Manchester Health and Wellbeing Board
Report for Resolution

Report to: Health and Wellbeing Board – 14 May 2014

Subject: Manchester Child Health Profile 2014: Childhood Obesity

Report of: David Regan, Director of Public Health

Summary

The Manchester Health and Wellbeing Board received the 2013 Child Health Profile in November and asked for further detailed reports on childhood obesity and children's dental health. The 2014 Child Health Profile (largely based on 2012-13 data), published in March 2014, provides a snapshot of local child health reporting on 32 indicators including the infant mortality rate, immunisation rates, childhood obesity, dental health, the teenage conception rate, smoking in pregnancy and wider determinants such as GCSE attainment, children living in poverty and children living in care. A summary note on the headlines from the profile is provided, along with an update report on childhood obesity, A further report on children's dental health will follow in July 2014

Recommendations

The Board is asked to:

1. Note the report.
2. Continue to support the approach to tackle childhood obesity in Manchester and the planned pilot work in East Manchester (see 7.2)

Board Priority(s) Addressed:

1-6

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Background documents (available for public inspection):

1.0 Introduction

1.1 This profile (largely based on 2012-13 data) is produced by the Child and Maternal Health Observatory (ChiMat) working with North West Public Health Observatory (NWPHO) on an annual basis to help the local authority and health services improve the health and well-being of children and tackle health inequalities. It provides a snapshot of local child health reporting on 32 indicators including the infant mortality rate, immunisation rates, childhood obesity, dental health, the teenage conception rate, smoking in pregnancy and wider determinants such as GCSE attainment, children living in poverty and children living in care.

2.0 Key issues

2.1 The report shows that the level of child poverty is worse than the England average (20.6%) with 36.4% of children aged under 16 years living in poverty health and that the well-being of children in Manchester is generally worse than the England average. Other key findings show that 25.4% of the population of Manchester is under the age of twenty and 55.4% of school children are from a black or minority ethnic group.

2.2 The health and wellbeing of children in Manchester is generally worse than the England average. The infant mortality rate is similar to, and the child mortality rate is worse, than the England average.

2.3 Children in Manchester have worse than average levels of obesity- 12.4% (England= 9.3%) of children aged 4-5 years and 24.1% (England average= 18.9%) of children aged 10-11 years are classified as obese. Although high these rates have remained fairly stable since the introduction of the National Child Measurement Programme in 2006-07.

2.4 In 2012/13, children were admitted for mental health conditions at a similar rate to that in England as a whole. The rate of inpatient admissions during the same period because of self-harm was below the England average.

2.5 The continued reduction in the under 18 teenage conceptions rate- 52.5 per 1000 (2011) - reported in the profile represents good progress and has been further reduced with the recent publication of the 2012 data showing a rate of 45.0 per 1000. This represents a 26.6% reduction since 1998. The national average is 27.7 per 1000.

2.6 There were 1,300 children in care at 31 March 2013 which gives a higher rate when compared to the England average. The report shows that 90.1% of children in care are up-to-date with their immunisations compared to an England average 83.2%. For the general child population we achieved 92.7% for MMR at 2 years of age compared to an England average of 92.3% and expect to hit the 95% “international gold standard” for coverage in 2014.

2.7 The 2012-13 rate of under 19 year old hospital admissions for asthma is high (647 admissions with a rate of 551 per 100,000) but this is a priority for health service commissioners and providers across the city and our most recent data (March 13- February 14) shows admissions falling to 531 (397 per 100,000) representing excellent progress on this issue.

2.8 The full version of the profile can be found using the link: http://www.chimat.org.uk/profiles/static

Childhood Obesity Update

3.0 Introduction

3.1 The increase in overweight and obesity in adults and children has been documented in a number of significant reports and government white papers. In October 2011, the government published Healthy Lives, Healthy People: A call to action on obesity in England. This sets out two new national ambitions for us all to play a part in achieving:

- a sustained downward trend in the level of excess weight in children by 2020
- a downward trend in the level of excess weight averaged across all adults by 2020

and has, for the first time, moved beyond just focusing on children to focusing on a lifecourse approach. This emphasises that the need to manage weight applies equally to adults as it does to children.

3.2 At a local level the Manchester Healthy Weight Strategy: Tackling overweight and Obesity, launched in 2010, is our local framework to ensure Manchester contributes to achieving a healthier population. The strategy utilises a lifecourse approach in order to prevent and treat obesity within the whole population, recognising the social, community and family context is important in improving health and tackling health inequalities.

3.3 Childhood obesity has also been identified as one of the key topics in the Manchester Joint Strategic Needs Assessment and the Health and Wellbeing Board's priority is getting the youngest people in our communities off to the best start.

4.0 National and local context

4.1 Obesity is measured using Body Mass Index (BMI). This is calculated as a person's weight (in kilograms) divided by their height (in meters) squared. The World Health Organization's classification of BMI in adults is as follows:

Classification	BMI (kg/m2)
Underweight	Less than 18.5
Healthy weight	18.5-24.99
Overweight	25.0-29.99
Obese I	30.0-34.99
Obese II	35.0-39.99
Obese III (Morbidly obese)	40.0 or more

4.2 BMI is also used to measure obesity in children, but in this case the thresholds are more complex due to the way in which children grow, and vary with age and sex.

Prevalence of obesity – adults

4.3 Britain is in the grip of an obesity epidemic. Around a quarter of adults are now obese and 65% of men and 58% of women overweight.

4.4 By 2015 reports estimate that 36% of males and 28% of females will be obese; by 2025 it is estimated that these figures will rise to 47% of men and 36% of women and by 2050 60% men and 50% of women will be obese.

4.5 In Manchester it is estimated that 90,000 adults are obese. By 2015 it is expected that adult obesity in Manchester will increase in prevalence to 137,000 (80,000 obese men and 57,000 obese women) with a further overweight 168,000 adults (99,000 men and 69,000 women).

Prevalence of obesity – children

4.6 Among 2 to 15 year-olds 17% of boys and 15% of girls are obese and 31% of boys and 29% of girls are either overweight or obese. By 2050 it is predicted that 25% of children will be obese. Currently In Manchester it is estimated that 14,000 children (aged 1-15) are obese.

4.7 The National Child Measurement Programme (NCMP) weighs and measures children at school in Reception Year and Year 6. We currently have 7 years of NCMP data. The year-on-year obesity levels in Manchester have varied but with our high levels of children measured we are confident in having an accurate picture of obesity in primary school aged children.

4.8 In Manchester in 2012/13 the percentage of obese children in Reception and Year 6 was higher than the National and North West average. In Reception 12.5% of children were classified as obese, with levels more than doubling by year 6 to 24.7% (see graphs below; data tables are given in Appendix 1).

Figure 1:

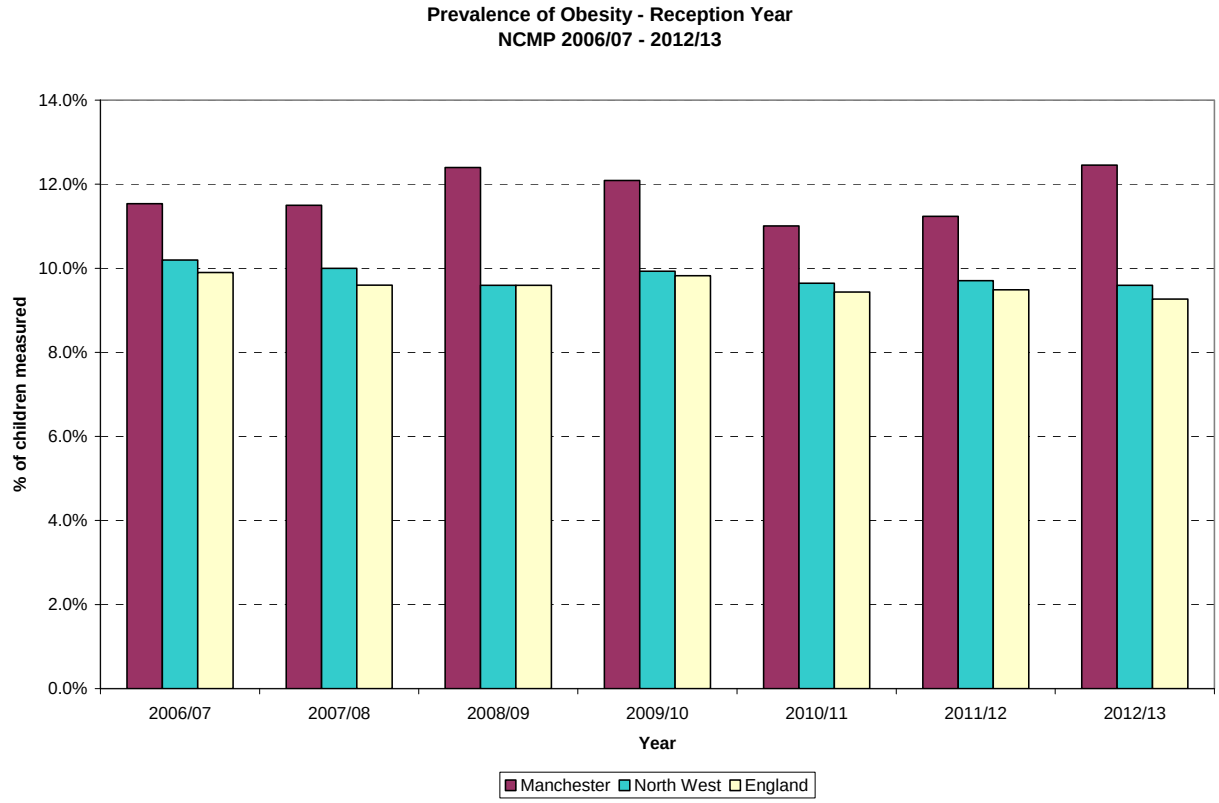
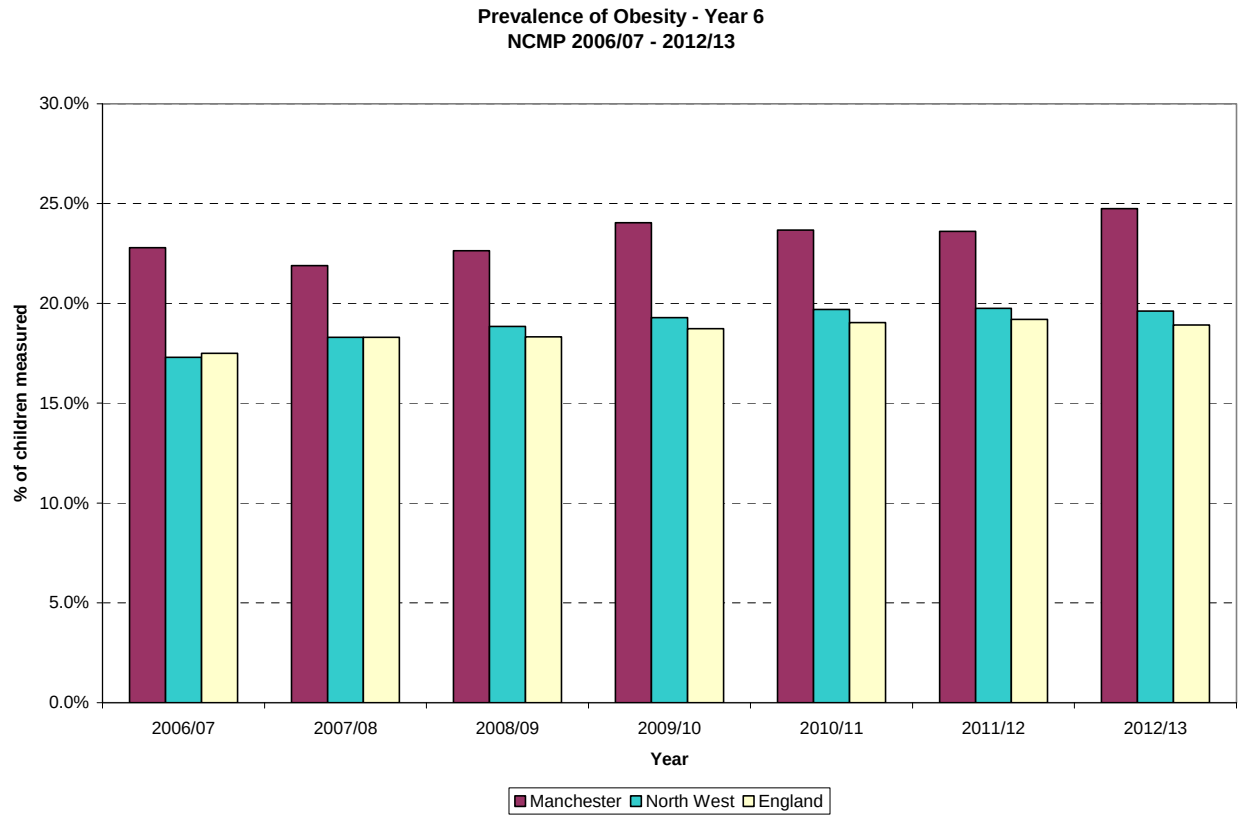


Figure 2:



4.9 There is a similar pattern when looking at overweight and obesity together in both Reception (25.7%) and Year 6 (39.4%) both of which are higher than national figures (Reception 22.2%, Year 6 33.3%) – see graphs below; again data tables are given in Appendix 1.

Figure 3:

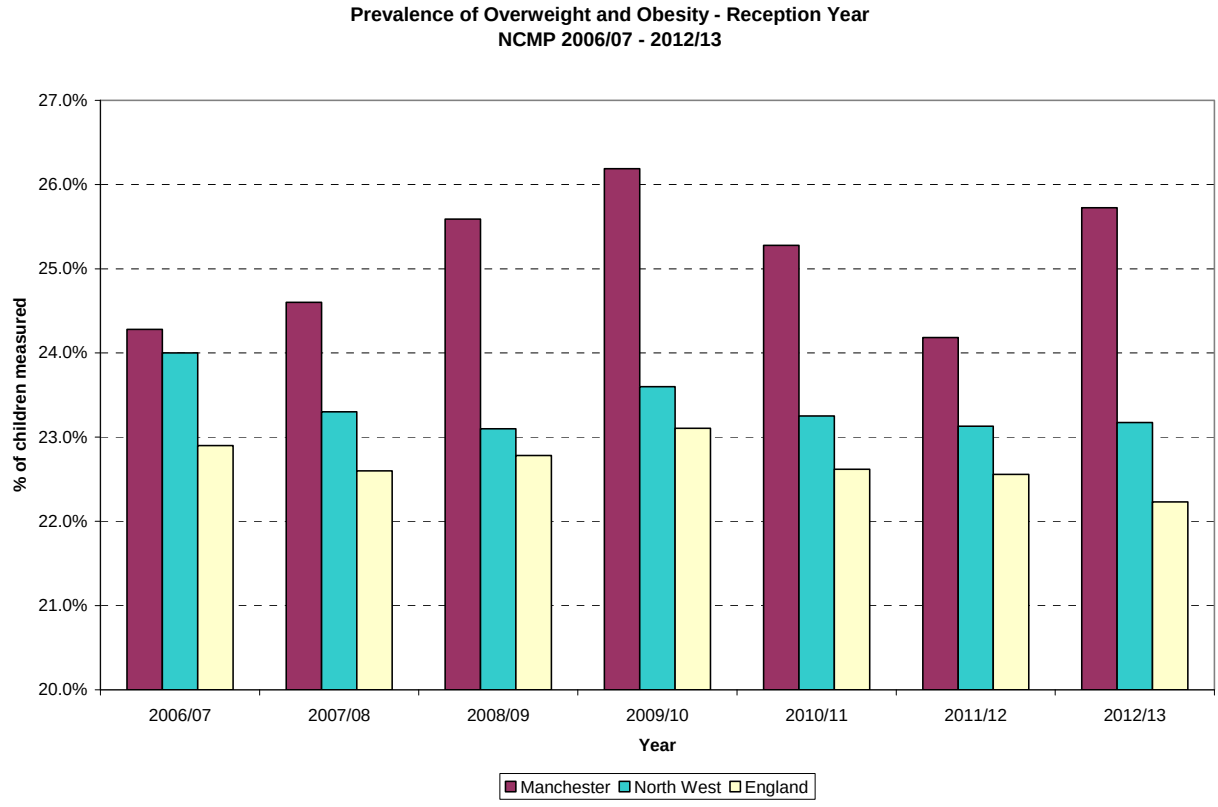
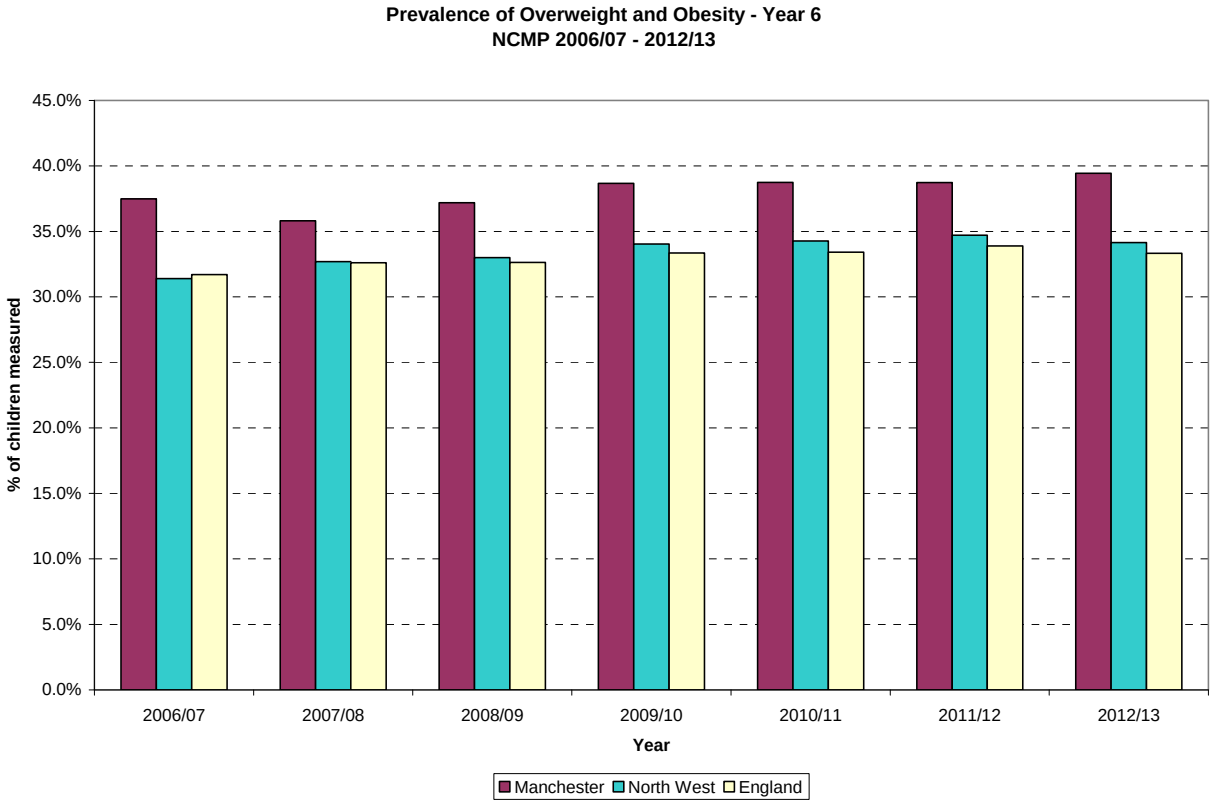


Figure 4:



4.10 The current projections expect obesity at Year 6 to rise to 25.2% by academic year 2014/15 (see Appendix 1). In order to address this we are targeting weight management services at those children defined as overweight and obese, and implementing interventions in early years settings in order to prevent overweight and obesity from an early age.

5.0 The impact of deprivation and inequalities on obesity prevalence

5.1 The national prevalence of obesity within the most deprived 10% of the child population is approximately twice that of the least deprived for both school years. For Manchester, with 38% of children living in poverty, the impact of poor social and economic conditions alongside unhealthy lifestyles in the adult population has implications for the potential health behaviours of young people and children.

5.2 Recent research has shown that although the overall proportion of the English population that engages in three or four unhealthy behaviours (unhealthy diet, inadequate physical activity, excess alcohol and smoking) has declined significantly, from around 33% to 25% of the population between 2003 and 2008, those from lower socio-economic groups are more likely to engage in all four behaviours. As a result the health of the poorest will benefit least, leading to widening inequalities and avoidable pressure on the NHS.

5.3 Obesity is linked to many of these risky lifestyle behaviours, which are also higher in prevalence in Manchester and are related to deprivation. This suggests that in the future a more holistic approach to policy and practice

must be found, which addresses lifestyles that encompass multiple rather than individual unhealthy behaviours and be focused more directly on improving the health of the poorest.

5.4 As in previous years, the NCMP (2012/13) data has highlighted a strong positive relationship between deprivation and obesity prevalence for children in each age group. The obesity prevalence among Reception children attending schools in areas in the least deprived decile was 6.4% compared with 12.1% among those attending schools in the most deprived decile, such as Manchester. Similarly, obesity prevalence among Year 6 children attending schools in the least deprived decile was 13.0% compared with 24.2% among those attending schools in the most deprived decile.

5.5 In addition to deprivation there is also substantial variation in levels of childhood obesity between ethnic groups. According to the latest NCMP data obesity prevalence is significantly higher than the national average for children in both school years in the ethnic groups 'Asian or Asian British', 'Any other Ethnic Group', 'Black or Black British' and for the ethnic group 'Mixed'. Prevalence of obesity is higher among boys than girls and increases in prevalence with age.

5.6 The NCMP (2012/13) data also reinforces the fact that obesity levels in both age groups are significantly higher in urban than rural populations.

5.7 Manchester's Healthy Weight Strategy recognises that some sectors of the population are more at risk of developing obesity. In order to address such inequalities the strategy focuses its attention on specific socio-economic and ethnic groups, disabled people (including people with learning disabilities), looked after children, young parents and single parents, and people with mental health needs. In the future we must ensure that interventions implemented as part of the healthy weight strategy continue to target at risk groups and address lifestyles.

6.0 The key outcomes of obesity

6.1 Obesity is an important risk factor for a number of chronic diseases during adulthood (which are the principal causes of death in England), including heart disease, stroke and some cancers. Being overweight and obese is also associated with several other serious life shortening conditions such as type 2 diabetes and hypertension, which are strongly linked to an increased risk of heart disease. As well as the physical risks to health of being overweight and obese there are also psychological effects, because of the social stigma attached to obesity.

6.2 There is also strong evidence to link childhood obesity with:

- risk of elevated blood pressure and cholesterol
- glucose intolerance
- adverse blood lipid profiles
- adverse changes to the heart.

- poor dental health
- mechanical problems e.g. back pain and foot strain
- exacerbation of asthma

6.3 Child obesity is also linked to poorer health outcomes in adulthood. Thus, between 50% and 75% of those who are obese as children or adolescents are likely to grow into obese adults. Also, co-morbidities developed in obese children, such as type 2 diabetes, are likely to progress more rapidly and to lead to earlier presentation of adult-life complications such as cardiovascular disease

7.0 Services and interventions in Manchester

7.1 Since the launch of the Manchester Healthy Weight Strategy in 2010, a number of interventions - presented under the lifecourse headings – have been commissioned and implemented to help prevent and treat childhood obesity. A full description of these is provided in Appendix 2.

7.2 In addition to the current delivery and development of services to reduce childhood obesity and promote healthy lifestyles a new collaborative piece of work is now underway. This involves Manchester City Council, Central Manchester University Hospitals Foundation Trust (CMFT) as the main provider of children's public health services, Manchester City FC's City in the Community programme and Manchester Academic Health Science Centre (MAHSC). The aim is to significantly reduce the number of children tracking into obesity in Manchester whilst improving the care and outcomes for children classed as obese/severely obese. It is intended to pilot a programme in 4-6 primary schools in East Manchester from September 2014, with additional weighing and measuring of children to help develop and target healthy weight interventions. The combination of strong committed leadership, academic expertise and the potential impact of respected role models will hopefully attract external resources for research and investment. The work will be linked to development of the Manchester Institute of Health and Performance in East Manchester.

7.3 Manchester's Living Longer, Living Better (LLLB) programme includes the priority population group of people with long term conditions (adults and children) and we know that efforts to tackle and reduce levels of obesity will have positive benefits for this particular cohort, not least because of the link to diabetes. The other priority cohorts will also benefit from the work going forward

8.0 Next steps

8.1 The Healthy Weight Strategy will be re-freshed and re-launched in 2015. There is a need to ensure that future strategies and interventions either continue or begin to address a number of risky lifestyles behaviours, rather than obesity alone, and ensure these are targeted at the poorest families. As part of this process we are working with partners to link a future Healthy Weight Strategy to other relevant work in the city particularly early years and LLLB. Linking the Healthy Weight Strategy to other strategies and interventions will help to provide a joined up approach to reducing health inequalities and obesity prevalence.

8.2 Perhaps unusually in the public health world, working on childhood obesity has the potential to deliver measurable improvements within a short number of years. The public sector still has regular contact with children under the age of 5, and almost daily contact with children of school age. Despite this and all the opportunities we have for intervention, we see the rate of obesity more than doubling between Reception and Year 6. It is clearly unacceptable simply to watch children progressing on a pathway to obesity, with all the future health risks (and service costs) this brings, when we could identify them early on that pathway and intervene at that point to support them and their families in tackling the problem. This is what the East Manchester pilot will aim to address.

8.6 At the individual/family level, Public Health Manchester at the City Council is currently in the process of re-commissioning health and wellbeing services across the city. This needs to develop a holistic model of community services to address all aspects of health including mental health services, dental services and alcohol services, as well as healthy eating, physical activity and weight management services. These will also need to integrate with future neighbourhood and universal services.

8.7 At neighbourhood level, the emphasis is on promoting healthy environments: ones that enable people easily to be more physically active and to eat a healthier diet. Culturally, there are significant opportunities created by the popularity of mass participation events such as the Manchester Run to begin to build a culture in which people in the city establish healthy and active lifestyles. All parts of the Manchester economy can participate in helping to build such a culture through coming together to promote physical activity and healthy eating initiatives– building a high profile coalition of support for tackling obesity in the city. This broader cultural change, while more difficult to achieve than targeted services, is ultimately what is required to make a long term sustainable impact on the levels of childhood obesity in the city.

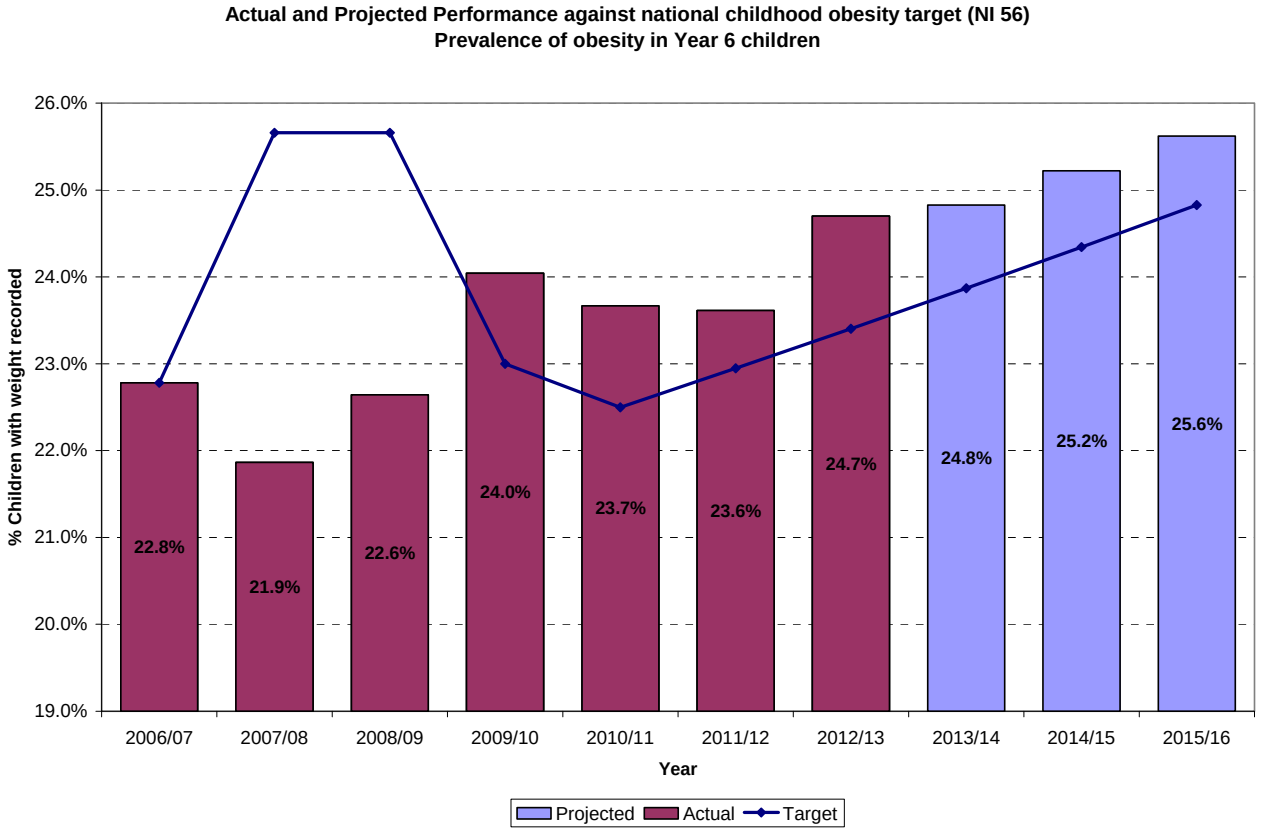
9. Conclusion

9.1 Obesity is a significant and rising problem for health and consequently has a significant impact on public services. At a population level Manchester exhibits some of key risk factors e.g. high levels of urban deprivation, significant numbers of residents from high risk BME communities, which increases the

risk of health inequalities in relation to the levels childhood obesity, as exhibited by the NCMP data.

9.2 In Manchester we want to encourage and support all potential partners- statutory, voluntary and commercial sectors and local communities- to become involved through contributing their skills, knowledge and influence to achieve the changes we all need to make through a family based approach. We need wide ranging interventions on information, education, food provision, physical activity, transport and behaviour change to tackle obesity and achieve improvements in the population's health.

Appendix 1



Measure	Year	Manchester	North West	England
Obese (Reception)	2006/07	11.5%	10.2%	9.9%
	2007/08	11.5%	10.0%	9.6%
	2008/09	12.4%	9.6%	9.6%
	2009/10	12.1%	9.9%	9.8%
	2010/11	11.0%	9.6%	9.4%
	2011/12	11.2%	9.7%	9.5%
	2012/13	12.5%	9.6%	9.3%
Obese (Year 6)	2006/07	22.8%	17.3%	17.5%
	2007/08	21.9%	18.3%	18.3%
	2008/09	22.6%	18.8%	18.3%
	2009/10	24.0%	19.3%	18.7%
	2010/11	23.7%	19.7%	19.0%
	2011/12	23.6%	19.8%	19.2%
	2012/13	24.7%	19.6%	18.9%
Overweight and Obese (Reception)	2006/07	24.2%	24.0%	22.9%
	2007/08	24.6%	23.3%	22.6%
	2008/09	25.6%	23.1%	22.8%
	2009/10	26.2%	23.6%	23.1%
	2010/11	25.3%	23.2%	22.6%
	2011/12	24.2%	23.1%	22.6%
	2012/13	25.7%	23.2%	22.2%
Overweight and Obese (Year 6)	2006/07	37.5%	31.4%	31.7%
	2007/08	35.8%	32.7%	32.6%
	2008/09	37.2%	32.9%	32.6%
	2009/10	38.6%	34.0%	33.3%
	2010/11	38.4%	34.3%	33.4%
	2011/12	38.7%	34.7%	33.9%
	2012/13	39.4%	34.2%	33.3%

Appendix 2 - Full Description of services and interventions under the lifecourse headings

A) Starting Well

i) Health, Exercise and Nutrition for the Really Young (HENRY) is a training programme for Early Years Community and Health Practitioners to support more effective healthy lifestyle work with parents and young families.

ii) Manchester's Early Years Health Award (MEYHA) is a health award for Early Years settings that assesses policy and practice in service delivery around the following four themes:

- Personal, Social and Emotional Development
- Healthy Eating and drinking
- Physical Activity
- Emotional Health and Wellbeing

Currently 27% of early year's providers in Manchester have either achieved this award or are working towards it.

iii) Since January 2013, 19 Sure Start Children Centres have weighed and measured children quarterly, as part of Manchester's Weighing and Measuring Protocol. All children with consent are measured and their BMI calculated. Those children whose BMI centile is classified as underweight or overweight are referred to the appropriate services. Public Health Manchester commissions training for the staff to deliver this protocol in their setting, provides a protocol pack and support to the settings and provides weighing/measuring equipment. Public Health Manchester analyses the data collected quarterly and the children's results are uploaded onto the child health system. All settings who are part of the weighing and measuring protocol are also working on Manchester's Early Year's Health (MEYHA), to ensure excellent practice in the setting.

Since the changes in day-care provision in the City in September, the weighing and measuring protocol has been targeted at Early Years private day-care providers, working alongside the Quality Assurance Team. The first offer of this work to private day-care providers has engaged 25% of nurseries in Manchester.

Any children that are classified as being overweight will receive early intervention and treatment to address the child's and families needs (using the MCAF). Overweight children who are over 2 years of age are referred to the Children and Family Weight Management Service and those children who are overweight and under 2 years of age are referred to their Health Visitor, following the protocol and the Pre-School Healthy Weight Pathway.

As well as addressing childhood obesity early, this process will also provide Public Health Manchester with data on obesity levels in early years for the first time.

iv) Manchester has implemented the 2 year Health and Development Review. All children who attend this review are now being weighed and measured and those

classified as overweight are referred to the Children and Family Weight Management Service and encouraged to participate in Active Lifestyles activities.

v) To support all of the above work, a pre School (1-4 ½ years) and family healthy weight care pathway has been developed and implemented.

vi) The Chief Medical Officer's (CMO) 2012 Annual Report discusses the importance of primary interventions that address feeding styles and activity levels in early life (such as those highlighted above), for later weight status and health outcomes. They also highlight the importance of intervening in infancy and toddlerhood to prevent obesity. In Manchester Health Visitors and early years education workers are viewed as having a key role in the delivery of the interventions that have been implemented, particularly in terms of supporting parents to provide the optimal nutritional intake from birth e.g. breastfeeding through to the preschool years, enhancing physical activity and referring overweight children to services for early intervention. The CMO recommends implementing such practice and utilising the skills of these professionals in addressing obesity.

vii) The Active Lifestyles service delivers a comprehensive range of physical activity interventions for both expectant mothers and pre-school age children and their families, parents and carers, which have been targeted at early years and designed specifically to encourage families to be more active and less sedentary. These have been provided and marketed under the campaign banner 'Tots on the Move'. These have taken the form of group exercise and activity classes in community venues across the city, delivered and supervised by suitably qualified instructors. The venues used include leisure centres/swimming pools, parks, children's centres, schools, church halls, libraries, youth centres and community centres. The activities have included soft play, trikes, ball pools and general exercise for toddlers ('Mini Movers'), water-based play and activities ('Funquatics'), activities for expectant mothers and newborn babies ('Bumps and Babies'), sensory and massage classes for babies up to 9 months old ('Baby Bliss'), seasonal outdoor activities such in parks ('Roaming Rangers') and buggy-based exercises ('Stroller Striders'). Currently over 30 weekly classes are provided. To date, over the 3 years since the launch of the service in January 2011 until the end of 2013, there have been 59,841 visits on these programmes and a total of 4,587 people have participated, of which 67% are female and 40% are of BME origin.

B) Developing Well

i) The Children and Family Weight Management Service (CFWMS) aims to help overweight children and their families to achieve and maintain a healthy weight. The service offers a programme of advice and support to families who are committed to making healthy lifestyle changes and works with other agencies in the city to provide a holistic programme of support (See Appendix 2: Case Study).

Manchester City Council has secured £200,000 over 3 years from the British Heart Foundation. This funding is being used to employ a Senior Nutritionist based in the CFWMS to work with overweight/obese young people (aged 11-18 years) who do not engage in services. The funding will also fund 4 places per year at the More Life residential camp.

ii) Manchester Healthy Schools Service consists of three teams that provide support and resources to schools in Manchester, on health related issues. 78% of primary schools, 96% of secondary schools and 60% of special schools are engaged with the programme. A new School Health Specification has been developed by Public Health Manchester to develop the role of the School Health Service to prevent, identify and treat obesity early in children and adolescents aged 4 ½ -17 years old. Public Health Manchester is currently developing a new service specification for all of the School Health Service.

iii) A number of partners are currently working together to plan a universal healthy eating and physical activity programme in schools for Reception Year and are developing targeted Change4Life Clubs in all Primary Schools in the City. According to the recent Chief Medical Officers report delivering programmes that benefit the universal population should be used in combination with targeted approaches, such as this intervention.

iv) In March 2014 Public Health Manchester and CMFT launched the online feedback website for the National Child Measurement Programme. Manchester's online feedback website for the NCMP results is the first of this type of system to be developed in the UK. Once a child has been weighed and measured a letter is sent to their home with a unique log on number for parents access this secure website to view their own child's results. They are signposted to information dependent on their child's weight status. Parents are also informed that if they want specific dietary advice then they can be referred by their school nurse to the Children and Family Weight Management Service and local physical activity services are also promoted.

v) To support all of the above work, a child/adolescent (age 4½- 17 years) and family healthy weight care pathway has been developed and implemented.

vi) The Active Lifestyles service (mentioned above) also provides a range of programmes for children of school age, which are, for the most part, delivered in partnership with Manchester schools (primary schools, secondary schools/academies and colleges). These have included activities both after school, both in term-time and in the school holidays. These programmes have included both general activities open to all ('Kidzone' for primary school children, 'Club M', a series of clubs for children aged 5-16 and 'Urban Mania' for teenagers) and specific interventions comprising both physical activity and dietary advice targeted at primary school children (aged 5-11) and their families who have a history of being overweight/obese ('Fit Families'). The programmes were designed to appeal to children of all ages whilst specifically targeting areas of high childhood obesity. Over the 3 years since January 2011 to December 2013, 20,008 visits have been recorded on these programmes which have engaged 1,644 children and their parents/carers, of which 61% were female and 57% of BME origin.

C) Living Well

i) Manchester currently has three Public Health funded bespoke physical activity services - The Active Lifestyles Service (ALS), Physical Activity on Referral Service (PARS) and The Getting Active Through Exercise (GATE) Programme.

ALS operates on a population based preventative approach for tackling and addressing physical inactivity; it delivers bespoke instructor led physical activity sessions at local venues in the heart of Manchester's communities. ALS provides targeted programmes for all in the community from pre birth to older people. ALS has a core focus on tackling inequalities and all programmes ensure an inclusive approach which is directed and led by the needs and choices of local communities and neighbourhoods; service delivery is adapted to ensure these needs and choices are met.

PARS provides a bespoke service dedicated to addressing the needs of those adult patients resident in Manchester who are at high risk of developing, or those with existing, long term chronic health problems, specifically those at risk from CHD, COPD, Type II Diabetes and those with weight management problems.

GATE project promotes the benefits of exercise in the over-65 to improve health and prevent falls. The project offers exercise opportunities to all Manchester residents over the age of 65 from the frailest to the more active.

During 2014 the intention is to merge the ALS and PARS and to amalgamate the GATE programme of delivery to create one single Community Based Physical Activity Service.

The newly created service will be:

- Coherent - working together as part of a single system within the new and emerging Healthy Living System
- Comprehensive - covering both a preventative population based approach and chronic disease rehabilitation and management.
- Integrated - offering a holistic approach and seamless movement between different parts of the system.

With specific reference to Children and Young People it is intended the service will have dedicated strategic managers responsible for 0 -5s and pre birth, and children and young people; there will be a core focus on the following (this is not exhaustive)

- Childhood obesity
- Inactivity
- Females
- Teenage Pregnancy
- Emotional and Mental Wellbeing
- Increased aspirations – "I can do" approach

The new service will be able to support individual and family lifestyle and behaviour change (giving individuals greater control over their own lives), co-production of services in communities (supporting communities to develop their own responses to their own issues) to ensure communities help to shape service provision and appropriate professional development both, internally within the service, and also supporting wider mainstream provider organisations (such as the mainstream Leisure Centres) to act in a health promoting way.

ii) Following the transfer of Public Health Manchester and the public health budgets and contracts to MCC on 1 April 2013. These include contracts for the provision of a range of healthy lifestyles services and healthy living networks for which a Health and

Wellbeing Service Redesign is being undertaken. There are several reasons for reviewing and redesigning such services at this point:

- To ensure that they are delivering the services that will be needed from 2014 onwards
- To ensure that they are operating as a coherent system in the context of the new health and care system
- To ensure that they are providing the best possible public health return on investment.

The key outcomes to be achieved through this redesign are as follows:

- Reduced smoking rate
- Increased rate of physical activity
- Improved diet
- Reduced rate of overweight and obesity
- Reduced alcohol consumption
- Higher levels of mental health and wellbeing.

A robust audit of the current Healthy Lifestyles Services is well underway.

iii) Food Futures, which is managed by Public Health Manchester, is the city's strategy and partnership for improving the food that is eaten in the city. A wide variety of initiatives have been commissioned through this route or directly delivered Food Futures partners, including work focusing on supporting people to learn to cook more healthy meals and the excellent work delivered through the school catering service.