

Healthy Weight, Healthy Lives Strategy

Foreword



Introduction

The City of York Council Healthy Weight Strategy aims to support individuals in York lose excess weight and maintain a healthy weight. Achieving a healthy weight increases life expectancy and also has financial benefits by utilising limited resources effectively.

The causes of obesity are complex and maintaining a healthy weight is affected by a range of factors including physical, environmental, social and emotional. This strategy has been developed using locally available evidence of the extent of obesity in York, national guidance and input from a City of York Council Healthy Weight Steering Group (HWSG). The HWSG comprises of individuals from a wide range of organisations with the expertise and knowledge to support individuals of all ages to live healthy lives and achieve and maintain a healthy weight. The strategy also considers the needs and views of the residents of York to ensure that recommendations and support services are appropriate.

As obesity can affect individuals of any age this strategy has focussed on how individuals can be supported in achieving and maintaining a healthy weight throughout the life course. It is important to recognise that individuals of differing age groups will require different kinds of support to help them achieve a healthy weight and the strategy therefore focuses on three key life stages:

- Pre-conception to early adulthood (0-18 years of age) – Starting Well and Growing Well
- Adults (18 – 65 years of age) – Living and Working Well
- Older adults (65 years and older) – Aging Well



What is a healthy weight?

A healthy weight for an individual is one which is appropriate for their height, and provides health benefits. Where this value is above the healthy weight range an individual is at increasing risk of a wide range of adverse health effects and wellbeing, including type 2 diabetes, high blood pressure and poor mental health. Food and drink are converted by the body into energy. Gradually over time if the intake of both is greater than the amount of energy being consumed through physical activity and the capability of the body to break down food through metabolism then an individual will store this excess energy as fat reserves and become overweight. Where excess body fat has significantly accumulated an individual will become obese.

Measuring healthy weight, overweight and obesity

Methods used to assess whether an individual is a healthy weight vary and depend upon the age of the individual but other factors such as ethnicity are also important and will be discussed in greater detail.

For adults the recommended measure is the body mass index (BMI) which is calculated by dividing body weight (kilograms) by height (meters) squared. A healthy weight is defined as a BMI between 18.5-24.9 kg/m²(NICE 2014) For Asian adults however, the BMI at which health risks would be of concern are lower, and for older people up to 65 years of age they are higher (NICE 2014). Whilst the BMI measure is a practical estimate of adiposity (fat levels) in adults, it is not a direct measure (NICE 2014).

Measurement of an adult's waist circumference is a direct measure of abdominal fat and this measure is useful where an individual has a BMI of 35kg/m² or less. Males with a waist measurement of 37 inches and females with a waist measurement of 31.5 inches are at increased risk of health risks. Individuals with a BMI of 35kg/m² or more are at risk regardless of waist circumference.



BMI classification for adults (NICE 2014)

| Classification | BMI |
|-----------------------|--------------------|
| Underweight | <18.5 |
| Healthy weight | 18.5 – 24.9 |
| Overweight | 25 – 29.9 |
| Obese | 30 – 39.9 |
| Morbidly obese | >40 |

When assessing whether a child is of a healthy weight the BMI is adjusted for a child's age and gender against reference charts to give a BMI percentile (or centile) (NICE 2014). This compares the child's BMI to children of the same age and gender. For example if a child is 5 years old and his BMI falls at the 70th percentile, this means that 30% of 5 year old boys have a higher BMI and 70% have a lower BMI than that child. Those children that have a BMI centile in the overweight and obese range are more likely to become overweight or obese adults. In a clinical setting a child with a BMI greater than or equal to the 91st but below the 98th centile would be classed as overweight and greater than or equal to the 98th centile as obese.

Causes of overweight and obesity

The causes of obesity are complex and a range of factors which impact our lives can influence and increase the likelihood of becoming overweight or obese. These factors can include:

- Biology and Genetic influences
- Food production
- Food consumption
- Societal influences
- Psychological influences



- Individual activity
- Environment
- Socio-economic factors

Environmental factors are particularly important in influencing whether an individual will gain weight. The term obesogenic environment has been used to describe one in which it is more likely that an individual will gain weight and in which it is more difficult to lose weight. This would be an environment in which it is more challenging for a person to have access to healthy foods or opportunities to engage in physical activities which would aid weight loss and help maintain a healthy weight. Obesogenic environments include those where there are limited public services to enable people to access:

- 1) Shops that sell affordable, healthy foods. Individuals that have limited opportunities to travel and are surrounded by a density of shops that predominantly sell cheap convenience foods are at increased risk of gaining weight. There is also an increased density of fast food outlets (202 in York and above the national average) (PHE 2016).
- 2) Affordable sports and leisure facilities and green spaces. Safe environments which encourage people to walk or cycle to school or work and housing developments that have been designed to encourage children to play outside help to decrease the chances of weight gain and help maintain a healthy weight. Children that live near green spaces are less likely to experience an increase in BMI over time (Bell 2008).

Socio-economic factors can be particularly important in the opportunities available to individuals. Individuals living in more deprived communities are less likely to have the resources from which to access healthy foods and opportunities to access physical activities.

Prevalence of obesity and those that are overweight in York

The Healthy Weight Strategy has been informed by the latest evidence of the prevalence of the numbers of individuals that are overweight and obese in York and has been compared with national and regional rates. In addition although local authorities differ in many respects, (for example geographically and socio-economically), robust statistical methods have been developed by Public Health England to enable meaningful comparisons with data relating to the residents of the City of York and other similar local authorities in England.



Childhood Obesity

The National Child Measurement Programme (NCMP) measures both the height and weight of children at school in reception year (aged 4 and 5 years of age) and Year 6 (aged 10 and 11 years of age). The obesity rate amongst reception children in York (8.5%) is not significantly different to the England average of 9.6% and the rate amongst year 6 children is 16.1% which is significantly lower than the England average of 20% (PHE 2018 NCMP Local Authority profile)

Infographic showing obesity rates amongst reception children in York (8.5%)



Infographic showing obesity rates amongst year 6 children in York (16.1%)



However, the obesity rate approximately doubles from reception to year 6 for children in York and a number of inequalities exist. There is considerable variation by ward, where obesity rates are 2.5 times higher in the most deprived wards compared with the least deprived, please see table 1 and ward map below (CYC Business Intelligence Hub 2018). Obesity rates are also significantly higher for boys in year 6 compared with girls, and significantly higher for reception aged children from ethnic minorities (CYC Business Intelligence Hub 2018).



Table 1: Childhood Obesity Rates and Deprivation in York by Ward 2013/14 to 2015/16

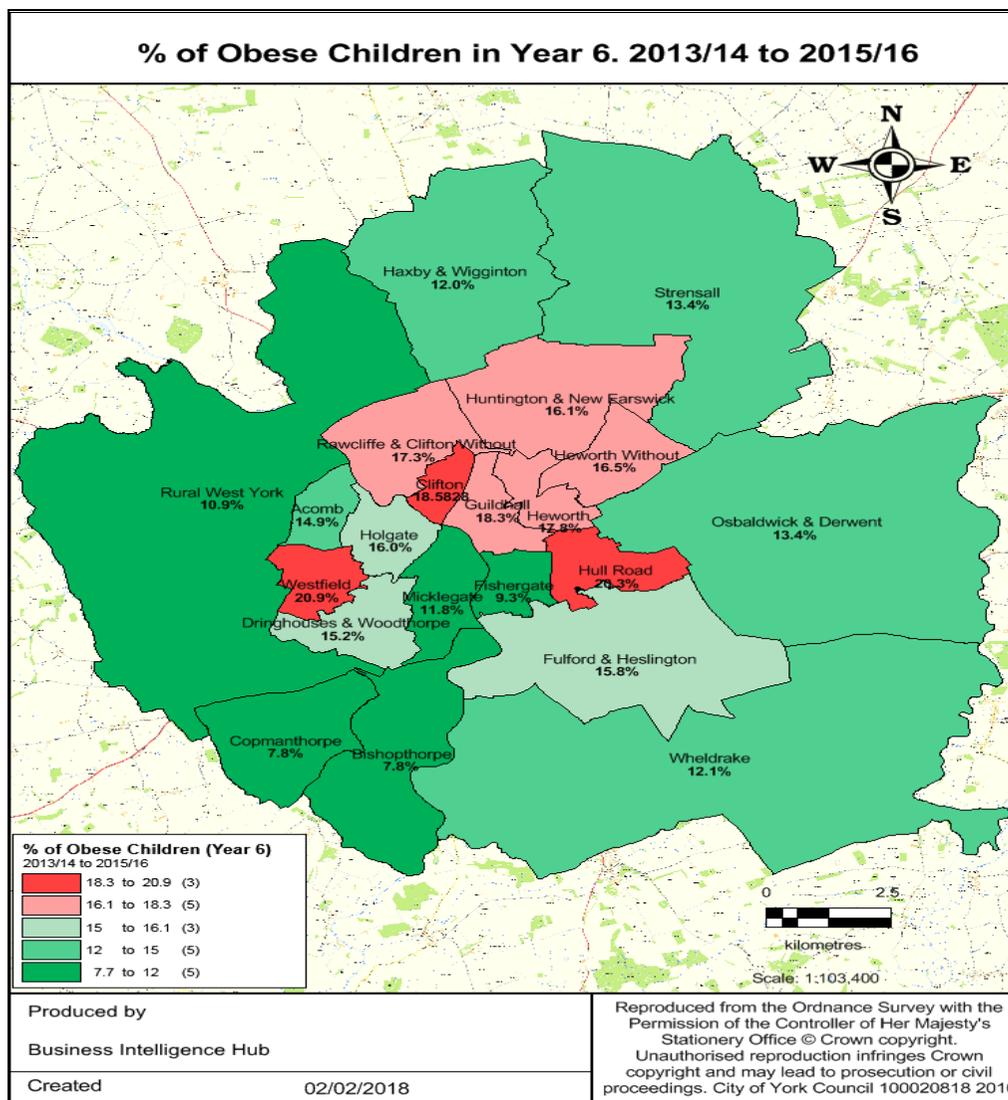
| Ward | % of reception year children recorded as being obese | % of Year 6 children recorded as being obese | IMD Deprivation Score: (higher numbers indicate greater deprivation) |
|-------------------------------|--|--|--|
| Westfield | 8.7% | 20.9% | 25.6 |
| Clifton | 8.1% | 18.6% | 24.3 |
| Guildhall | 9.9% | 18.3% | 16.7 |
| Heworth | 7.8% | 17.8% | 16.7 |
| Micklegate | 8.7% | 11.8% | 14.9 |
| Hull Road | 11.3% | 20.3% | 14.6 |
| Holgate | 8.9% | 16.0% | 13.7 |
| Acomb | 11.6% | 15.0% | 12.6 |
| Huntington and New Earswick | 7.7% | 16.1% | 12.3 |
| Dringhouses and Woodthorpe | 7.6% | 15.2% | 9.5 |
| Fishergate | 9.1% | 9.3% | 9.3 |
| Strensall | 4.2% | 13.4% | 7.1 |
| Rawcliffe and Clifton Without | 6.4% | 17.3% | 7 |
| Osbaldwick and Derwent | 8.1% | 13.4% | 6.6 |
| Rural West York | 6.6% | 11.0% | 6.5 |
| Fulford and Heslington | 7.8% | 15.8% | 5.9 |
| Bishopthorpe | 4.4% | 7.8% | 5.5 |
| Heworth Without | 6.7% | 16.5% | 5.2 |
| Haxby and Wigginton | 5.3% | 12.0% | 4.8 |
| Wheldrake | 6.4% | 12.1% | 4.3 |
| Copmanthorpe | 4.4% | 7.8% | 2.5 |



| | | | |
|--------------|------|-------|------|
| York Average | 7.8% | 15.2% | 12.2 |
|--------------|------|-------|------|

Variations in obesity rates in Year 6 children in York by ward





Adult Obesity

59.4% of adults in York are estimated to be overweight or obese (BMI>25) which is not significantly different to the England average of 61.3% and York has the lowest rates in the Yorkshire and Humber region (PHE 2015/16). When compared with similar local authority neighbours York ranks seventh lowest for excess weight and/or obesity (out of 16) (PHE 2015/16).

Infographic showing obesity rates amongst adults in York (59.4%)



Physical activity

Recent data reveals that overall physical activity levels in the City of York are good for both children and adults. The strategy will therefore focus upon improving opportunities for individuals, (for example those living in deprived areas that may experience difficulties accessing services that provide sporting and leisure facilities) and encouraging and supporting those that engage in very minimal levels of physical activity to be more active for example through improved signposting of existing and newly developing services.

Recent data from a Sport England Active Lives survey of children and young people (aged 5-16 years of age) in 2017/18 revealed that compared with England and similar local authority neighbours, children in York engage in high levels (60 minutes or more) physical activity every day (CYC Business Intelligence Hub analysis Sport England Active Lives Survey: Children and Young People 2017/18). This is mostly attributable to physical activity performed outside of school. Compared with regional and similar local authority neighbours children attending schools in York have slightly higher levels of physical activity (CYC Business Intelligence Hub analysis Sport England Active Lives Survey: Children and Young People 2017/18). Whilst the levels of physical activity performed indoors is lower for children residing in York in comparison with regional rates and comparatively similar local



authorities in England, this may be because of high levels of activity outdoors (CYC Business Intelligence Hub analysis Sport England Active Lives Survey: Children and Young People 2017/18).

With regards to physical activity the percentage of adults in York that are physically active has increased over recent years up to 72% in 2016/17 (PHE Physical Activity profile 2018). York also had a higher percentage of adults that do any walking once per week (85.5% in 2016/17) and cycle at least 3 times per week (14.8% in 2016/17) when compared with England and local authorities that are similar to York (PHE Physical Activity profile 2018).

Inequalities in Obesity

Deprived communities are more likely to have higher rates of obesity and there is evidence of this in York. Socio-economic factors can act as a barrier to individuals in deprived communities from accessing healthy affordable food and opportunities to engage in physical activity. Both of which are important in aiding weight loss and allowing individuals to maintain a healthy weight. Patients in the most deprived areas can often live in 'food deserts' where accessibility to affordable healthy foods is limited. Individuals living in these communities may have limited access to private and/or public transport services or opportunities to access areas where healthy affordable food is available. This results in them accessing local stores selling cheaper, less healthy, convenience foods such as ready meals.

In York when the prevalence of obesity for children in school reception year is combined for the years 2012/13 till 2016/17 there is a greater rate of obesity as deprivation increases with the exception of the very most deprived children (those classified in the 20% most deprived). The same trend can also be observed for those children in year 6 (CYC Business Services Authority York Obesity Information 2018).

Obesity rates for children in year 6 overall are good in York, however, there is considerable variation by ward where 7.8% of children in Copmanthorpe are overweight compared with 20.9% in Westfield (2.5 times higher in the most deprived ward compared with the least deprived ward) Business Intelligence Hub analysis – Obesity and Excess Weight in York – Year 6 obesity - % of obese children in Year 6 2013/14 to 2016/16 – variation by ward (2018).



It is not just socio-economic factors where inequalities exist. Obesity rates for boys in year 6 are significantly higher than for girls in year 6 and obesity rates are also significantly higher for reception children that are from black or asian ethnic minorities (CYC Business Intelligence Hub – Childhood obesity levels inequalities York 2012/13 – 2016/17 (2018)).

In summary whilst obesity can affect any member of the population there are groups of individuals that are at a greater risk of becoming overweight and developing obesity. These groups include:

- Children
- Those from Black and Ethnic Minorities
- People living in more deprived communities
- Older people
- People with poor mental health
- People with a disability (HSE 2013)

Impacts of obesity

Individuals that are obese are at risk of a number of medical conditions including Type 2 diabetes, cardiovascular disease, hypertension, liver kidney disease and lower quality of life and decreased mortality. Children that are overweight or obese are more likely to become obese in adulthood. Impacts for children will also be more immediate though such as emotional and behavioural problems, low self-esteem, bullying and increased school absences as well as bone and joint problems and difficulties breathing (National statistics 2015).

During maternity women that are overweight during pregnancy are at risk of developing gestational diabetes mellitus, and increased risks of pre-eclampsia and complications during caesarean delivery. Mothers that maintain excess weight post partum are more likely to become obese later in life as well as the immediate impacts upon foetal development and the health of the child.



Economic costs

Public Health England estimate that the NHS spent £6.1 billion on overweight and obesity related health in 2014/15 and the overall cost to the wider society of obesity was estimated at £27 billion.

The UK wide costs to the NHS 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 per year (Health Matters: Obesity and the food environment 2017).

Healthy Weight Strategy

Who has developed the strategy?

Through the direction of the Health and Wellbeing Board it was decided to form a Healthy Weight Steering Group which met for the first time in April 2018 and was established to co-ordinate the development and implementation of a Healthy Weight Strategy for children and adults in York. Members of the group represent a wide range of organisations which include the NHS, City of York Council and the voluntary sector. Members bring to the group knowledge and expertise and are involved either with the commissioning or delivery of services and support that help residents of the City of York lose excess weight and live healthy lives.

Members of the Healthy Weight Steering Group comprise of frontline health professionals (for example Consultants, GPs, nurses and midwives) and the commissioners of NHS services (for example the CCG) that support individuals in losing excess weight and maintaining a healthy weight. Their insights have informed the development of the strategy through discussions in the gaps in existing weight management services, the challenges faced by frontline clinicians, and the development of appropriate cost effective measures. The group also includes individuals from organisations representing the Healthy Child Service, older people and those involved in encouraging and providing physical activities for the residents of York. This allows for collaboration between those providing the commissioning and delivery of clinical services and the wider community including schools and workplace environments to maximise opportunities for individuals to undertake physical activity and eat healthy foods, through appropriate advice and services that support behaviour change.



What is the vision?

The vision of the Healthy Weight Strategy is to inform, enable, motivate and empower individuals, families and communities to achieve and maintain a healthy weight. As public expenditure is limited it is important that the strategy has clearly defined measurable targets. The Healthy Weight Steering Group (HWSG) provides a forum from which to ensure delivery of the strategy and monitor its success. If necessary the strategy could be modified by the Healthy Weight Steering Group using local data and results from monitoring so that limited resources are targeted where there is demonstrable benefit.

A whole systems approach will be used and there is no single solution. We will work with other partners to deliver the strategy. There will be a range of interventions, prevention based (at population level), community based through to specialist weight management services across the workforce and community.

Evidence base for the strategy comes from key documents and most up to date NICE guidance

Healthy Weight Strategy

- 1) **Modify the obesogenic environment making it more favourable for individuals to achieve and maintain a healthy weight** by:
 - a) Developing and signing up to the Healthy Weight Declaration.
 - b) Working together with those involved with city planning.
 - c) Incorporating social value into procurement processes to benefit the healthy weight agenda.

- 2) **Support individuals in achieving and maintaining a healthy weight throughout the Life Course:**
 - a) **Starting and Growing Well** - In maternal and early years settings we will do this by:
 - Providing consistent messages and support for women by training front line health workers:



- Pre-conception to those thinking about becoming parents.
- Post-partum to mothers 6-8 weeks after delivery.

By supporting individuals:

- In schools by supporting opportunities for children to engage in physical activity. Every school and child signs up to the Daily Mile.

b) Living and working well

By promoting consistent messages to adults and support individuals to engage with weight management recommendations and services. Provide brief intervention training for GPs and other front line health workers. Developing interventions for people who are above a healthy weight targeted at those most in need

c) Ageing Well

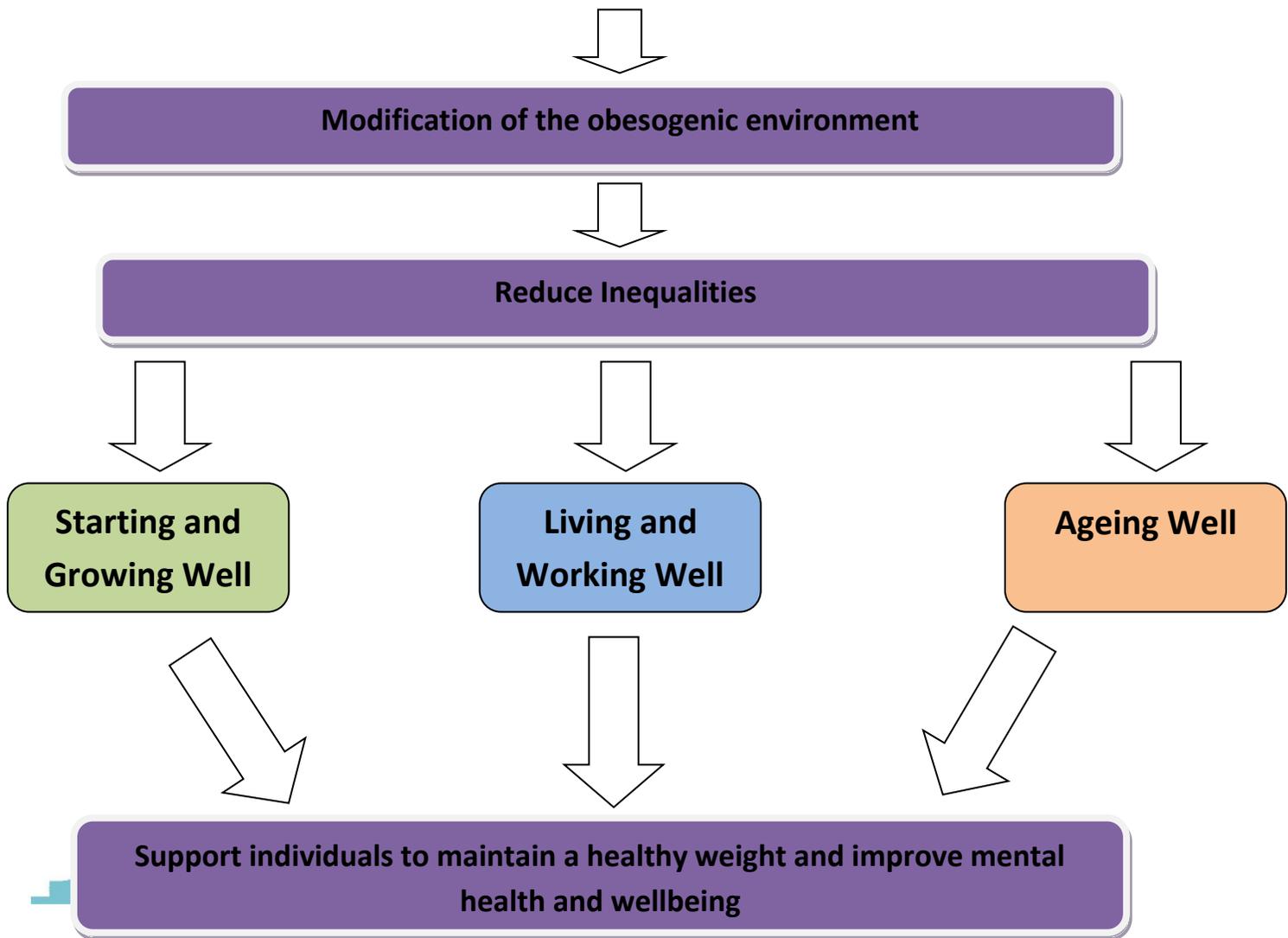
By providing consistent messages to older adults and supporting them to engaging in appropriate physical activity and a healthy diet.

- 3) Provide targeted weight management interventions for individuals with the aim of reducing inequalities that exist within York.
- 4) Through public engagement explore and develop an understanding of the wants and needs of the residents of York with regards to weight management interventions.



Summary of strategy

Vision: The vision of the Healthy Weight Strategy is to inform, enable, motivate and empower individuals, families and communities to achieve and maintain a healthy weight.



Strategic Priorities

1) **Modifying the Obesogenic environment**

There is a need for a holistic and multi-faceted approach to the commissioning and provision of services across multiple organisations to address the causes of obesity and support individuals lose weight and maintain a healthy weight. We will take action to help the population of York make better choices for themselves and their families and ensure healthy food and activity choices are the easy and preferred choice. We will maximise opportunities for participation in healthy behaviours in our local communities, particularly for those most at risk.

What we will do:

- There will be collaborative working with those involved in city planning to improve access to all residents in the city to areas where healthy affordable food is available to support a healthy lifestyle and achieve a healthy weight. Good access to green spaces will help to create environments that support physical activity.
- Incorporate social value into procurement processes to benefit the healthy weight agenda and support individuals in achieving and maintaining a healthy weight.
- Sign up to the Healthy Weight Declaration

2) **Giving every child the best start in life**

There are a number of key points within the life course in which targeted interventions can prevent weight related health inequalities and obesity and these include those considering starting a family, during pregnancy, infancy and early childhood up to age 5 (Marmot 2010 and WHO 2014). We acknowledge that family can mean different things to different people, and it is important that all families are supported appropriately to enable their children to have access to healthy food and opportunities for physical activity.



What we will do:

- Ensure that health professional working with pregnant women and pre-school aged children are able to support those they work with to achieve and maintain a healthy weight
- Encourage every school to undertake the Daily Mile. Working with North Yorkshire sport to explore how this could be achieved pragmatically.
- Encourage bikability training for children and promoting urban cycling skills to parents including improving accessibility to equipment to enable safe cycling.
- Provide messages with the Sports Directory sent to schools emphasising the usefulness of the document to schools and parents

3) **Ensure that adults are equipped with knowledge to achieve and maintain a healthy weight and have access to services to address excess weight issues:**

The strategy focuses upon preventing individuals becoming overweight and obese but there is a need to ensure that those that have excess weight are referred appropriately to weight management services.

What we will do:

- Ensure that messages about losing excess weight are consistently clear and concise by providing brief intervention training for GPs and other frontline healthcare workers involved in weight management interventions.
- Establish tier 2 and tier 3 weight management services with a referral pathway that is clear for practitioners. Signposting to such services will be made clear so that potential users are aware of weight management services that are available
- Work with practices across tier 2 and tier 3 services to support them and ensure that services are appropriate through monitoring and guidance from the Healthy Weight Steering Group.



4) **Support older people to stay active and maintain independence:**

It is important that older people are appropriately supported in achieving and maintaining a healthy weight.

What we will do:

- Encourage the use of physical activity interventions which are appropriate for the individual.
- Support organisations that provide opportunities for older people to engage in social activities that reduce social isolation, increase physical activity and maintain independence.

5) **To reduce the inequalities associated with gaining excess weight across the city**

Some communities are disproportionately affected by excess weight. In York there is considerable variation by ward where obesity rates in the most deprived wards are 2.5 times greater than the least deprived for year 6 children. The strategy aims to reduce inequalities in excess weight across the city.

What we will do:

- Engage with deprived communities and explore what support individuals require to assist them in losing excess weight and maintaining a healthy weight. This will aid the targeting of limited resources and interventions to reduce identified inequalities with obesity.
- Identify community champions that can deliver guidance to individuals in deprived communities that require support in losing excess weight.
- Explore how voluntary organisations that provide services associated with food (for example food banks) and physical activity can be supported in helping to reduce inequalities in access to healthy food and physical activities



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Appendix

HWSG involvement in the development of the strategy

A service mapping exercise was undertaken by the HWSG utilising vignettes to enable group discussions to ascertain the pathway individuals of various ages would follow from identification of being overweight, through to the services that are currently available to support them lose excess weight. This provided an opportunity to identify where there are currently gaps in services for individuals across the life course for residents of York, and explore pragmatic cost effective methods which would help to identify individuals that are overweight and to support them

