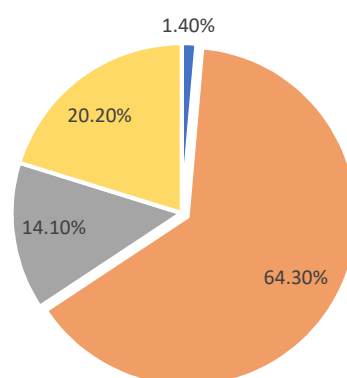
Children

- The latest National Child Measurement Programme (NCMP) data (2018/2019) reveals that 9.7% of Reception age children (age 4-5) were obese, with a further 12.9% overweight.
- These proportions were significantly higher among Year 6 children (age 10-11), with 20.2% being obese and 14.1% overweight. ¹¹

NCMP (2018/2019) (Reception) England



NCMP (2018/19) (Year 6) England



■ Underweight ■ Healthy Weight ■ Overweight ■ Obese

■ Underweight ■ Healthy Weight ■ Overweight ■ Obese

*In England, **boys** are more likely to be overweight and obese than girls.*

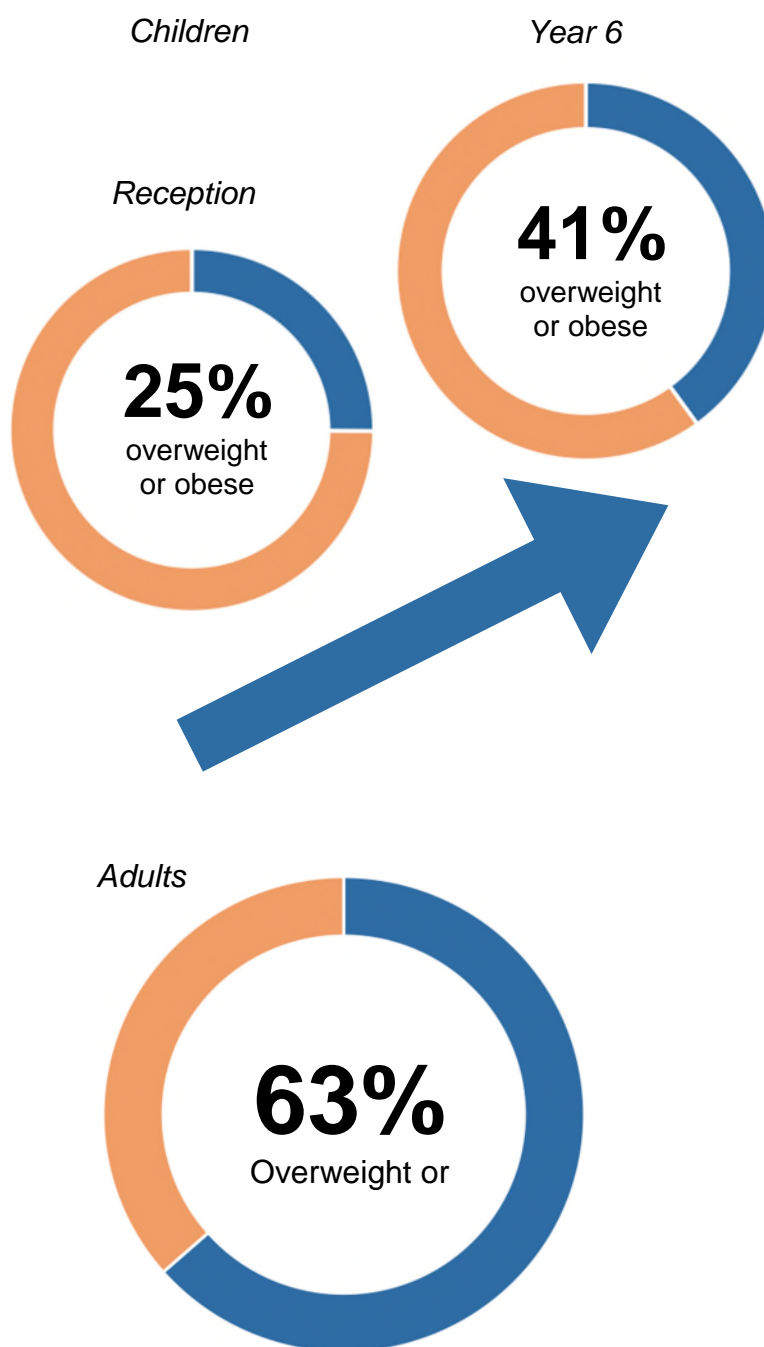
In England, boys are more likely to be overweight and obese than girls



Source: NHS Digital, National Child Measurement Programme England, 2018/19

¹¹ (NHS Digital, National Child Measurement Programme England, 2018/19 school year)

Local Picture



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Manchester is consistently significantly higher than the national average for overweight and obesity at reception, year 6 and in adults.

¹² (NHS Digital, National Child Measurement Programme England, 2018/19 school year)

¹³ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

Manchester in numbers.....

- Highest obesity rate (11.9%) at reception in Greater Manchester
- Second highest obesity rate (26.2%) at Year 6 in Greater Manchester
- Second highest obesity rate (26.2%) at Year 6 in the North West of England



Rates of recorded overweight and obesity are

Rising in Adults and Children

faster than the national average.

	Adult	Year 6	Reception
2017/2018	63%(62%)	41%(34.3%)	25.1%(22.6%)
2015/2016	60.7%(61.3%)	40.2%(34.2%)	24.9%(22.1%)

**(UK average in brackets)*

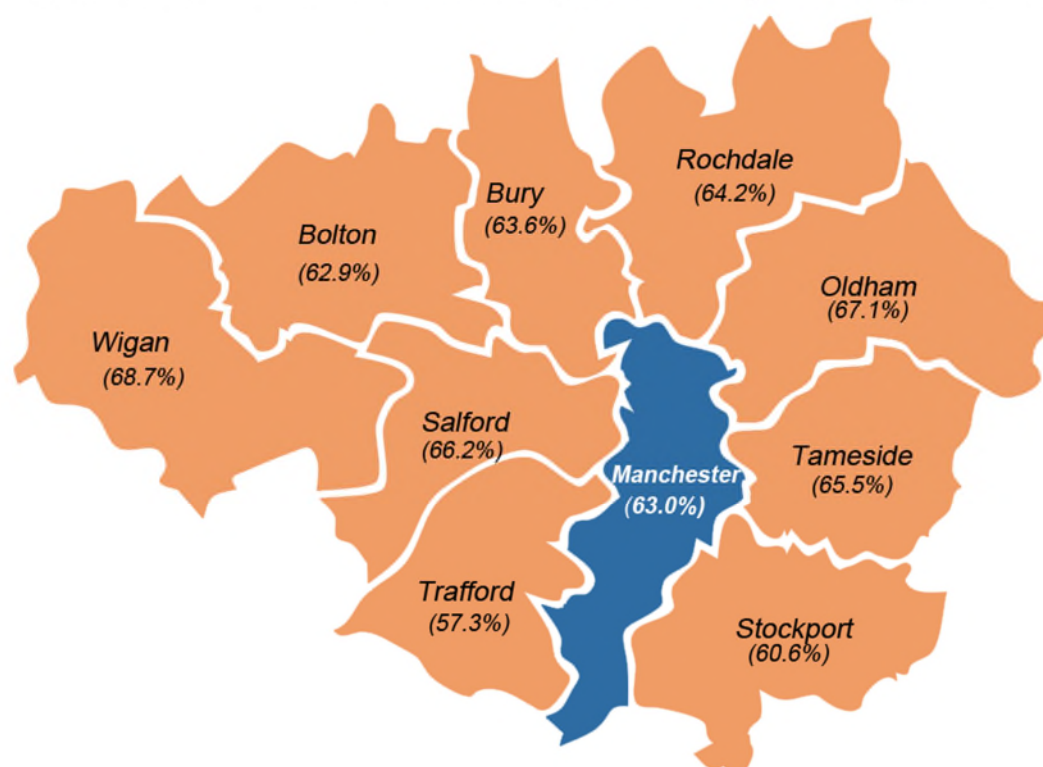
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¹⁴ (NHS Digital, National Child Measurement Programme England, 2018/19 school year)

¹⁵ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

Greater Manchester Prevalence of Overweight and Obesity in Adults (2017/2018)



Manchester Health Profile



The level of **excess weight** (overweight and obesity) (63%) is higher than the national average (62%)



The level of **physical activity** (67.8%) is higher than the national average (66.3%)



Proportion of adults meeting the recommended '5-a-day on a 'usual day' (47.6%) is lower than the national average (54.8%)



Proportion of **five year old children free from dental decay** (57%) is worse than the national average (76.7%)



The proportion of women '**Breastfeeding at 6-8 weeks**' (40%) is lower than the national average (47.3%)

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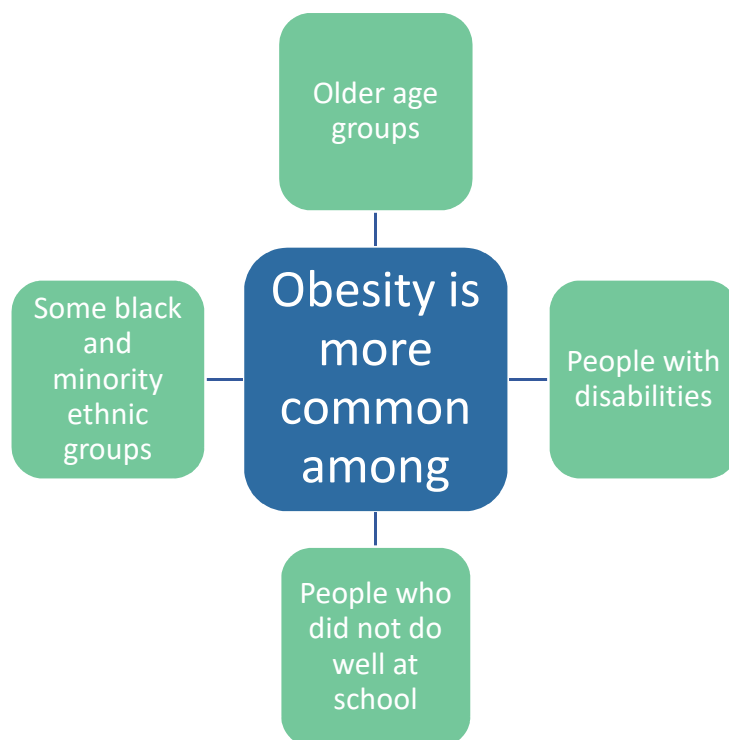
¹⁶ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

¹⁷ Active Lives survey, Sport England (Public Health England) 2019

¹⁸ National Dental Epidemiology Programme for England 2016/2017

Inequalities

Excess weight in adults is not equally distributed among social groups.



National Picture

Deprivation

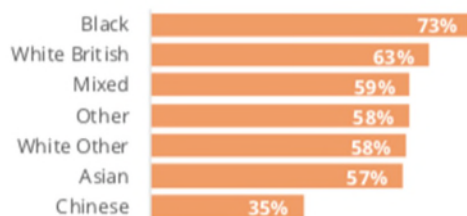


Disability

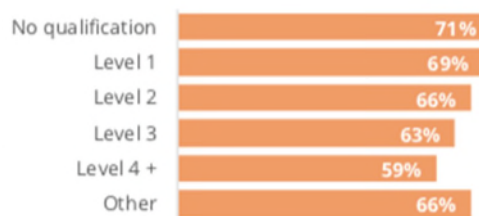
% overweight or obese



Ethnicity



Qualifications



19

¹⁹ Active Lives Survey data 2017/18, extracted from (Public Health England)

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- Inequalities in health outcomes between the most affluent and disadvantaged members of society are well established, deep-rooted and have proved difficult to change. The 'Health Equity in England: Marmot Review 10 Years on' shows that this gap has widened in the previous decade. Obesity is no different, with a strong relationship existing between deprivation and prevalence of obesity, and a greater likelihood of being an unhealthy weight due to an individual's place of residence.
- Individuals from lower socioeconomic backgrounds have been shown to have diets rich in low cost energy dense foods,²⁰ participate less in sports and physical activity²¹ and have lower weight control awareness.²²
- The Marmot Review²³ highlighted that focusing resources solely on the most disadvantaged will not necessarily reduce health inequalities sufficiently. He suggested that actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage - 'proportionate universalism'.

²⁰ Lu N, Samuels ME, Huang K (2002) Dietary behavior in relation to socioeconomic characteristics and self-perceived health status. *J Health Care Poor Underserved* 213:241–57

²¹ Stamatakis E. Physical activity (2004). In: Sporston K, Primatesta P, eds. *The Health Survey for England 2003, Cardiovascular Disease*. London: The Stationery Office, 2004.

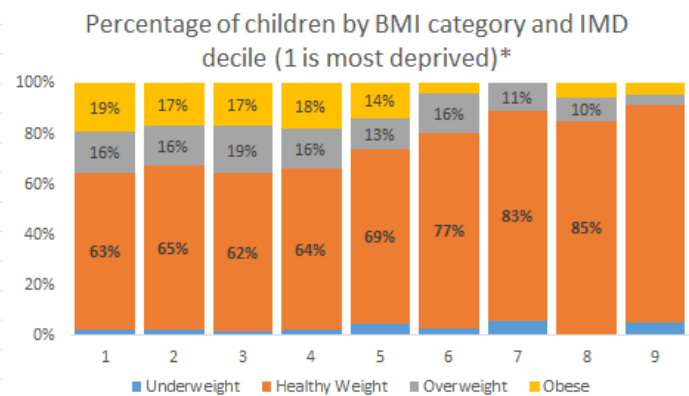
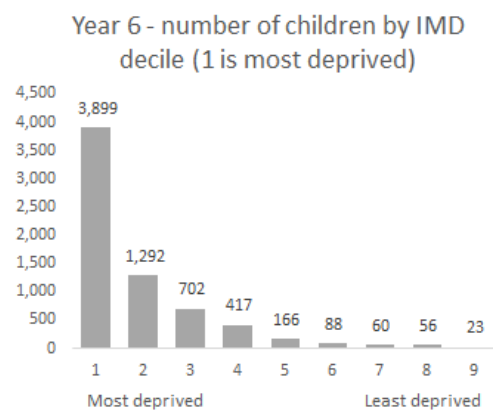
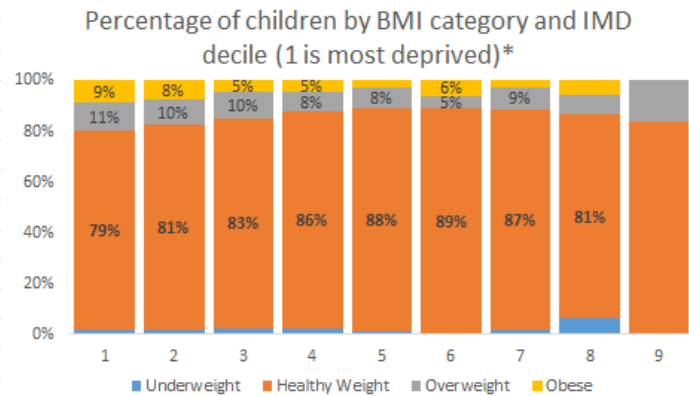
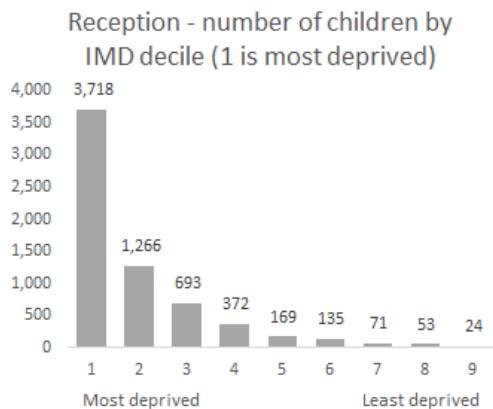
²² Wardle J, Griffith J (2001) Socioeconomic status and weight control practices in British adults. *J Epidemiol Community Health*; 55:185–90

²³ Marmot M, Allen J, Goldblatt P et al (2010) *Fair society, healthy lives: strategic review of health inequalities in England post 2010*. London: Marmot Review Team

Local Inequality Picture

Deprivation

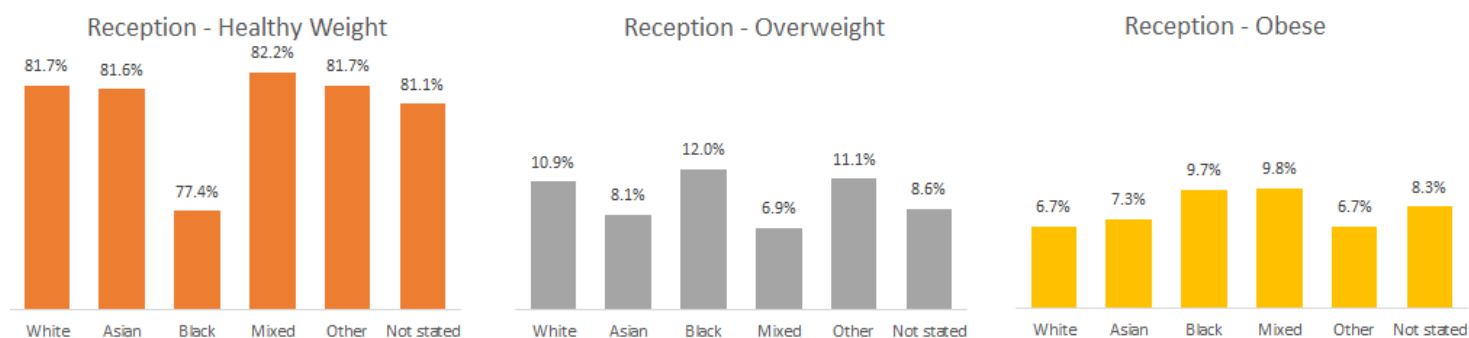
In 2018/19 in Manchester, most of the children weighed and measured as part of the National Child Measurement Programme lived in Lower Super Output Areas (LSOAs) that were amongst the most deprived 10% in the country (57% for children in Reception and 58% for children in Year 6). These children had the lowest percentage who were at a healthy weight, and the highest percentages who were overweight and obese in Reception. At Year 6, this was slightly different with children from slightly less deprived areas having greater percentages who were overweight and obese but the most deprived areas still had very high levels in comparison.



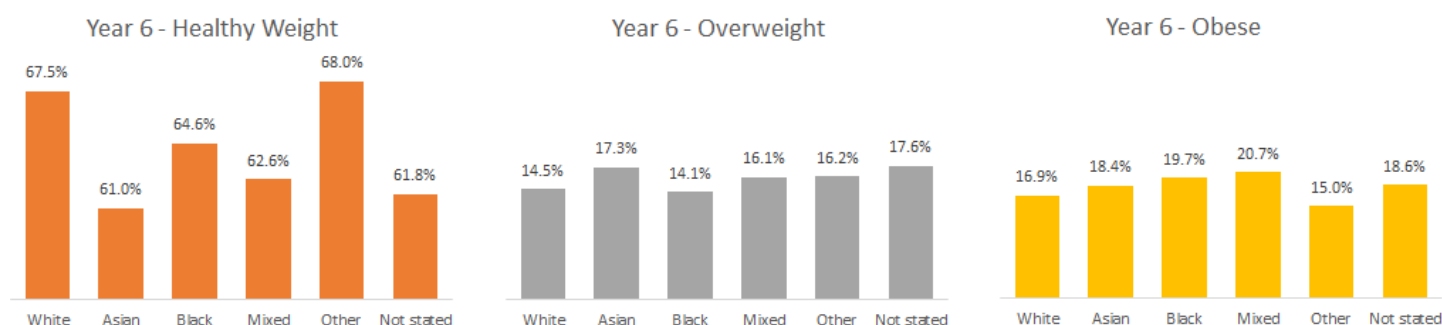
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Ethnicity

Ethnicity is another factor that affects inequalities in Manchester. At Reception in 2018/19 Black children had the lowest percentage who were healthy weight and the highest percentage who were overweight. Children with a mixed ethnic background had the highest percentage who were obese.



At year 6, differences by ethnic group were slightly different in 2018/19. Asian children had the lowest percentage who were at a healthy weight, and amongst the highest percentages who were overweight. Children with a mixed ethnic background had the highest percentage who were obese. The differences by ethnic category in the percentages who were overweight appear much less in Year 6 than at Reception.

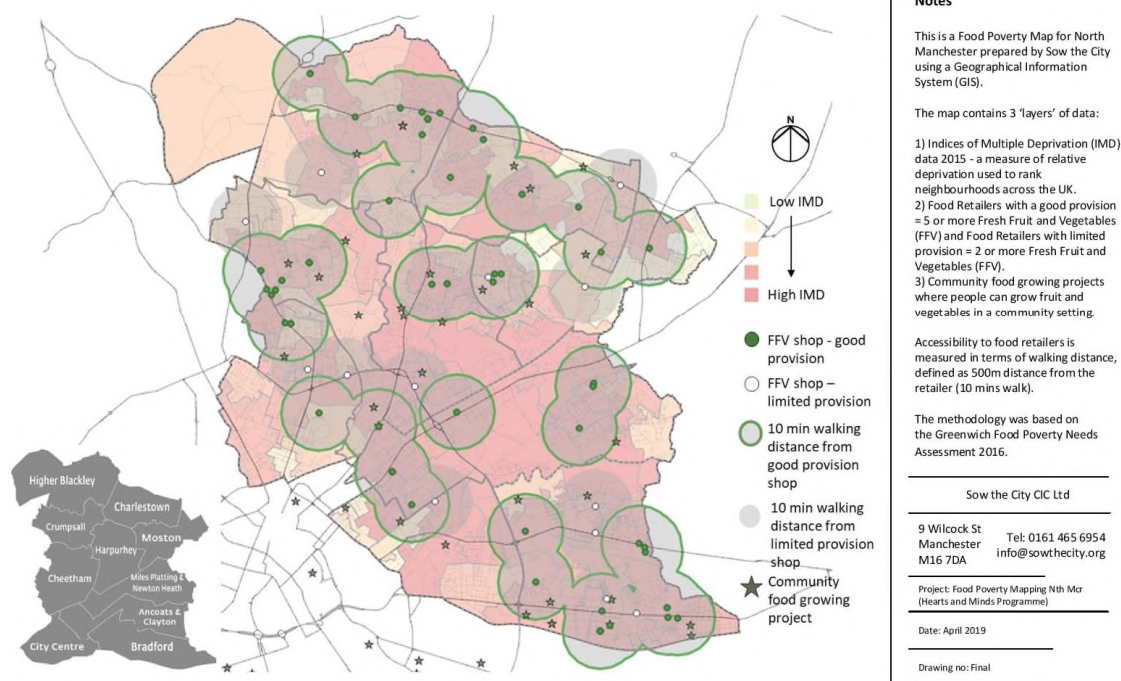


Food Poverty

Inability to access healthy and affordable food.

- Having limited money for food after paying for other household expenses.
- Living in areas where food choice is restricted by local availability and lack of transport.
- Lacking knowledge, skills, cooking equipment or space necessary to prepare healthy meals.

Food Poverty Map for North Manchester



- A number of areas in North Manchester were identified as 'Food deserts'. A food desert being an urban area in which it is difficult to buy affordable or good-quality fresh-food.
- Smaller retailers tended to focus on ready meals/confectionary with long shelf-lives and ability for larger mark-ups.
- In June 2019 Greater Manchester Poverty Action identified 130 registered food banks in Greater Manchester.²⁴

²⁴ Greater Manchester Poverty Action (2019) Food Poverty Action Plan for Greater Manchester 2019-2022, Available at: <https://www.gmpovertyaction.org/wp-content/uploads/2019/10/GMPA-Food-Poverty-Action-Plan-Summary-October-2019.pdf>

Whole Systems Approach

Tackling obesity is everyone's business – there is no single individual, group or organisation that can do this alone.

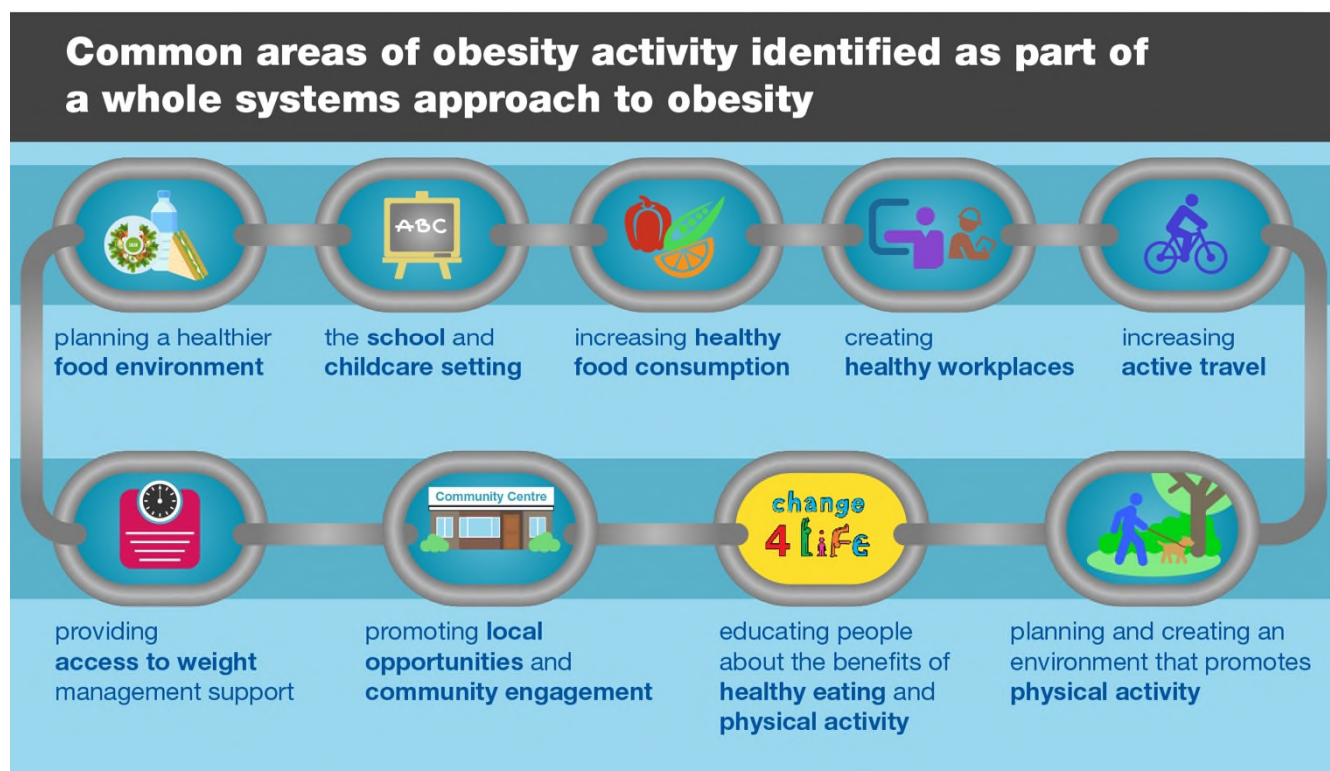
- Obesity is the result of a complex web of interlinking interactions and influences across the entire system.
- In order to tackle obesity effectively we need an approach that involves the whole system, with action at the individual, environmental and societal level.
- 'A Whole Systems Approach to Obesity' brings all stakeholders together in partnership to develop and agree on a shared plan of action.
- In order to create a culture in which a healthy weight is the default for everyone, a wide range of different interventions, at different levels within the obesity system, are required.

Partnership: the key to success



Manchester Healthy Weight Strategy 2020:2025

- We believe that partnership truly is the key to success when it comes to tackling obesity.
- Strong communication and partnership working will enable a more comprehensive, holistic, better coordinated and therefore more effective package of measures to be developed and delivered.
- In development of this strategy several new partnerships have been created and existing ones nurtured.



Strategy

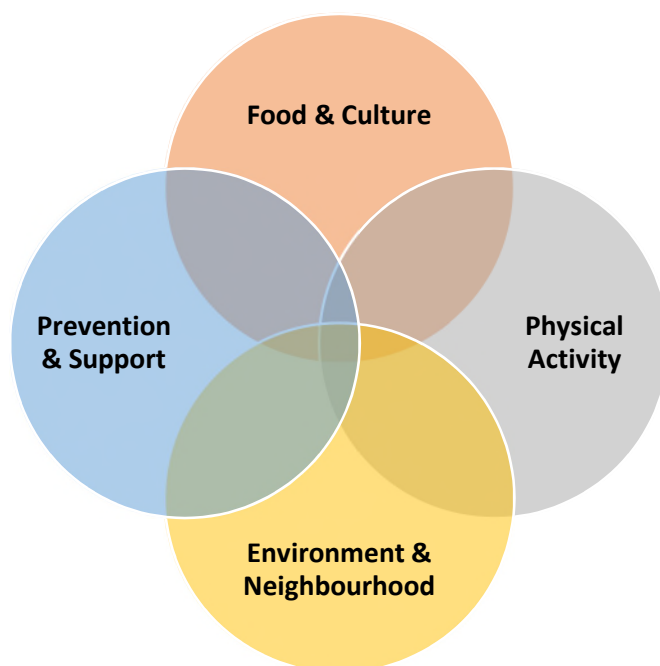
Our vision is to create an environment and culture where all people of Manchester have the opportunity and are supported to eat well, be physically active and achieve and maintain a healthy weight.

Aim

- To reverse the rising trend of overweight and obese children and adults in Manchester utilising a whole systems approach.

Cross Cutting Themes

- The healthy weight strategy is structured around four strategic themes, these themes are derived from the multiple determinants of obesity from the Foresight report.²⁵
- Each theme recognises objectives needed to achieve our vision.
- The themes are interlinked and activity is needed in all areas to give us the best chance of supporting people to have a healthy weight.



²⁵ (Foresight. Foresight Report: Tackling Obesity, 2007. Government Office for Science. London. October 2007)

Strategic Objectives and definition

Food & Culture

“Reduce food poverty, challenge our consumer culture, understand the social and emotional links to food and support change in behaviours”

- Reduce food poverty in Manchester and make healthy affordable food the easy option.
- Challenge our consumer culture and the way we eat, reducing high fat and sugar intake
- Promote lifestyles around work, home and school that support a healthy lifestyle
- Upskill individuals to grow, shop or cook, gaining the skills for themselves and their families to live healthily
- Increase awareness of the relationship between adverse childhood experiences and trauma and food consumption

Physical Activity

“Increase opportunities for physical activity in all daily lives, reducing sedentary behaviour.”

- Increase opportunities for physical activity in all daily lives, reducing sedentary behaviour.
- Ensure an affordable sport and leisure offer that covers the whole life course from baby yoga to health walks
- Promote active travel (Walking, Cycling etc)
- Expand physical activity on referral to support social prescribing models

Environment & Neighbourhood

“Ensure that the built and natural environment is developed to promote and enable physical activity and healthy food choices”

- Work together in partnership to counter obesogenic development in planning applications
- Work towards reduction in unhealthy food provision eg) takeaways, milkshake bars, burger vans etc
- Ensure community safety to allow streets and neighbourhoods to active places
- Facilitate active travel in local transport plans

Prevention & Support

“Commission services and develop partnerships that enable identification and early intervention for vulnerable children and adults”

- Deliver accessible community weight management provision across the life course
- Ensure health & social care professionals can recognise signs of unhealthy weight and have strength-based conversations.
- Reduce the number of children or adults requiring clinical or surgical intervention
- Ensure safeguarding of vulnerable individuals

Life-course approach

- Achieving our strategic aim across the four cross-cutting delivery themes requires action across the entire life course.
- This evidence-based approach supports targeting specific interventions at each of the key life stages.
- Each key life stage presents opportunities where support could be tailored and interventions targeted to the different needs of individuals and families at the different stages in their lives:

1. Pregnancy and first year of life

- Increasing & supporting breastfeeding
- Weaning and introducing healthy food choices
- Equipping midwives and health visitors with the resources to start positive conversations about healthy weight at key contact visits.

2. Early years and pre-school

- Encouraging active play and physical activity for the whole family
- Accessing the local Early Years offer.
- School readiness; Parenting support and Early Help to reduce obesity at reception age.

3. Young children (Key Stage 1 & 2)

- Developing taste and experiencing a wide range of food.
- Promoting physically active travel (e.g. walking to school)
- Increasing the capacity of School Nursing and School Health to enable more contact with overweight and obese children.
- Participation in physical activity in and out of school.

4. Young people (11-19yrs)

- Understanding food and nutrition, developing independent skills to support healthy choices
- Promoting physically active travel (e.g. walking to school)
- Increasing the capacity of School Nursing and School Health to enable more contact with overweight and obese children.
- Participation in physical activity in and out of school.
- Food and drink on offer in schools support healthy choices.

5. Adults (20-65yrs)

- Supporting families out of food poverty and low cost/high fat convenience food.
- Key Public Health messages on the impact of alcohol and smoking.
- Active workplaces enabling staff to lead healthier lifestyles
- Healthy lifestyles promoted through further and higher education establishments.
- Promoting physically active travel
- Advice from surgeries and pharmacies on healthy weight particularly to population groups at more risk.
- Preconception advice to women tailored to groups at risk of obesity.
- Neighbourhood offer of physical activity and weight management support for whole families

6. Older people (66+yrs)

- Reducing isolation to support physical activity
- Equip care professionals with the capacity and knowledge to support weight management particularly following change in health condition
- Support older people to access community settings, cookery and growing clubs
- Supporting older people out of food poverty
- Ensure good nutrition in residential care accommodation

7.

- By using the life course approach we can support people during significant transition points in their lives. These key life stages present an important opportunity for targeting interventions. As described in *Inequalities* (Page 21) particular individuals are prevalent across these stages that are more vulnerable to becoming obese:

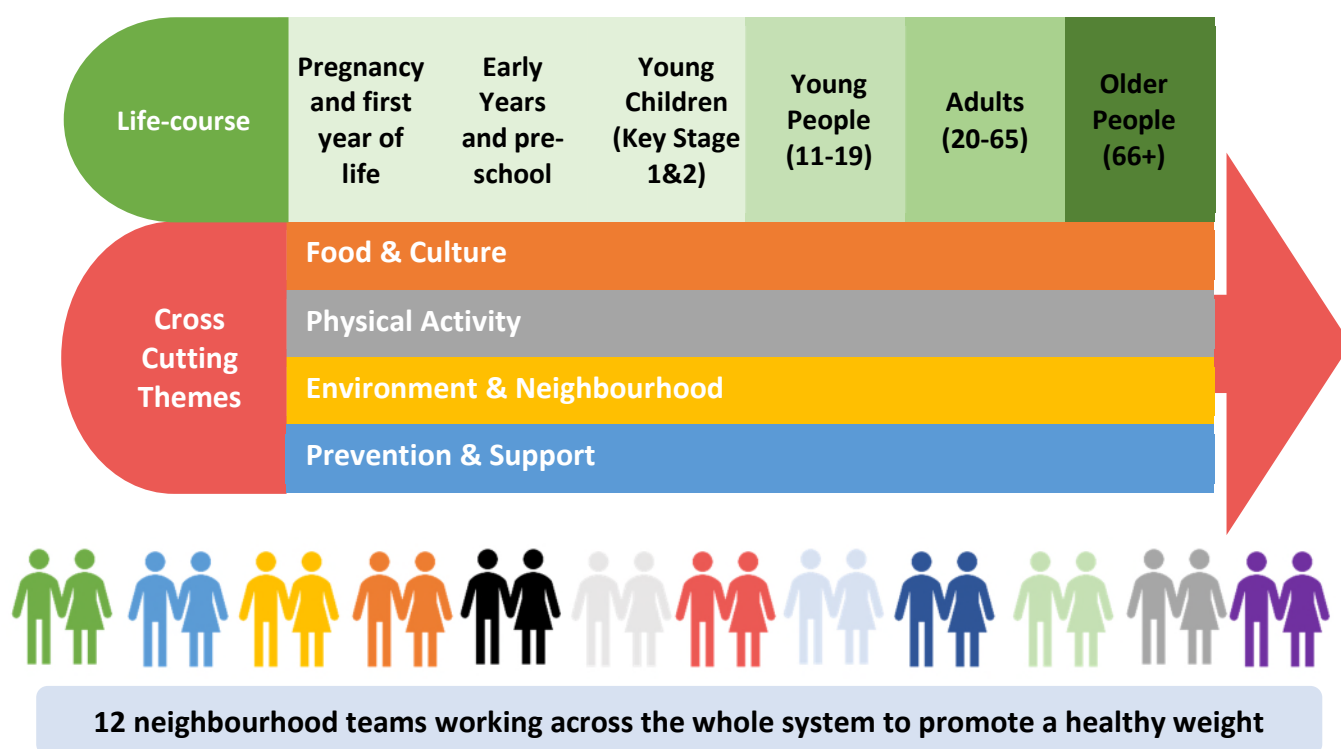
- Low income families, particularly children
- Children from families where at least one parent is obese
- Care Leavers
- Single Parents
- Individuals of Asian, particularly South Asian origin
- Adults with economic stability and sedentary employment
- People with a physical disability
- People with a learning disability
- People with a mental health condition
- Older people who are unemployed

Neighbourhood approach

- We are committed to empowering local communities to take action to promote a healthy weight.
- We understand that local neighbourhoods are made up of different population groups and will have different requirements. What is needed in North Manchester, for example, may not be the same as the priorities for South Manchester and there will be differences at a smaller, neighbourhood level.
- We aim to utilise the local knowledge and relationships which have been developed in the Manchester Integrated Neighbourhood Teams (INTs) to help deliver and shape healthy weight work in partnership with local people.
- Empowering INTs and communities to lead local action in their own area, will be most effective to influence behaviour at a community level.
- We also acknowledge the importance of our voluntary sector and recognise the major role they have in supporting local communities to improve their health.

Delivering the Strategy

- Achieving our strategic aim requires action across the life-course from conception to older age with a particular focus on early intervention.
- Our integrated neighbourhood teams will be crucial in the successful delivery of our four key cross-cutting themes.
- Signing of the local Healthy Weight Declaration will help towards a city-wide commitment to the strategic plan.
- A Healthy Weight Steering Group will be established to oversee the delivery of the strategy and will include a broad network of stakeholders that have a role in promoting healthy weight.
- As successfully evidenced from the Amsterdam Healthy Weight Programme, strong senior leadership will also be crucial in order to drive action.
- We are committed to normalising the conversation about weight and providing clear and consistent messaging to our population.



Food & Culture



What you said were the key issues ?



- *Many residents don't have the knowledge or equipment to prepare a healthy meal.*
- *Food banks largely offer lower quality processed food.*
- *Fast-food is marketed better than healthier options.*
- *Many residents believe it is cheaper to eat takeaway food regularly than to prepare healthy food at home.*
- *Childhood experiences with food influence current habits and practices.*
- *More deprived areas of Manchester have higher number of fast-food outlets and and lower availability of affordable healthy food options.*
- *It is much easier to eat unhealthily than it is to eat healthily.*

Strategic Objectives:

“Reduce food poverty, challenge our consumer culture and change behaviours”

What things we are doing now

- **Breastfeeding-Friendly Manchester** is a city-wide scheme established to encourage breastfeeding in public places. Over 100 businesses and public spaces in Manchester have registered and have appropriately trained staff to welcome breastfeeding mums.
- **Manchester School Health Service** delivers education and programmed activities for schools in Manchester on healthy eating and healthy lifestyles. They offer food and drink policies for school meals and lunchboxes and deliver the National Child Measurement Programme in identify support needs at an early stage.

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- **Southway housing food trust** facilitate the volunteer-run '*Quids In*' food club membership which offers subsidised food including fresh and chilled items for households who are receiving Housing Benefit or Universal Credit in South Manchester.



- **Growing Manchester** is a community food growing support programme that helps individuals and communities to access the support they need to develop successful food growing projects in their local area.
- **The bread and butter thing** is a sustainable membership model that helps local businesses redistribute their food surpluses to low-income families who are in need. Through 27 hubs they supply food to over 7000 registered families in Greater Manchester.
- **Real Food Wythenshawe** is a Lottery-funded urban food project that aims to inspire the people of Wythenshawe about food and to help residents to learn to grow their own food and to cook from scratch.

What else we will do

- I. Through **Greater Manchester Food Poverty Alliance** we aim to support communities to plan and adapt to the challenge of food poverty and help address structural and economic issues that underlie food poverty, such as the benefits system, unemployment and precarious and low-paid employment.

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- II. From September 2020 it will become compulsory to include health and wellbeing education in the Personal, Social, Health and Economic (PSHE) curriculum in all state primary schools. This will create an important opportunity to help schools to shape and co-create positive policies and resources on food and culture.
- III. Develop and implement a communications campaign targeting the priority population demographic (young mothers from lower socioeconomic backgrounds) to increase breastfeeding rates.
- IV. Work with our licensing and planning departments at the council to improve the criteria new businesses are required to meet to open fast-food outlets in the city. Supporting businesses which aim to offer fresh, sustainable and healthy produce.
- V. Increase opportunities and support existing initiatives which focus on educating residents how to cook and prepare nutritious food.
- VI. Work in partnership with the **Trussell Trust** and other providers of emergency food to help to improve the nutritional quality of the food parcels offered to residents in need.
- VII. Support the **Manchester Food Board** in developing strategies and actions that ensure all Manchester residents have access to healthy and sustainable food.
- VIII. Promote the **Growing Manchester** scheme and the numerous sites, to families across the city, to maximise the dual benefits of having access to fresh healthy food while having physical activity.

Physical Activity



What you said were the key issues ?



- *Lack of awareness of the available options in the local area.*
- *Lack of available swimming pool access.*
- *Feeling afraid to go for walks in certain parks and areas due to safety concerns.*
- *The cost of activities like '5-A-Side' Football was too expensive.*
- *Lack of knowledge regarding what exercises to do and how much.*
- *Lack of confidence to undertake physical activity in public.*

Strategic Objective:

“Increase opportunities for physical activity in all daily lives, reducing sedentary behaviour.”

What things we are doing now

- Manchester is a key partner in the **Greater Manchester Moving** initiative and is committed to encouraging all residents to get moving and adopt 15 minutes of physical activity every day.
- **Fit-tastic** in Wythenshawe offers a range of inclusive programmes for people of all ages and backgrounds to promote physical activity and healthy living.
- **Be Active Manchester** (BAM) is a city-wide project delivered by Big Manchester. Working with voluntary sector agencies a family based approach is utilised to increase physical activity predominantly in wards at most need.
- **MCRActive** utilise 800+ publicly accessible sport and leisure facilities across Manchester to promote physical activity.

- **Manchester Active Ageing Programme** has shown great success at offering outdoor and indoor activities for over 55's, ranging from “*A brew, loo and something to do*” to “*Canal-a-size*”.
- **BUZZ** – one of Manchester's Health and wellbeing services offers a physical activity referral service (*PARS*) that helps people living with long term health conditions to increase their levels of physical activity in a safe and structured way. This is now being piloted as an Under 18's model.

What else we will do

- I. Through **MCRActive** we have committed to launching an innovative online resource in Spring 2020. This aims to provide a single-point of access for all programmed sport and leisure activities across the city, including booking facilities.
- II. Through **MCRActive** we aim to increase pool access to people from all backgrounds and ages across the city.
- III. We aim to collaborate with the with the local care organisation (LCO) and 12 integrated neighbourhood teams in order to better embed physical activity interventions and management services into the Manchester neighbourhoods.
- IV. We aim to launch and adopt an annual Manchester Physical Activity Month. *#MoveForMay*. In doing this we aim to replicate the success of popular awareness months such as ‘Movember’ to create a buzz to raise awareness and promote physical activity.
- V. Offer support to further develop and educate community champions who have strong local engagement in the community.

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- VI. Work with our wider partners to create city environments that promote active travel and opportunities for wider physical activities in our residential neighbourhoods and green spaces.

- VII. Utilise the expertise of our specialist Sport & Exercise Medicine specialists in the city to triage, risk assess and prescribe exercise in our residents with the most challenging and complex needs.

Environment & Neighbourhood



What you said were the key issues ?



- *Lack of well-lit public spaces.*
- *Hygiene concerns due to dog fouling in public parks and spaces.*
- *Lack of maintenance of current outdoor facilities especially running tracks.*
- *Lack of 'community' presence and engagement in areas of North Manchester.*
- *Ensuring new housing developments are inclusive and have facilities for exercise.*
- *Ensuring existing communities are continued to be improved and developed and not 'left behind'.*

Strategic Objective:

“Ensure that the built and natural environment is developed to promote and enable physical activity and healthy food choices”

What things we are doing now

- **'Beelines'**- Transport for Greater Manchester's proposal to develop a city-wide cycling and walking network made up of more than 1,000 miles of routes.
- Engaging with the whole system on the planned development of new large residential developments such as Northern Gateway, Eastern Gateway and Great Jackson Street.
- Working towards the vision of **Manchester Park Strategy 2017-2027** of Manchester's parks being vibrant, active places, reflecting and complementing the diversity and activity in the local community.

What else we will do

- I. Develop an agreed quality standard for parks that is appropriate for different types of parks.
- II. Bring together all information about the city's parks and facilities so that their use can be maximised.
- III. Develop inclusive facilities and activity programmes across selected parks for all age groups and underrepresented groups, such as people with an impairment.
- IV. Ensure that new developments support sustainable transport, and that our town centres are well connected.
- V. Work with partners to review licensing and location of unhealthy food outlets (e.g. hot food takeaways, milkshake bars burger vans) particularly near schools.
- VI. Through **Transport for Greater Manchester** we will offer genuine alternatives to the car for travel across the wider city region, with good orbital connections between town centres. This will include the purchase of new trams and expansion of the tram line and the addition of £160m of new walking and cycling infrastructure across the city.
- VII. Seek to balance advertising messages across our Public Transport network, to promote healthy food options.
- VIII. Support workplace policies and programmes that deliver effective preventative and early intervention approaches for employees, such as healthy lifestyle programmes.
- IX. Support **Manchester University NHS Foundation Trust (MFT)** to lead by example through the healthy enhancement of food and drink provision for patients, staff and visitors, within canteens, vending and retail outlets on NHS sites.

Prevention & Support

What you said were the key issues ?



- *Preventing any future obesity-related deaths.*
- *Reducing the number of children starting school with an unhealthy weight.*
- *Difficulty accessing current weight management services.*
- *Inadequate follow-up care post completion/discharge from weight management interventions.*
- *Significant differences between parents' perceptions of child's weight and actual child weight status.*
- *Inadequate consistency on healthy eating and physical activity advice across different services.*
- *Emotional eating and food addiction as coping method for trauma or poor mental health*

Strategic Objective:

“Commission services and develop partnerships that enable identification and early intervention for vulnerable children and adults”

What things we are doing now

- **Integrated Infant Feeding Service** in North Manchester offering infant feeding clinics, drop in sessions and a home visiting service.
- **Health Visiting Service** - monitoring baby growth and providing advice on weaning, healthy eating and physical activity for young children.
- **School Nursing Service** - delivering the NCMP programme in Manchester (>90% take-up) including the identification of children at an unhealthy weight, and support and signposting to interventions.

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- **The Healthy Weight Project** is delivered by Manchester NHS Foundation Trust within the School Health Service team. It is an intensive one to one intervention which manages reception children identified as severely obese (≥ 99.6 centile) by the NCMP.
- The **Tier 2 Adult Weight Management Service** is a referral scheme provided via the *Be Well* Social Prescribing Service. This is targeted at adults and offers 12 weeks free attendance at Slimming World at any one of two hundred sessions in the city. It is also available to 11-15 year olds, where a parent attends the group.
- **Tier 3 Adult Weight Management Service** provided by *MoreLife* utilises a multi-disciplinary therapeutic (MDT) approach to manage adults with a BMI of 35 or above in a 12 month intensive programme.

What else we will do

- I. Develop, remodel and commission weight management provision city-wide for adults and children, delivering services that support referral pathways for overweight and obese individuals, at Tier Two (BMI<30), Tier Three (BMI<35) and at the 96th centile and above.
- II. Prioritise resourcing our Early Years and School Health Service workforce. Build capacity in the **Healthy Weight Project** to expand the BMI criteria of children included in the service and reduce unhealthy weight in pre-reception age, targeted healthy weight intervention at 0-5 Years.
- III. **Reduce the number of children requiring clinical referral** to Endocrinology at 99th centile (morbid obesity), through continued development of our Obesity Safeguarding Pathway, ensuring that all professional stakeholders are engaged.

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- IV. Work with our partners in the neighbourhoods who are offering support to adults with **adverse childhood experiences (ACEs)** to develop an integrated approach to include weight management support and advice
- V. Commission intensive multi-disciplinary intervention that can respond to complex individuals and respond to emotional and addictive behaviours related to weight such as **Tier 3 Weight Management** .
- VI. **Improve the interface between Children's Health and Children's Social Care** to support those children at highest risk, where parental neglect and lack of engagement in intervention is a continued cause of obesity.
- VII. Engaging non-statutory organisations such as private nurseries and schools and academies to ensure they are meeting the same level of standards for nutrition, physical activity time and support for maintaining a healthy weight.
- VIII. Train our workforce in raising sensitive and difficult conversations about weight in key contacts (e.g. home visits, clinic appointments) that are strength-based and support having a healthy weight.
- IX. Increase resources in the school nursing service in order to improve the early recognition and management of children who are overweight and obese especially in high risk areas of Manchester.
- X. Promote the development of and actively support existing initiatives and interventions focused on reducing overweight and obesity in Black and Ethnic minority residents.

Monitoring the strategy

- In conjunction to the strategy we will adopt the Food Active Healthy Weight Declaration Monitoring and Evaluation Toolkit which demonstrates the range of preventative and management interventions required to meet the strategic objectives.
- This will support the priorities identified in this strategy to be defined by specific measurable and accountable actions, allowing impact and progress to be monitored. This will also support deep dive and case study.
- The resources required, milestones, and timescale for achievement will be agreed by the Healthy Weight Steering Group. This group will be led by Manchester Health and Care Commissioning and Manchester City Council and will involve all key partners across all four strands of the strategy.

How will we know if we have made a difference?

- We will utilise indicators from the national Public Health Outcomes Framework (PHOF).
- The PHOF includes health improvement indicators that will demonstrate the progress being made towards a reduction in excess weight at a local level and include:

Relevant PHOF Indicators:

- 2.02 - Breastfeeding rates at initiation and 6-8 weeks
- 2.06 - Child excess weight in 4-5 and 10-11 year olds
- 2.11 - Fruit and vegetable consumption
- 2.12 - Percentage of adults classed as overweight or obese
- 2.13 - Proportion of physically active and inactive adults

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- Additional specific local outcome measures, key performance indicators and qualitative outcomes will be utilised where applicable using the Food Active Healthy Weight Declaration Monitoring Tool.
- Healthy Weight pathways will be jointly embedded by Health and Social care partners with identification and referral routes understood by professionals across the city.