

Healthy Weight Strategy 2023-2028

Blackpool Council



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Foreword

Blackpool's life expectancy is poor and obesity related illness and death linked to poor diets and sedentary behaviours continues to increase. We are at the tipping point where we need to take direct action to improve life opportunities for both our current and future generations. If current trends continue more people will die prematurely due to cancer, heart disease, liver disease and ill health. Obesity also impacts negatively on our mental health, which in many cases starts from a young age and has life-long consequences and impacts. Being a healthy weight is one of the most effective ways to reduce the risk of long term health conditions such as diabetes, heart disease and cancer.

We know the factors that contribute to weight gain are complex and that every individual is different in how they respond to these factors. Our behaviours and lifestyles are influenced and driven by the environment around us, the culture we live in and our ability to make changes. Over recent years eating out of home has increased significantly, and is unlikely to reduce, and so we need to find ways of living with this culture. Being overweight has been normalised and so it can be difficult to recognise being an unhealthy weight, which can make behavioural change difficult. We cannot change habits which have been developed over generations simple by telling people about the problem or by doing what we have always done.

Blackpool was the first local authority to sign up to the Local Authority Declaration on Healthy Weight, back in 2016. Since then good progress has been made against the action plan; however, the work in this area slowed down during the pandemic, and so it is timely to reflect on what has been achieved and what actions still need to be taken in order to bring down Blackpool's obesity levels. On the 14 November 2022, the Council reaffirmed its commitment to tackling obesity with the relaunch and signing of a new Local Authority Declaration on Healthy Weight.

The Strategy is not a short term fix and change is not going to happen overnight. It will be achieved through a range of approaches, interventions and partners working together to promote healthier lifestyles. This strategy along with the declaration, provides the foundation for conversations, and actions in health, education, business, the voluntary sector and the community. This strategy will build on the progress already achieved in promoting healthier lifestyles.

We will set our course of action and bring people, communities and partner organisations along for the journey.

Summary

The Strategy details Blackpool's obesity issues and provides information about why action is required and explores how different stakeholders and partners can contribute to tackling this agenda. This strategy will set out our 5 year vision, ambition and priorities. If we are going to take effective action to reverse our population's obesity levels we need to work together with partners in a whole systems approach, creating an environment that supports healthy choices and supports individuals to achieve and maintain a healthy weight and demonstrate a partnership approach to promoting healthy weight and tackling Blackpool's unhealthy weight issues.

Tackling obesity is not straight forward; there are many complex behavioural and societal factors which contribute to it. In recent years being overweight has become an adult norm which needs tackling, in addition to dealing with weight stigma and weight bias. The strategy's key focus will be on healthy weight and nutrition whilst linking with other strategies including Active Lives, Climate Emergency, Active travel, Highways, Early Years, and Infant Feeding etc.

The strategy aims to translate national policies into local action, whilst meeting the local population's needs based on robust evidence. The document will provide details of a whole systems approach to tackle obesity. This approach draws upon the complex behavioural and societal factors that contribute to causing excess weight and recognises the value of engaging with the local community to maximise local assets to achieve better results long term.

The strategy's long term ambition is to ensure that Blackpool's population and our future generations have the best start in life, and live longer and happier lives. We need to encourage making a healthier choice the easy choice and for individuals to feel enabled to make positive lifestyle choices to sustain or maintain a healthy weight. We will work with partners and sectors to make changes to our food, physical activity and social environment to promote healthy weight.

The priorities are: to support our children and young people in developing and growing to be healthy; promoting healthier food choices; provide food security for all Blackpool residents; provide access to resources and information to help make those healthier choices; promote and support active lifestyles and support employers to encourage active and healthy workforces.

The causes and the complexity of obesity

Obesity is a major public health issue and the prevalence remains high for England and has been rising sharply over the past 30 years. It is a complex with many behavioural and societal factors that combine as causes of obesity. The Government-commissioned Foresight Report, published in 2007¹, which looked in to the reasons for this, concluded there was a “complex web” of factors at play. These included

- Unhealthy diets
- Low physical activity levels
- Societal influences: media, education, peer pressure, culture
- Individual psychology
- Environmental

The rapid increase in the number of obese people in the UK is a major challenge with analysis by the government’s Foresight programme showing that over half of the UK adult population could be obese by 2050. The health impact of overweight and obesity on individuals and families in terms of ill-health places a significant burden on NHS resources. The direct cost to the NHS in 2006/07 of people being overweight and obese was £5.1 billion, and is expected to reach £9.7 billion by 2050.

The wider socio-economic impact is also a concern. Obesity impacts on employment opportunities and life chances in general but employers bear the major cost. There are an estimated 16 million days of certified incapacity per annum directly obesity related. No one is immune to obesity, but some people are more likely to become overweight or obese. The Marmot review (January 2010)² highlights that income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese. Obesity can harm people’s prospects in life, their self-esteem and their underlying mental health.

Alongside the growing public sector burden on the public sector there is an impact on local authorities, including the cost to social services for caring for housebound people suffering from obesity related illness as a consequence of obesity. The estimated annual social care costs to local authorities are an estimated £352 million. In relation to the wider indirect costs could be as much as £27 billion by 2025.

Although obesity is complex, it is a preventable condition with serious, far reaching physical, psychological and social consequences affecting virtually all age and socioeconomic groups, with higher obesity levels found among more deprived groups. We know through the National Child Measurement Programme (NCMP) data, obesity prevalence in children is strongly correlated with deprivation and is highest in the most deprived areas. There is a steady rise in obesity prevalence with increasing deprivation for both Reception and Year 6 children. Key research shows that households/individuals who are in poverty or socially disadvantaged have worse dietary-related outcomes. Food poverty is more likely amongst those who have a low income, are unemployed, have a disability or are a member of a black or minority ethnic group.

The consequences of being overweight and obese is associated with an increased risk of developing a number of chronic diseases and conditions including type 2 diabetes, coronary heart disease, and hypertension and stroke, asthma, depression and more.

Overweight or obese adults are less likely to meet physical activity recommendations. On average obese people are more likely to take an additional 4 days sick per year compared to a healthy weight person.

In 1991 the UK Government set the first obesity rate reduction targets for England. Since then many strategies and policies have been published, yet 30 years later targets continue to be missed and obesity levels continue to rise. The most recent policy set out by the Government is Tackling Obesity: Empowering Adults and children to live

¹ Foresight Tackling Obesities: Future Choices Project Report; October 2007

² Fair Society, healthy lives: the Marmot Review: strategic review of health inequalities in England post 2010: January 2010

healthier lives (England 2020). The strategy recognises it is one of the greatest health challenges and that COVID-19 has made this even more important. The paper discusses the need to follow the evidence and consider what more can be done to reduce the levels of Obesity in England, but provides little steer to the actions local authorities need to take.

There is no single solution to tackling such an ingrained problem and local action to promote healthy weight requires a coordinated approach to support change. Obesity is impacting on people's lives across the life course in relation to quality of life, and risk of developing chronic disease. If action isn't taken, the health of individuals will continue to suffer, health inequalities will continue and the socio-economic costs will escalate.

Key Principles and Approaches for the Healthy Weight Strategy

Whole systems approach to obesity

Tackling obesity is everyone's business – there is no one individual, group or organisation that can do this alone. In order to tackle this effectively we need an approach that involves the whole system, with action at an individual, environmental and societal level. There are many different perspectives on what a whole systems approach is. However, for the purposes of this strategy, it is about how we respond to the complexities of obesity through on-going, dynamic and flexible ways of working. It is about enabling our partners and stakeholders including the community, to come together, share understanding of the reality of the challenge, consider how our local system is operating and identify the greatest opportunities for change. Strong communication and partnership working will enable a more comprehensive, holistic, and better coordinated approach to be developed and delivered.

We will work with our partners across health, social care, education, departments across the council, voluntary sector, and community groups in order to achieve the strategy's ambition. To achieve this we will follow the key principles of our whole system approach:

- Provide strategic leadership and prioritise factors affecting healthy weight
- Creating sustainable and productive partnerships across Blackpool

Local Authority Declaration on Healthy Weight

The Healthy Weight Declaration is a strategic council commitment to reduce unhealthy weight in local communities. It is about promoting healthy weight and improving the health and wellbeing of the local population. It is about recognising that we need to exercise our responsibility in developing and implementing policies that can reduce the economic impact to health and social care and the local economy. The declaration was developed in partnership with Food Active and with Public Health colleagues across the North West. The declaration includes 16 commitments pledging to support improved policy and healthy weight outcomes in relation to specific council work areas. By signing the declaration the council is committing to:

- Keeping healthy weight a high priority
- Enables cross-departmental working and partnerships
- Facilitate system leadership
- Maintaining accountability

Blackpool was the first local authority in January 2016 to sign up to a local authority declaration on healthy weight. In November 2022 the council reaffirmed its commitment to the declaration, recognising obesity continues to be a significant issue in Blackpool.

The 16 commitments are broken down into 5 key areas:

- Strategic/System Leadership
- Commercial determinants
- Health Promoting infrastructure & Environments
- Organisational change/cultural shift
- Monitoring and evaluation

How we define overweight and obesity

Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity. The WHO definition is:

- A BMI greater than or equal to 25 is overweight
- A BMI greater than or equal to 30 is obesity

BMI provides the most useful population-level measure of overweight and obesity; however, there are clinical limitations of BMI that should also be considered. BMI is a surrogate measure of body fatness because it is a measure of excess weight rather than excess body fat. Factors such as age, sex, ethnicity, and muscle mass can influence the relationship between BMI and body fat. Also, BMI does not distinguish between excess fat, muscle or bone mass, and does not provide an indication of the distribution of fat among individuals. Due to this BMI should only serve as an initial screening tool for overweight and obesity, and other factors should be taken into consideration such as an individual's fat distribution, genetics, and fitness levels. However, BMI is a reasonable indicator of body fat for both adults and children.

Food Poverty

Food poverty is a growing problem in the current economic climate. The use of food aid in the UK, particularly in the increased use of food banks has dramatically increased.

It is widely reported that individuals and families who experience food poverty are more likely to eat a diet that is unhealthy, characterised by food that is higher in saturated fat, salt and sugar. Additionally, they are more likely to eat processed foods that are both cheap and energy dense. Poor accessibility to affordable healthy foods, linked to a number of factors makes people already vulnerable more susceptible to experiencing food poverty. Factors such as closure of shops in deprived areas, out of town supermarket developments, poor transport links all contribute to poor access and affordability of healthy food.

Across England we know that:

- 7% of households experienced food insecurity in 2020/21. Across the North West it was 8% of households.
- Household food security was lower in households where the head is below the age of 65
- Households with a gross income of less than £200 per week were least likely to be food secure
- Single-adult households with children had low rates of household food security.
- Food insecurity is directly associated with poorer diet quality.
- Food insecurity is indirectly associated with higher BMI via greater distress and eating to cope.

In Blackpool

- A quarter of Blackpool's children (under 16) live in relatively low income families
- 38.6% are eligible for Free School Meals, significantly higher than the national average of 21%
- Blackpool's average weekly earnings of £394 is the lowest in the country
- The proportion of Employment and Support Allowance claimants (12%) is the highest in the country

- Excess weight in adults and children is significantly higher than national averages
- Blackpool has the highest density of fast food outlets in the country (outside the City of London)

Weight Stigma

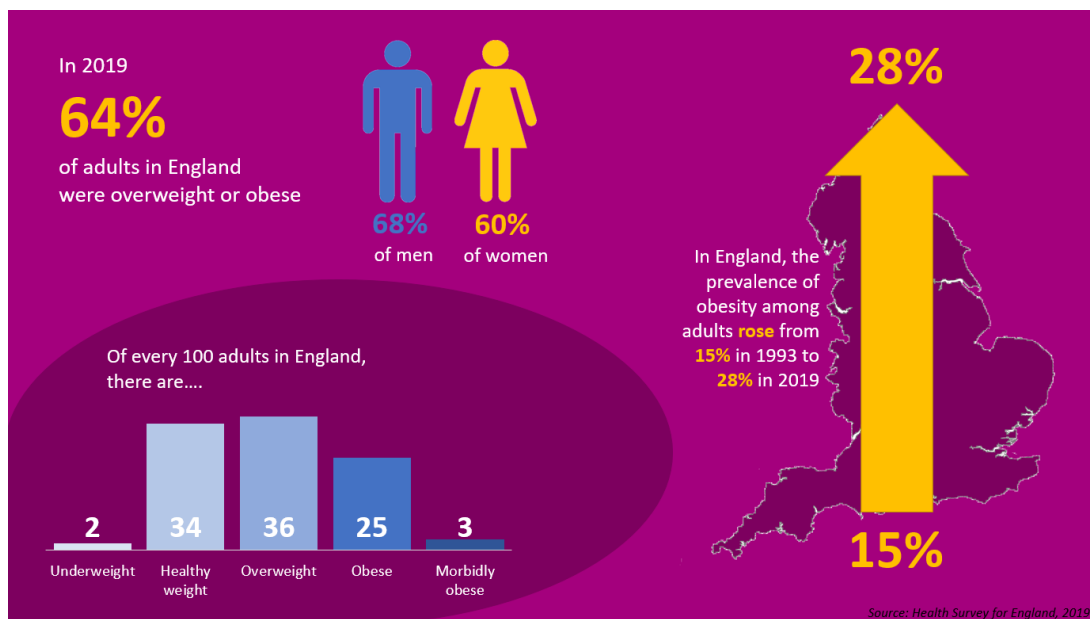
People who live with overweight and obesity often experience weight stigma – which refers to the discriminatory acts and thoughts targeted towards individuals because of their weight and size. Weight stigma results from weight bias, which refers to the negative ideologies associated with obesity – such as laziness, lack of will power, and unattractiveness³. This is sometimes reported in clinical settings; patients have shared experiences of receiving lower standards of care or missed diagnoses when medical professionals have made assumptions based on their physical appearance⁴. Those living with obesity often have limited agency over their weight, due to the large influence of their environment and personal circumstances and deserve equally compassionate and inclusive access to health and care, as well as being valued equally in wider society. It is important to identify opportunities to eradicate weight stigma; this has been recognised by the Obesity Health Alliance in their Position Statement on Weight Stigma⁵.

Patterns and trends of obesity

Adults

Overweight and Obesity

The best indicator of obesity prevalence for adults (16+) comes from the Health Survey for England, which uses measured heights and weights to calculate body mass index (BMI). Data from the 2019 survey shows that out of every 100 adults in England:



Source: PHE, *Health Matters, Obesity and the food environment, 'Scale of the problem' infographic*

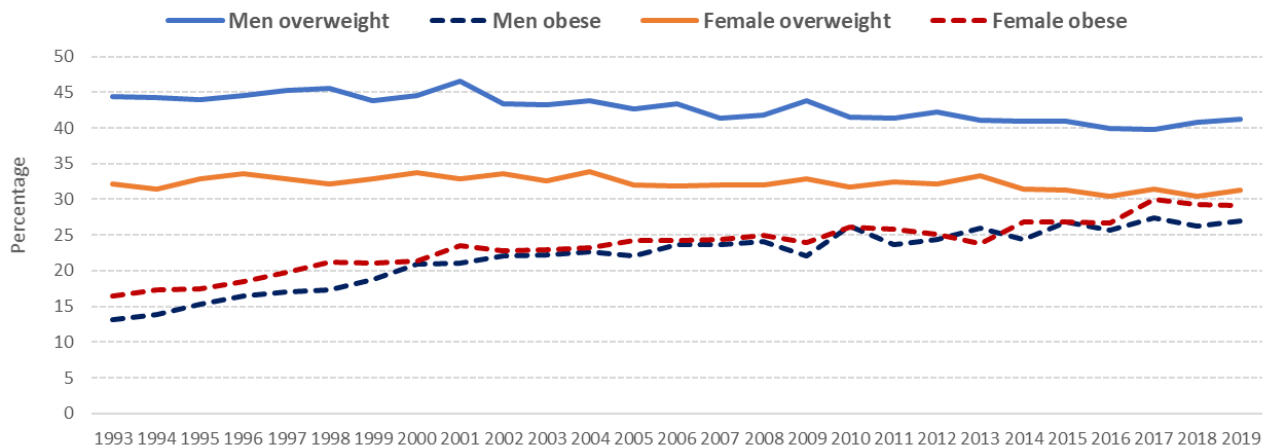
³ World Obesity. Weight Stigma [online]. Available at: <https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma> [Accessed November 18 2021]

⁴ Phelan et al. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity Reviews*, 2015.

⁵ Health Alliance. Weight Stigma – Position Statement [online]. Available at: <http://obesityhealthalliance.org.uk/wpcontent/uploads/2018/10/Weight-Stigma-Position-Statement.pdf> [Accessed 18 November 2021]

- In England, obesity prevalence has been gradually increasing and is now almost double the rate it was 25 years ago.
- 28% of adults were obese in 2019 and obesity levels are similar for men and women.
- The proportion who are overweight has fallen slightly over the same period as more people have become obese.
- Severe obesity has also increased since 1993, 2% of men and over 4% of women were morbidly obese in 2019, compared with fewer than 0.5% of men and just over 1% of women in 1993.

Figure 1: Adult trend in proportion overweight and obesity, England, 1993-2019

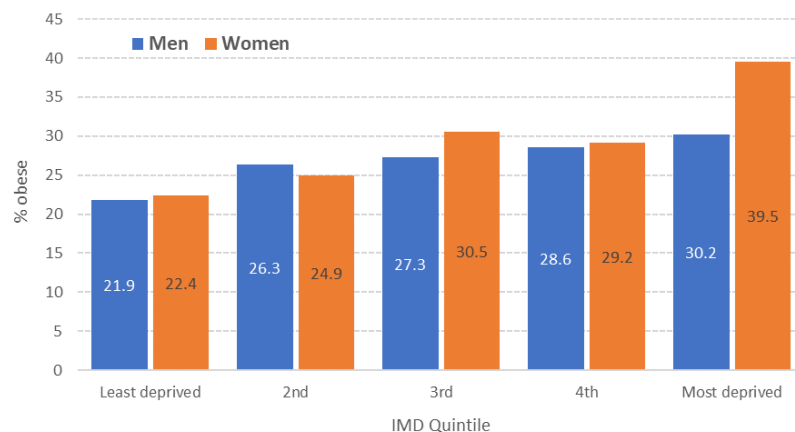


Source: NHS Digital, Health Survey for England 2019: Adult and child overweight and obesity

- In 2019, 27% of men and 29% of women were obese. Around two thirds of adults were overweight or obese, this was more prevalent among men (68%) than women (60%).
- Obesity increased with age from just 13% of adults aged between 16 and 24, to 36% of those aged 65 to 74. It was lower among adults aged 75 and over (26%).
- In all age groups except the youngest (16-24 years), the majority of adults were overweight or obese.
- Areas with the highest rates of obesity tend to be clustered around urban areas in the north of England.
- Adults living in the most deprived areas are the most likely to be obese. This difference is particularly pronounced for women, 39% of women in the most deprived areas are obese, compared with 22% in the least deprived areas.
- There were more than 1 million hospital admissions linked to obesity in England in 2019/20, an increase of 17% compared to 2018/19. Rates of obesity related hospital admissions in the most deprived parts of the country are 2.4 times higher than in the least deprived areas.⁶
- There is now stark evidence that [living with obesity also increases the risk of severe COVID-19](#). This may also explain some of the inequities seen in COVID-19 risk across society.

⁶ The Kings Fund, Tackling obesity: the role of the NHS in a whole-system approach, July 2021

Figure 2: Adult obesity prevalence by deprivation quintile, England, 2019

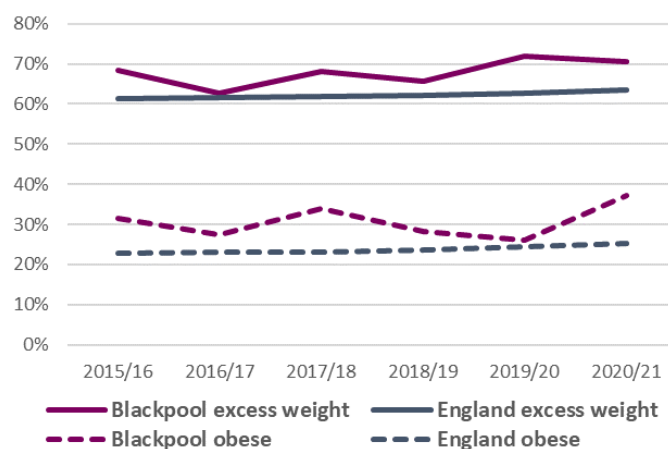


Source: NHS Digital, Health Survey for England 2019: Adult and child overweight and obesity

Overweight and obesity in Blackpool

The Sport England Active Lives Survey is the indicator for measuring the population levels of overweight and obesity (excess weight). Whilst Blackpool estimates for the periods 2016/17 to 2018/19 were only slightly above national and regional levels, the most recent published data (2020/21) estimates that **70.5%** of adults were overweight or obese; this is significantly higher than the estimated national average of 63.5% and equates to approximately 77,000 residents.

Figure 3: Trend in adult excess weight and obesity, Blackpool and England



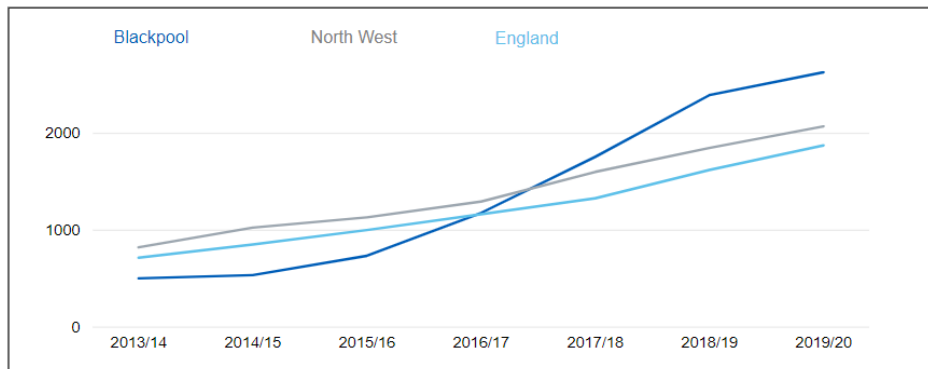
Source: OHID, Obesity Profile

- Trends in the proportion of obese (rather than overweight) showed a sharp upturn during the COVID-19 period and in 2020/21 over a third (**37.2%**) of adults in Blackpool were obese compared to only a quarter nationally. This is approximately 40,600 people.
- Over 11,800 people in Blackpool have been diagnosed with diabetes, 8.2% of the population compared with 7.1% nationally.
- Since 2013/14 hospital admissions where obesity was a factor have been rising steadily across the country and far more quickly in Blackpool⁷.

⁷ Some (though not all) of this increase may be due to hospitals being more likely to record obesity as a secondary diagnosis than they were previously.

- Blackpool recorded 3,620 admissions where obesity was a factor in 2019/20. This compares to 3,300 admissions the previous year. The admission rate was 2,623 per 100,000 population⁸

Figure 4: Trend in hospital admissions where obesity was a factor



NHS Digital, [Obesity related hospital admissions dashboard](#), 2019/20

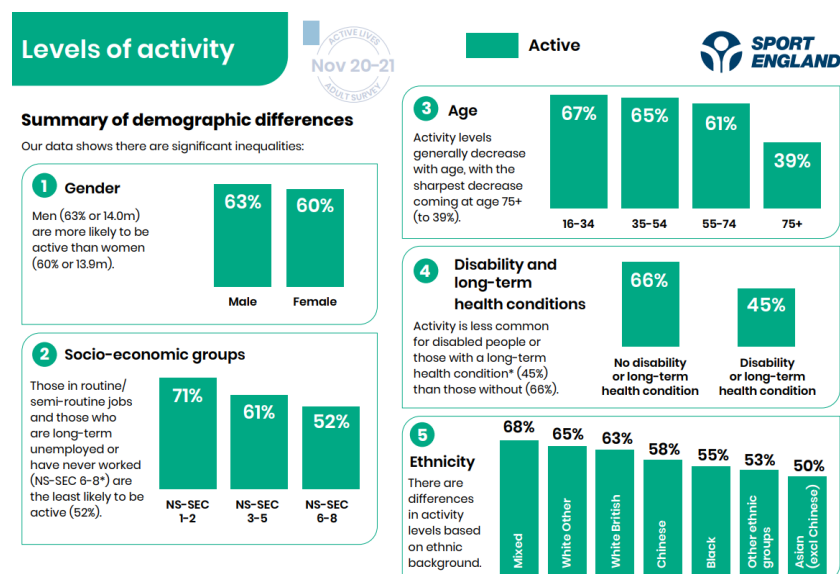
Physical activity and healthy eating

The coronavirus pandemic, which saw unprecedented restrictions applied to everyday life, has resulted in a clear drop in physical activity levels since 2018/19.

The drop in activity levels during the pandemic reflected the level of restrictions in place at the time. As restrictions eased in 2021 activity levels began to recover, with increases seen across the summer compared to 12 months earlier. Despite this, activity levels still remain below pre-pandemic levels across England.⁹

There are considerable inequalities in the levels of activity within separate groups of the population: females, the elderly, those with a disability or long-term health condition, those in lower paid jobs or unemployed and those in a minority ethnic group are all less likely to be active.

Figure 5: Demographic differences in levels of activity, England



Source: Sport England, Active Lives Adult Survey November 2020-21 Report, April 2022

⁸ NHS Digital, Statistics on Obesity, Physical Activity and Diet, 2021

⁹ Sport England, Active Lives Adult Survey November 2020-21 Report, April 2022

We know from the Active Lives Survey that Blackpool’s physical activity levels fell during the COVID-19 period, exacerbating already high excess weight levels:

- Blackpool has the second lowest level of physically active people in the North West.
- A third of all adults do less than 30 minutes of physical activity per week compared to 23.4% across England.
- Just over half (55.9%) do more than 150 minutes of physical activity per week compared to two thirds nationally.
- Levels of musculoskeletal (MSK) conditions in Blackpool are significantly higher than average, impacting on an individual’s quality of life and ability to take part in daily life.



Source: PHE, Health Matters: getting every adult active every day, July 2016

While people’s diets may be improving in some areas, two thirds of the population remain overweight or are living with obesity; poor diets remain one of the leading causes of disease such as cancer, heart disease and type 2 diabetes.



More than half of adults in Blackpool are not meeting the '5-a-day' target

- In 2019/20 just over half of all adults in England were eating the recommended five portions of fruit and vegetables a day.
- Fewer men than women consumed the recommended amount.
- Blackpool has the fourth lowest consumption rate of fruit and vegetables in the North West
- Only 44.7% meet the '5-a-day' target.

Maternal obesity

Increasing evidence suggests that maternal obesity is a major determinant, of infant health during childhood and later adult life (Godfrey et al., 2017). The link between an overweight parent (particularly the mother) and obesity in children is well documented (Moraeus et al, 2014). It is also well documented that obesity and poverty often go hand in hand, with levels of equity and equality being intertwined – Blackpool is ranked the most deprived local authority in England.

- Obesity has become one of the most commonly occurring risk factors in pregnancy with 21.3% of the antenatal population being obese and less than half of pregnant women (47.3%) having a body mass index within the normal range.¹⁰
- 28.5% of pregnant women in Blackpool are obese at the time of their booking appointment, the second highest rate in the North West and significantly higher than the national average of 22.1%.

Maternal obesity increases the health risks for both the mother and child both during and after pregnancy and it is recognised as a high impact area in tackling obesity nationally. There is a large body of evidence which links maternal obesity to adverse pregnancy outcomes. In the UK, the Centre for Maternal and Child enquiries (CMACE) summaries the risk as follows:

- Severe morbidity
- Miscarriage
- Cardiac disease
- Spontaneous first trimester and recurrent miscarriage
- Pre-eclampsia
- Gestational diabetes
- Thromboembolism
- Post-caesarean wound infection
- Infection from other causes, postpartum haemorrhage
- Low breast feeding rates

There is little or no data about physical activity for pregnant women and there is a lot of poor advice from professional and informally from peers about exercise in pregnancy. The NHS advice is the more active and fit you are during pregnancy, the easier it will be for a pregnant woman to adapt to their changing shape and weight gain. It will also help them cope with labour. It is recommended that a pregnant woman keeps their daily physical activity and exercise for as long as it is comfortable. Exercise is not dangerous for the baby and there is evidence that active women are less likely to experience problems in later pregnancy and labour. This chart provides advice to women on what is possible.



Physical Activity Guidance

Breastfeeding and infant feeding

The World Health Organisation recommends exclusive breastfeeding for the first 6 months of a baby's life, with continued breastfeeding along with the introduction of appropriate complementary foods, up to 2 years of age and beyond.

¹⁰ RCOG, Care of Women with Obesity in Pregnancy, November 2018

The health benefits of breastfeeding for babies include: reduced chance of gastrointestinal, respiratory tract and ear infections; a reduced chance of developing eczema; a reduced chance of developing allergies; and reduced risk of cardiovascular disease in adulthood, as well as less likelihood of becoming obese. The health benefits of breastfeeding babies for mothers included reduced risk of developing certain ovarian and breast cancers, and a lower risk of developing diabetes and osteoporosis in later life¹¹.

The chart below compares the rate of breastfeeding initiation / first feed in Blackpool and England. The breastfeeding initiation rate was relatively stable between 2013/14 and 2016/17, significantly lower than the England rate. In Blackpool in 2016/17, 1,068 new mothers began breastfeeding, a rate of 59.1% compared to 74.6% across England as a whole. The new measurement from 2017/18 shows a lower proportion of babies receiving breastmilk as their first feed both nationally and locally. As of 2018/19, Blackpool's rate remained significantly lower than the England average, with 910 babies in 2018/19 receiving breast milk as their first feed, a rate of 52.4% compared to 67.4% across England.

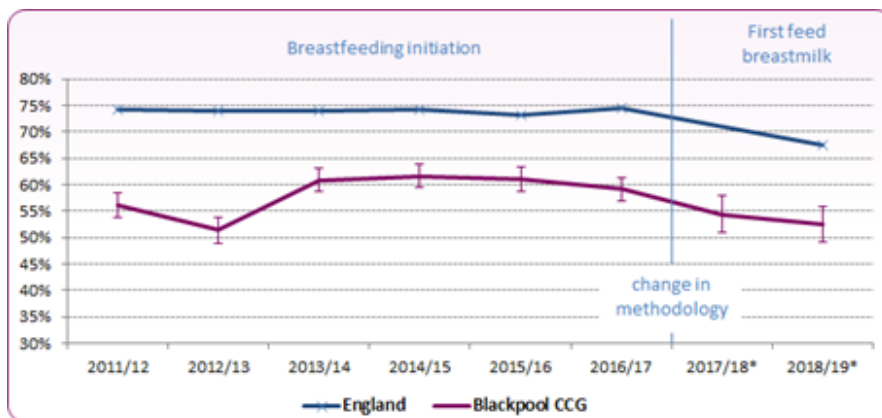


Figure 6: Breastfeeding initiation/first feed: Blackpool and England, 2011/12 to 2018/19

The chart below compares the rate of breastfeeding at 6-8 weeks after birth in Blackpool with England. Proportions of breastfeeding among all infants due a 6-8 week check AND those with known breastfeeding status are shown for comparison purposes.

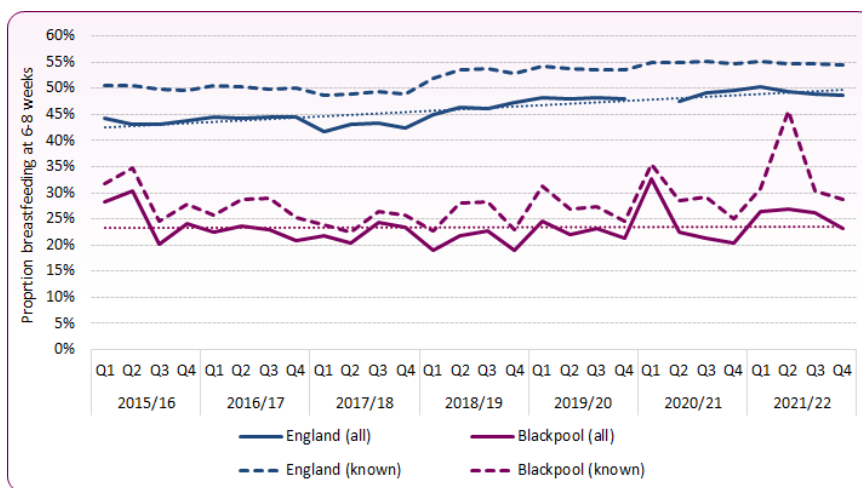


Figure 7: Breastfeeding at six to eight weeks after birth (quarterly data): Blackpool and England, 2015/16 to 2021/22

¹¹ NHS, Benefits of Breastfeeding, <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/>

Service data from the Better Start Partnership suggests that breastfeeding levels are lower in areas of higher deprivation, with breastfeeding initiation and continuation levels at 6-8 weeks, 3-4 months and 12 months all lower in Better Start target wards¹².

Weaning, or the introduction of complementary food for babies, is also a concern. Whilst the NHS recommends the introduction of solid food from around six months of age, data collected through Health Visiting contacts would indicate that around half of parents in Blackpool commence weaning before this point, with around 10% commencing weaning prior to five months.

Breastfeeding and responsive feeding as well as timely and appropriate introduction of complementary foods will support the child to establish healthy primary appetite control in their brain, and train dietary habits which will allow individuals to make healthy food choices; these are key determinants of a healthy weight as outlined in the 2007 Foresight report.

Children

Overweight and Obesity

Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.¹³

The [National Child Measurement Programme](#) (NCMP) collects annual measurements of the height and weight of over one million children in Reception (age 4-5 years) and Year 6 (age 10-11 years) in primary schools across England. Though data collections were disrupted to some extent by the COVID-19 pandemic, local authorities were still able to collect enough data to estimate prevalence by body mass index (BMI) category, which can be used to assess the impact of the COVID-19 pandemic on child BMI:

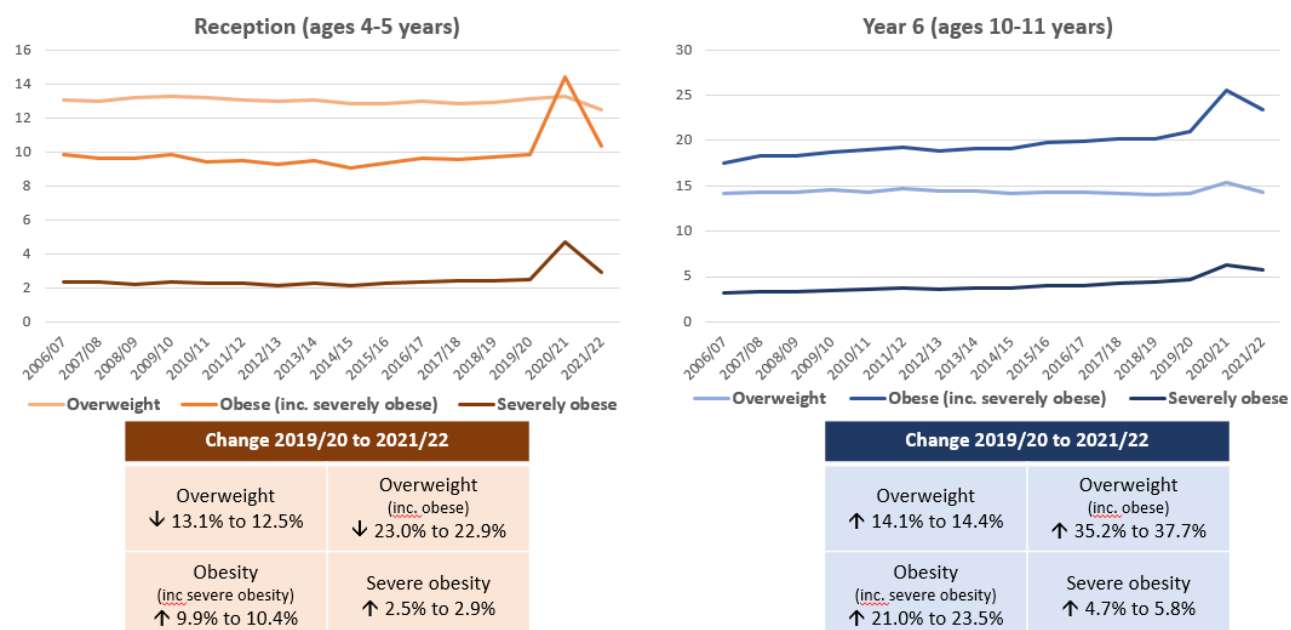
- There were significant single-year increases in childhood obesity rates across England during the pandemic, raising concerns about the impact on children's weight and general health.
- The trend in overweight children in both Reception and Year 6 across England has remained relatively static over the last 15 years.
- Trends in obesity and severe obesity have risen for both Reception and Year 6 and the rates are now significantly higher than they were 15 years ago.
- As with adults, children living in the most deprived areas in England are more than twice as likely to be living with obesity compared to those living in the least deprived areas.¹⁴

¹² See Blackpool Better Start (2022) Annual Dashboard Report, Year 7. Available at <https://blackpoolbetterstart.org.uk/reports-and-papers/>

¹³ OHID, Obesity Profile

¹⁴ OHID, Patterns and trends in childhood obesity, a presentation of data from the 2020 to 2021 National Child Measurement Programme

Figure 8: Trend by BMI category, Reception and Year 6, England



Source: NHS Digital National, Child Measurement Programme, England, 2021/22 school year (provisional), May 2022

The National Child Measurement Programme (NCMP) data collected from England's primary schools in 2021/22, reported by NHS Digital, shows:

Across England¹⁵:

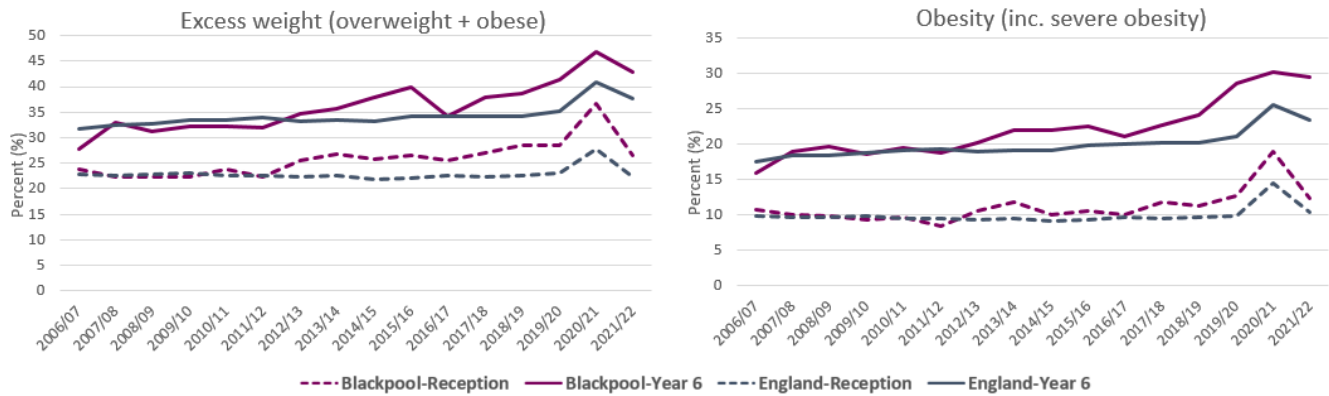
- In 2021/22, more than 1 in 5 children in Reception (aged 4-5 years) were living with overweight or obesity (excess weight). Boys 23.2%, girls 22.5%, all children 22.9%
- In Year 6 (ages 10-11 years), almost 4 in 10 children were overweight or obese. Boys 40.9%, girls 34.6%, all children 37.8%.
- 1 in 10 children in Reception were obese, this includes 2.9% who were severely obese.
- This increases to almost a quarter of Year 6 children where 23.5% are obese, including 5.8% who are severely obese.
- Obesity rates are similar in both boys and girls at Reception age though slightly more boys are severely obese than girls.
- By Year 6, obesity and severe obesity rates are significantly higher in boys than in girls.

Overweight and obesity in Blackpool

The significant single-year increases in childhood obesity seen nationally in 2020/21 are reflected in Blackpool, which already had significantly higher than average levels of overweight and obese children. While rates in Blackpool have fallen back from the highs seen in 2020/21, rates of excess weight and obesity in Year 6 are still showing a rising trend. Rates of excess weight and obesity in Reception age children have fallen back in line with the pre-pandemic trend though are still significantly higher than average.

¹⁵ NHS Digital National, Child Measurement Programme, Provisional school year outputs, England, 2021/22 school year, May 2022

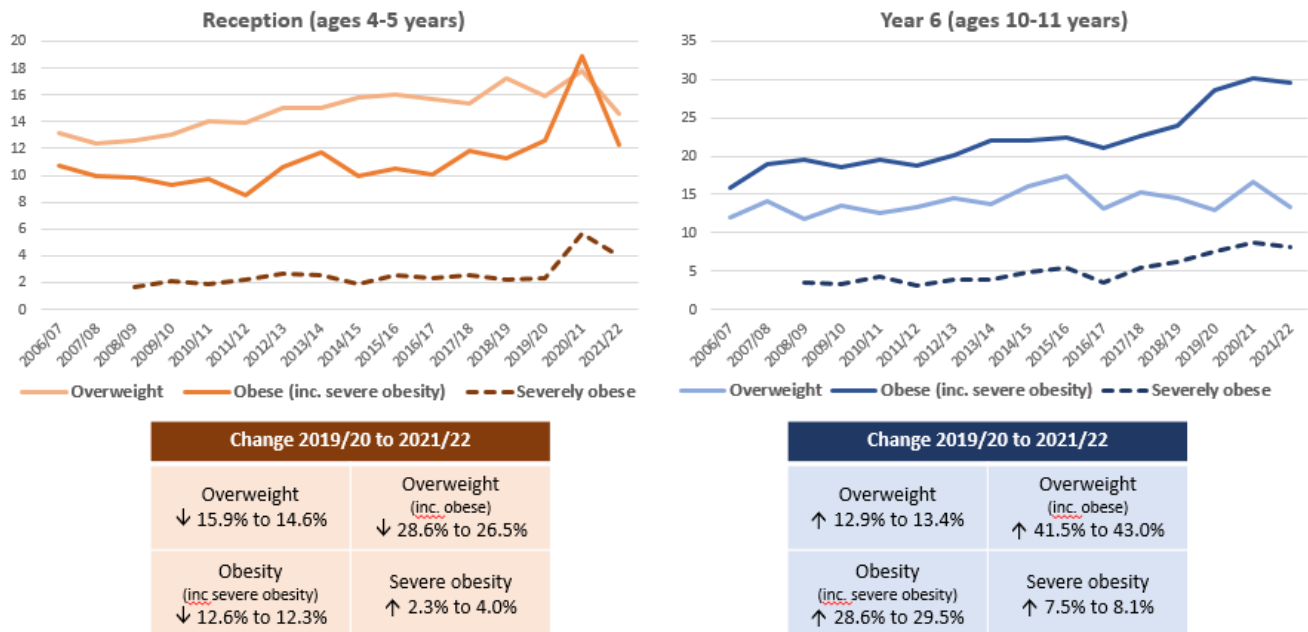
Figure 9: Trends in Excess weight and Obesity, England and Blackpool



Source: OHID Obesity Profile

Blackpool has significantly higher rates of obese and severely obese children at both Reception and Year 6 age. By Year 6 more children are obese than overweight and the proportion who are a healthy weight has dropped to just over half (56% in 2021/22).

Figure 10: Trend by BMI category, Reception and Year 6, Blackpool



Source: OHID Obesity Profile

The NCMP data collected from Blackpool primary schools in 2021/22, reported by NHS Digital and compared to pre-pandemic rates of 2019/20 shows:

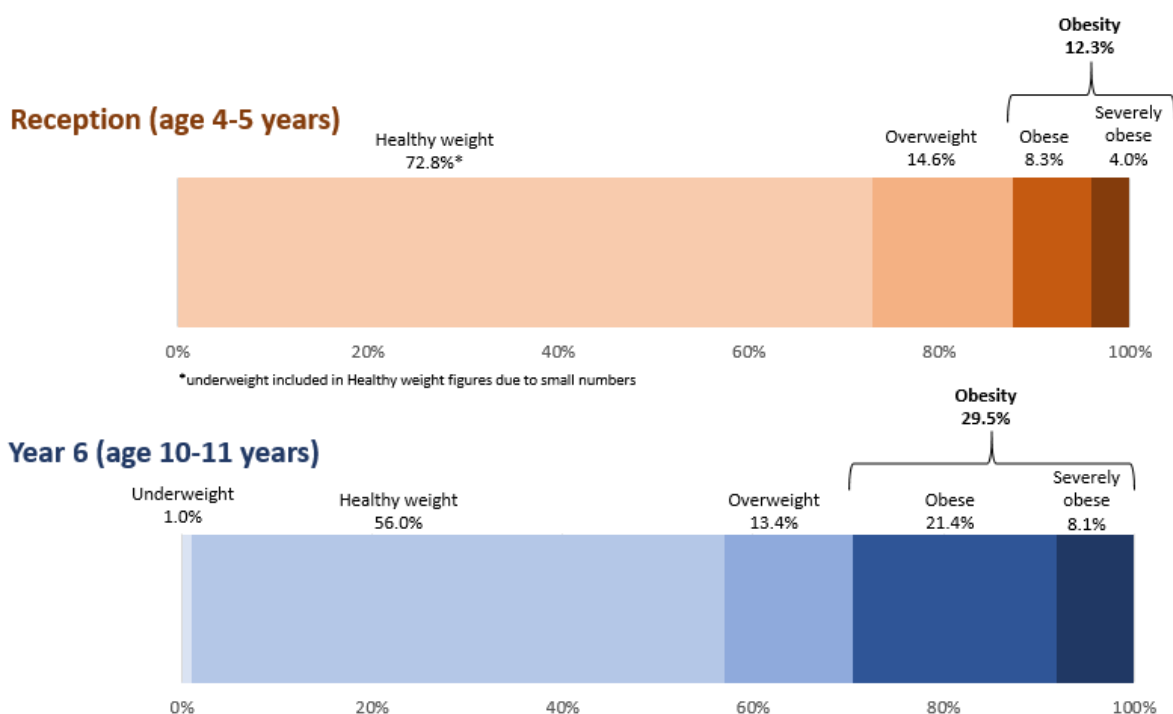
Reception:

- 185 (12.3%) children were classed as obese; this was slightly lower than the 2019/20 rate of 12.6%
- This prevalence rate is significantly higher than the national average of 10.1%
- 400 (26.5%) of the children measured were either overweight or obese (excess weight). This is a decrease from the 2019/20 rate of 28.6%
- The prevalence of excess weight is significantly higher than the national average of 22.3%.

Year 6:

- 440 children were obese, a prevalence rate of 29.5%, up from 28.1% in 2019/20.
- It is significantly higher than the national average of 23.4%
- 640 (43.0%) of the children measured were either overweight or obese. This is higher than the 2019/20 figure of 41.5%.
- Excess weight prevalence is significantly higher than the national average of 37.8%.

Figure 11: BMI status of children by age, Blackpool, 2021/22



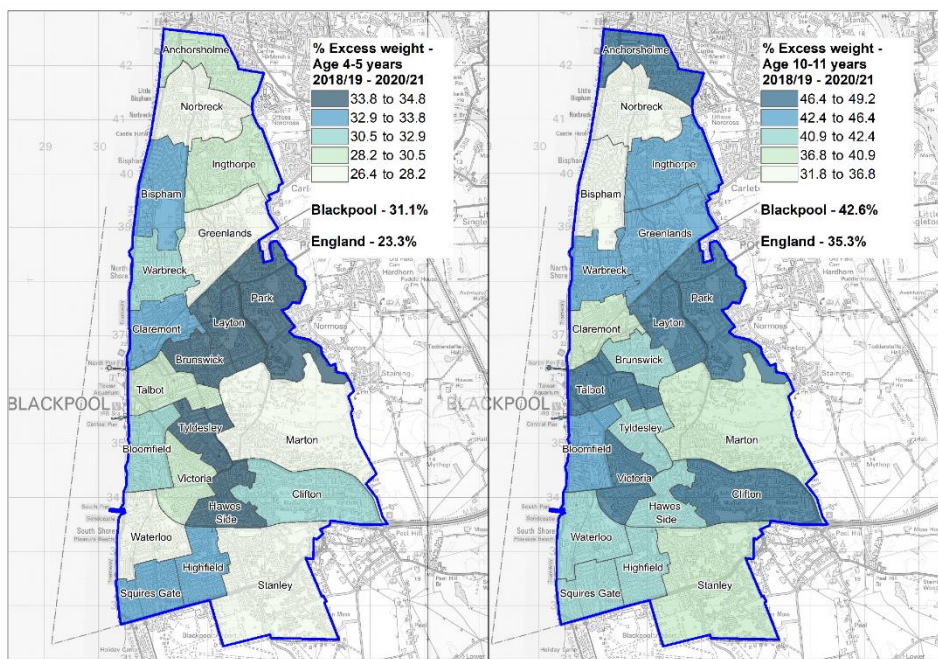
Source: NHS Digital National, Child Measurement Programme 2021/22 school year

Locally, there is wide variation in excess weight. While nationally there is a link with deprivation and more disadvantaged areas, across Blackpool the picture is more opaque.

Combined data from the NCMP, 2018/19 to 2020/21 shows excess weight across the town does not follow the 'usual' pattern we have come to expect, with those areas in the centre of town having the worst outcomes. By Year 6 some of the highest rates of excess weight are in the more affluent areas.

Excess weight rates range from 26.4% in Norbreck to 34.8% in Tyldesley at age 4-5 years and obesity rates range from 11.3% in Warbreck to 17.8% in Brunswick. Layton has the highest proportion (49.2%) of children with excess weight at Year 6 while Bispham has the lowest proportion (31.8%).

Figure 12: Excess weight in Reception and Year 6 children in Blackpool by ward, 2018/19-2020/21



Source: PHE, Pupil Enhanced Dataset, Rates calculated locally (Blackpool JSNA)

Physical activity and diet

The [UK Chief Medical Officers' Physical Activity Guidelines](#) for physical activity among under 5s and 5 to 18-year were refreshed in 2019, with the target for those aged 5-18 years to be physically active for an average of at least 60 minutes per day across the week. The number of children and young people who were physically active fell during the 2019/20 academic year in England, as the coronavirus (Covid-19) pandemic restricted the activities available.

Data from Sport England shows children and young people were generally successful in adapting their habits to include new forms of exercise; however, the types of activity available changed drastically. Not surprisingly, sporting activities (which include team sports and swimming) were hardest hit, down 16% with just over 1 million fewer children and young people taking part, whilst the biggest gains were found in walking, cycling and fitness.¹⁶

- Active lives data for the 2020/21 academic year (which includes the Covid-19 period) suggests that 35.5% of 5-16 year olds in Blackpool met the 60 minutes per day average activity guidelines, significantly lower than the 44.6% national level.
- 40.5% of children and young people in Blackpool were inactive, doing less than 30 minutes per day, compared to 31.3% nationally.
- This equates to approximately 5,900 5-16 year olds in Blackpool meeting CMO-recommended activity levels, with 10,600 below that level (6,600 of whom are active for less than 30 minutes per day).



Only 35.5% of Blackpool's school children meet CMO recommended activity levels

¹⁶ Sport England, Active Lives Children and Young People Survey, January 2021

Evidence base for action

The National Institute for Health and Care Research (NIHR) recently undertook a themed review to look at how local authorities could reduce obesity in the local area. The purpose of the review is to help and support local decision making by ensuring investment decisions can be based on sound evidence, maximising the impact of stretched resources. The review identified 143 NIHR funded studies on obesity that were relevant to local authorities. The studies that were reviewed were:

- System wide approach
- Weight management programmes
- Built and natural environments
- Active travel and public transport
- Active workplaces
- Preventing obesity in children and families
- Healthy Schools
- Public sports and leisure services
- What people buy and eat.

The review drew on the breadth of NIHR research relevant to obesity, consultation with staff at local councils and national organisations, as well as feedback from a group of practitioners, researchers and members of the public. Through this work it was possible to identify evidence-based actions that local authorities, working with local partners, could take to reduce obesity in the communities. The key themes were:

- Investing in active travel, infrastructure, community sport and physical activity
- Influencing behaviour from childhood
- Supporting people living with obesity
- Strategies that reflect societal shifts e.g. in the workplace
- Reducing excess calorie consumption
- Local actions to support system wide approaches

The research concluded that the context in which local authorities operate – levels of deprivation, resources, urban and rural geography, and other competing priorities locally – influences the approaches that can be taken to prevent obesity. National initiatives such as taxes or other regulatory changes are important. Supporting people to maintain a healthy weight requires action on many levels: individual, organisational, across whole systems local and national.

Guidance providing evidence based recommendations on how to curb the rising tide of obesity is published by The National Institute for Health & Care Excellence (NICE) and has and will continue to be used to inform and plan local services. These guidelines are also supported by other guidance published by NICE which are also relevant to obesity¹⁷:

- Obesity working with local communities (PH42)
- Weight management before, during and after pregnancy (PH27)
- Preventing type 2 diabetes – population and community interventions (PH35)
- BMI and waist circumference (PH46)
- Managing overweight and obese adults through lifestyle weight management services (Currently in draft format)
- Managing overweight and obese children and young people through lifestyle weight management services (PH47) Behaviour Change :individual approaches (PH49)

¹⁷ NICE (2006) Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. December 2006.

Food Insecurity

The Index of Deprivation (2019) highlights Blackpool in having 8 out of the 10 most deprived wards in the UK, with 7,800 children living in poverty. Unemployment is high, and a large percentage of employment is seasonal, meaning people are on minimum wage and/or temporary contracts. Child Poverty Framework – highlights that the seasonal low pay nature of Blackpool’s economy exacerbates social deprivation. Fluctuating income levels, and a lack of access to affordable credit also increases families’ day-to-day financial problems. The cost-of-living crisis is hitting homes across the town hard.

Last winter, individuals were making the difficult decision between choosing to keep food on the table or heat their homes. Individuals with children are prioritising their children’s health, keeping the house warm, and making sure the children eat whilst skipping meals themselves simply because they cannot afford the food. The rising cost of living has had a significant impact on the number of people being referred to the services Blackpool Food Bank supports. From all available analysis, this is not expected to end soon. There is a concern from experts that energy costs may not fall to pre-Ukraine war levels until the year 2030. This could potentially have a lingering impact on the communities we serve for some time to come.

As a result, Blackpool Food Bank is experiencing an increasing demand for food. In 2022 there was a 24% increase in demand for crisis family parcels, and an increase of 50% for single crisis parcels. This trend is continuing into 2023.

In October 2022 Blackpool Food Bank launched The BIG FOOD Pledge, an initiative where there is engagement with Local Authorities, NHS, businesses, suppliers, manufacturers, and wholesalers to access food at the back of the supply chain which would end up in landfill or as animal feed. The latest statistics from WRAP (Waste & Resources Action Programme) state that over 9.5 million tonnes of food are wasted in England each year.

Climate Change

Food security and climate change

Climate change and food are connected in a variety of ways, leading to food insecurity threats globally¹⁸. This is due to rising temperatures leading to increased heat stress which shrinks fresh water supply and changes weather patterns causing crops to fail and allowing for crop related pests and diseases to persist¹⁹. These crop failures push up food prices, disproportionately affecting people in deprived living situations. These rises in food costs can be amplified in difficult economic periods, such as the current cost of living crisis. The IPCC found in their climate vulnerability report that; “In the next 30 years, food supply and food security will be severely threatened if little or no action is taken to address climate change and the food system's vulnerability to climate change”²⁰²¹

Food production and climate change

All stages of the food production cycle; ranging from growth through to disposal create emissions that contribute to climate change²². A third of all human- caused greenhouse emissions come from food production, second only to the energy sector.²³²⁴²⁵ The largest part of these emissions come from agriculture and land use practice, the rest comes from transportation, packaging and wastage of food²⁶. Food type bears a huge factor in how many emissions are

¹⁸ 2. Climate Explainer: Food Security and Climate Change (worldbank.org)

¹⁹ 6. The World's Food Supply is Made Insecure by Climate Change | United Nations

²⁰ 8. IPCC — Intergovernmental Panel on Climate Change

²¹ 6. The World's Food Supply is Made Insecure by Climate Change | United Nations

²² 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

²³ 2. Climate Explainer: Food Security and Climate Change (worldbank.org)

²⁴ 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

²⁵ <https://wrap.org.uk/taking-action/climate-change/circular-economy>

²⁶ 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

created and released through its production. Animal based products account for 57% of food production emissions and plant based products account for 29%²⁷. Food production is also the biggest methane emitter, and the largest cause of biodiversity loss in the world²⁸.

The health risks of climate impacts on food provision

The Food Standards Agency has noted that climate change is linked to food production in the following ways: food availability and security, food safety risks and for its role in mitigating climate change²⁹. They have invested in research surrounding food safety risks cause by climate change³⁰. The World Health Organisation also agrees that food security and safety are the biggest direct implications climate change will have on human health through food³¹.

Food production and climate adaptation

The World Business Council for Sustainable Development has the following suggestions for food production to adapt to climate change:³²

1. Habitat restoration
2. Agro ecological methods
3. Crop diversification
4. Reducing food waste
5. Healthy sustainable diets

These recommendations can work in a local context to increase food security by:

- Increasing the opportunity to increase community growing schemes, which use sustainable methods to reduce emissions creation and pollutants.
- Increasing access to healthy sustainable diets and opportunity to reduce food waste and increase the efficiency of food dispersal.

This will allow for fresh food to be dispersed to those in food poverty and also increase the independence of growers and access to locally grown healthy food.

The role of healthy eating in reducing emissions

For food created emissions to be reduced, a producer to consumer approach is essential³³. This can be supported by a shift towards making the provision of plant based diets easier for the consumers. According to the UN, what you eat is more important than the food miles or packaging, as the higher emissions rates come from agriculture practices³⁴. They suggest that eating healthier meals, which contain a higher percentage of vegetables is the best way consumers can reduce their food emissions, in tandem with reducing food waste and composting³⁵. The World Business Council for Sustainable Development also recommends healthy, plant rich diets as a way to adapt to

²⁷ 3. Here's How Much Food Contributes to Climate Change - Scientific American

²⁸ 2. Climate Explainer: Food Security and Climate Change (worldbank.org)

²⁹ 4. Climate change | Food Standards Agency

³⁰ 4. Climate change | Food Standards Agency

³¹ <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

³² 7. Strengthen global food systems to help climate adaptation - World Business Council for Sustainable Development (WBCSD)

³³ 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

³⁴ 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

³⁵ 1. Food and Climate Change: Healthy diets for a healthier planet | United Nations

climate change impacts on food security³⁶. Not only would this impact how the agricultural system works it would also have positive impacts for the health care system. According to the UNEP report, it would make \$1.285 trillion available annually by 2030 and \$1.92 trillion by 2050³⁷.

The role of the circular economy in increasing food security

The Ellen McArthur Foundation states that “Changing our food system is one of the most impactful things we can do to address climate change, create healthy cities, and rebuild biodiversity.”³⁸ This can be achieved in the following ways³⁹:

1. Sourcing food grown re-generatively, and locally where appropriate
2. Designing and marketing healthier food products
3. Making the most of food

This can be achieved through circular economy thinking, as by nature a circular economy system is waste adverse and regenerative in its approach. Circular food would create a regenerative food cycle which increases food security.

³⁶ 7. Strengthen global food systems to help climate adaptation - World Business Council for Sustainable Development (WBCSD)

³⁷ <https://www.undp.org/publications/undp-issues-brief-resilient-food-and-agriculture>

³⁸ <https://ellenmacarthurfoundation.org/food-and-the-circular-economy-deep-dive#:~:text=A%20circular%20economy%20for%20food%20mimics%20natural%20systems,the%20soil%20in%20the%20form%20of%20organic%20fertiliser.>

³⁹ Sourcing food grown regeneratively, and locally where appropriate
Designing and marketing healthier food products
Making the most of food

What is happening in Blackpool

Blackpool has shown a commitment to tackling obesity through the Local Authority Declaration on Healthy Weight, which was originally signed in January 2016 and resigned in November 2022. Following the signing of this declaration the council has worked hard to tackle the issue of obesity within the town and a range of activities, interventions and work has been undertaken, which are detailed below:

Children and Families Weight Management – Making Changes

This service is delivered by Active Blackpool and has run for a number of years to support the findings of the NCMP programme. Its aim is to manage and deliver effective weight management services to those children identified as overweight or obese by the NCMP and support the families to achieve sustained long-term movement towards healthier weight. The service aims to improve children and family's knowledge and skills around healthy eating and physical activity, in order to enable them to use these skills to make and sustain healthy lifestyle choices. The service will use and develop innovative methods to achieve this where appropriate and is aimed at children aged 4-11years old and their families.

Tier 2 Adult Weight Management Programme

This service is jointly commissioned between Active Blackpool and Blackpool Football Club Community Trust and aims to manage and deliver effective weight management services to adults in order to enable sustained long-term movement towards healthier weight. The service aims to improve a participant's knowledge and skills around healthy eating and physical activity and use these skills to make and sustain healthy lifestyle choices.

Healthier Choices Award

This is an award scheme that is available to Blackpool food establishments with a food hygiene rating of 3 or above. The healthier choices award is all about giving customers healthier food options by making simple changes to the way food is prepared and cooked.

Junior Healthier Choices Award

This is an award scheme which is available to Blackpool food establishments with a food hygiene rating of 3 or above. The award is about local businesses committing to welcoming breastfeeding and bottle feeding on their premises and to offer smaller portions of healthier choice menu items that are appropriate for infants.

Be kind to teeth campaign

Working in partnership with Food Active and Blackpool Better Start this is a campaign for the town to promote healthier drink options for the under 5s. The aim is to encourage parents and carers to give only water and milk to babies and children, as well as raising awareness of the health risks associated with consuming sugary drinks.

Give up loving pop (GULP)

This campaign was created by Food Active, a collaborative healthy weight programme commissioned by the North West Directors of Public Health and delivered by the Health Equalities Group (HEG), Liverpool. The aim of this campaign was to raise awareness around the health effects of excessive consumption of sugary drinks

Free School Breakfast

Blackpool Council offers all primary school pupils from Reception through to Year 6 attending state funded schools in Blackpool a free, healthy breakfast at the start of the school day, compliant with the School Food Guidelines. This scheme is based on evidence of effectiveness from the US federally assisted School Breakfast Program showing that children who eat school breakfast are less likely to be underweight, more likely to have improved nutrition, and the

Program does not contribute to obesity. Local evaluation work has suggested that free school breakfasts are already making a positive difference to Blackpool children's eating habits

Holiday Activities Food Programme (HAF)

The Blackpool HAF is funded by the Department for Education and provides healthy food and activities for eligible children who receive free school meals. There are a range of providers delivering a wide variety of activities, health and nutrition information, and free healthy meals each day to children and young people during the school holidays.

Fit2Go

Fit2go is a programme for year 4 children to increase physical activity and promote healthy lifestyles including healthy eating.

Holistic Infant feeding Service

Blackpool will take a whole-system approach to infant feeding. In addition to existing universal and services from Midwifery, Health Visiting, Neonatal and Family Hubs, we currently commission Anya (a digital pregnancy, parenting and infant feeding support mobile phone app) and the Henry Infant Feeding Team. We currently commission HENRY to run an infant feeding service that supports women who breast feed in addition to supporting safe and responsive bottle feeding. The service is funded through Blackpool Better Start also offers training to inform and improve practice in the workforce. HENRY also run starting solids workshops around the town to encourage a timely and healthy introduction to solid foods when a baby reaches 6 months of age. This offer will look to be expanded with Start For Life funding from 2023 with a concentration on uptake and initiation of breastfeeding by enhancing the infant feeding support in the antenatal period and a Breast Feeding Welcome Scheme across the town

Healthy Start Scheme

In Blackpool we have a clear strategy to support parents signing up to the Healthy Start Scheme thus increasing the consumption of healthy foods for our most vulnerable families. Working collectively (Better Start Community Connectors, Midwifery, Family Hubs, Health Visiting) the town have managed to increase uptake in the year 2022-2023 despite a number of national issues with accessing the benefit. Blackpool is currently 4th highest uptake in England (Feb 2023) with 72% of eligible parents accessing the scheme. A continued focus on data and communications will support an increased and sustained access rate over the coming year.

Business Health Matters

Business Health Matters is a ground-breaking programme that will build a healthier workforce across Lancashire, and beyond. The first of its kind in the country, the Business Health Matters programme supports local businesses in improving the physical and mental health of their employees so that staff are happier, healthier and more resilient. Healthier working-aged individuals, who are given opportunities to upskill, remain in employment and live longer, happier lives. Businesses benefit from this with increased productivity and sustained workforces, resulting in reduced absence costs and lower staff turnover rates.

The programme breaks down into three main projects:

- Workplace Health Champion training
- Health checks
- Wellbeing packages

Active Travel

Active Blackpool has encouraged and enabled modal shift by teaming up with Living Streets, Cycling UK, Love to Ride, Blackpool Police, Team Rubicon, and offered grant funding to businesses to buy improved cycle storage to encourage their staff to actively travel to work.

Living Streets has been delivering three initiatives in Blackpool; WOW – The Walk to School Challenge for primary schools, Next Steps for post primary/FE settings and Walking Works for work places. WOW is being delivered at 20 schools, and it is anticipated to be implemented in a further twelve subject to further funding. We have launched Next Steps at three secondary schools/further education settings and have recently increased the target from three post primary settings to six. We have launched walking works with five workplaces and held a 'Pledge event' at two businesses and three colleges.

Cycling UK has provided funding to run 21 'Big Bike Revival Events' consisting of Fix events where people bring their bikes to be repaired, learn to fix where people learn how to fix their bikes for future maintenance, Learn to ride where people learn how to cycle and Led rides where we take participants on a led bike ride.

Funding was secured through Cycle UK to appoint a Cycling Development Officer in December 2021. The role's purpose is to deliver and monitor Cycling UK Development and Behaviour Change projects to meet the local community's need. The programmes are designed to reach diverse audiences and include Community Cycling Clubs, Big Bike Revival and Cycle for Health.

Team Rubicon Active Travel has teamed up with team Rubicon which delivers Skateboarding and scooter coaching sessions in schools. This was rolled out to eight schools and the uptake was good with a lot of children buying skateboards after the sessions to carry on at home. Further funding has been secured to run this in a further eight schools in June 2023.

Sports 4 Champions - The Active Travel officer has been going into schools alongside the sports coaches when delivering sports 4 champs. Sports 4 Champions is a Sport Blackpool initiative aimed at year six children, delivered in primary schools. The six week programme is designed to positively engage children in sport and physical activity opportunities, educating them in the importance of maintaining a healthy lifestyle through diet and physical activity.

Love to Ride is the online platform that gets more people cycling. It runs quarterly events to encourage, incentivise and reward riding. They have engaged over 415,000 people and 25,000 workplaces worldwide, helping 73,000 people to get back on their bikes. Active Blackpool has recently started a partnership with Love to Ride to run a local Blackpool initiative.

This is not an exhaustive list of Blackpool activity, but provides an overview of the interventions/actions that are currently taking place. All initiatives are assessed and evaluated to establish if they are achieving the agreed outcomes. If interventions are not working they are reviewed, adapted and if necessary cancelled.

Active Blackpool Referral Scheme

The Active Blackpool Referral Scheme is designed to help people with health conditions to start exercising safely. Health professionals can refer suitable patients to the scheme to take part in physical activity sessions to receive advice and support, helping them to overcome barriers to exercise and to improve their health and quality of life.

In addition to the work highlighted here there is a range of strategies and work in place that supports this work, including:

- Active Lives Strategy 2020-2025
- Oral Health Strategy

- Climate Emergency Action plan
- Fylde Coast Local Cycling and walking infrastructure plans (LCWIP)
- Green and Blue Infrastructure Strategy
- Local Transport Planning

The Vision

This document has demonstrated obesity is complex, the causes being woven into the fabric of modern lifestyles. The way forward is to help our population make healthy choices from pre-birth and throughout life. Starting with healthy pregnancy, breastfeeding and continuing with healthy and active old age. This will be achieved through a long term commitment by our partners and stakeholders, linking all partner organisations' efforts.

Tackling overweight and obesity will require a range of partners' involvement, including the local authority, NHS, private sector and the voluntary and community sectors. To ensure this strategy's effective delivery all partners will need to build on the existing work and continue to work as a whole system to affect change. Because of the complex factors at play, the problem will not be reversed by any single approach. This strategy's success will depend on changing many aspects of our population's lives and the current environment in which we live, work and play, which encourages obesity related behaviours.

Strong communication and partnership working will enable a more comprehensive, holistic and better coordinated approach, which will mean a more proactive and effective approach to tackling this issue.

This strategy provides a framework and vision for all partners to contribute and identify their role in the healthy weight agenda.

The Strategy's Ambition

Our long term ambition is to ensure that Blackpool's population and its future generations have the best start in life, and live longer and happier lives. We need to make a healthier choice the easy choice and for individuals to feel enabled to make positive lifestyle choices to sustain or maintain a healthy weight. We will work together with a range of partners and sectors to change our food, physical activity and social environment to promote healthy weight.

Our Priorities

- Supporting our children and young people develop, grow and to be a healthy weight
- Promoting healthier food and exercise choices across the town
- Help to provide food security for all Blackpool residents and enable them to manage and prepare food to provide nutritious meals cost-effectively
- Ensuring people have access to the right information and resources to make healthy choices that support effective weight management
- Promote and support active lifestyles, encourage the population to move more, including the use of public transport, cycling, and walking
- Building healthier workplaces that support employees to move more, and to make healthier choices including active travel to support employees making healthier choices

The Outcomes

- Reduction in health inequalities that arise from overweight and obesity
- Reduction on demand on health and social care that arise from conditions/issues related to being overweight or obese
- Fewer people with longer term conditions as a result of excess weight
- Changes in the local activity and food related environment such as changes to travel, town planning etc. to address the obesogenic environment

- Improved offer of healthy food provision/options in public sector settings
- Expand the number of local businesses achieving the Healthier Catering Award
- Reduce the number of children arriving at primary school overweight or obese
- Reduce the increase of overweight and obese children from Reception to Year 6
- Increased breastfeeding rates, initiation and duration
- Increased number of babies receiving solid foods at the recommended 6 months of age

Governance and Accountability

We will use the Food Active Healthy Weight Declaration monitoring and evaluation toolkit which can be found in the appendix to assess progress against the aims and objectives of the Strategy. The Healthy Weight Strategy Group will agree the resources required, milestones and timescales for achievement against which progress to the Health and Wellbeing Board will be reported annually or by exception. Terms of Reference and group membership are detailed in the appendix but include key partners across the council, public and voluntary sector.

To understand if the strategy has had a beneficial impact for the Blackpool population, we will use national Public Health Outcomes Framework (PHOF) indicators. The PHOF includes health improvement indicators that will demonstrate the progress being made. It is proposed the following indicators are adopted:

- Breastfeeding initiation
- Breastfeeding rates at initiation and 6-8 weeks after birth
- Child excess weight in 4-5 and 10-11 year olds
- Fruit and Veg consumption
- Percentage of adults classed as overweight or obese
- Proportion of physically active and inactive adults
- Reduction in excess weight of children (NCMP Data reception and Year 6)
- Average number of portions of vegetables consumed daily
- Average number of portions of fruit consumed daily
- Proportion of the population meeting the recommended 5-a-day – adults
- Adult and child physical activity levels
- Prevalence of type 2 diabetes
- Maternal BMI rates

The action

Within each of the priorities there are a number of proposed action areas, which will require a cohesive response from key stakeholders, partners and the community

Priority 1: Supporting our children and young people develop, grow and to be a healthy weight

Breast feeding

Support the development of the Lancashire Infant Feeding strategy and its implementation in Blackpool.

Support the work towards the Baby Friendly Initiative Accreditation across the town.

Support the work to increase the Family Hub team capacity to deliver on infant feeding support and to build a sustainable model.

Support the expansion of the Henry programme through Best Start in life and family hub programme

Food provision in schools and early years settings

Work with schools to ensure they are meeting the school food standards and continue to improve the standard of school meals through the effective implementation of the School Food Plan, and ensure Early Years settings are aware of the Early Years guidance.

Bring Bite Back 2030 to Blackpool schools to give children a voice and create discussion about positive action around good nutrition

Ensure the free school breakfast scheme meets the needs of the population and continues to offer a healthy start to the school day.

Work with schools to understand the dining culture and consider how the grab and go culture could be improved

Food Poverty

Increase the uptake of the Healthy Start scheme and Healthy Vitamins and encourage parents to take up the offer and identification of Health Champions for Healthy Start across the Community Connectors.

Work with schools, children and families to increase free school meal uptake, de-stigmatising the initiative and ensuring the process is simple to easy to follow.

To take opportunities to shape and influence National Policy.

Weight Management

Ensure a proactive approach to the National Child Measurement Programme (NCMP) so parents are supported and know where they can get advice and support for their child/young person.

Educating families and help break the cycle and set healthy foundations for the next generation.

Ensure that all health and care professionals are aware of the healthy weight initiatives are signposting and referring to services.

Ensure that all schools and associated health professionals are aware of the Active Blackpool Weight Management Programme that are relevant to children and young people.

Physical Activity

Holiday Activities Programme (HAF)

Encourage all schools to work closely with the Blackpool School Games Organiser and to positively engage in the physical activity opportunities available to them.

Ensure all Early Year providers are aware of the physical activity guidelines birth to five.

Priority 2: Promoting Healthier food and exercise choices across the town

Healthier food Advertising

Work with colleagues across the council to explore how we might limit junk food advertising.

Healthier Choices Award

Promotion of the award scheme to local businesses and encourage existing award holders to continue offering healthy options. Consider ways of developing the award to increase the number of premises receiving the award.

Sustainable food

Ensure planning policies support the reduction of hot food takeaways

Encourage local groups to start community food growing spaces

Children and young people, and their parents or carers, see healthy food and drink choices displayed prominently in local authority and NHS venues

Priority 3: Help to provide food security for all Blackpool residents and enable them to manage and prepare food to provide nutritious meals cost effectively

Food Poverty

Increase access to healthier foods in deprived areas, by working with smaller corner shops to improve their fresh fruit and vegetables offer.

To access healthier food through the Big Food Pledge and working with the food partnership to develop healthier food packs and recipe cards.

Community Food Provision

Development of food growing communities and cooking classes

Eating together: more opportunities for social contact through food, building families, tackling loneliness and bringing communities together.

Priority 4: Ensuring people have access to the right information and resources to make healthy choices that support effective weight management

Campaigns

Develop a town wide approach to local promotions of campaigns such as Give up Loving Pop, Be kind to Teeth, Change4life etc.

Health education and skills

Take learning about infant nutrition into schools

Continue to offer education in schools on healthy lifestyles such as fit2go and Sports for Champions.

Maximise the opportunity for residents to have access to an expanding set of accredited health apps and digital information services to self-manage their physical activity levels and nutrition.

Ensure all members of the health, care and social care workforce have the knowledge and skills to embrace the opportunities of evidence-based and approved lifestyle information.

Maximising the use of social media to share evidence based and approved information.

Ensure that all schools and associated health professionals are aware of the Active Blackpool Weight Management Programme that are relevant to children, young people and adults.

Service and community programmes

Increase access to weight management services by offering free access to commercial services to those who can't afford to access such schemes. To run a targeted pilot to evaluate such a scheme's effectiveness.

Increase access to physical activities and encourage individuals to move more by offering free access to exercise on referral.

Identify actions needed within the adult social care sector to help with later life healthy weight.

Ensure that all schools and associated health professionals are aware of the Active Blackpool Weight Management Programme that are relevant to children, young people and adults.

Development of the Health Coach role, which will work closely with social prescribers and GPs to support individuals who have been referred to tier 2 services; providing support to those awaiting specialist weight management services; and supporting individuals with lived experiences on exit from specialist weight management services.

Priority 5: Promote and support active lifestyles, encourage the population to move more including using public transport, cycling and walking

Active Travel

Provide appropriate and timely support for those interested in changing their travel behaviour to make small, daily changes through Business Grants, Cycle training and encouragement of Active Travel.

Ensure walking and cycling programmes form a core part of local transport investment planning, on a continuing basis.

Support schools to implement and review school travel plans to promote safe, sustainable and less car dependent patterns of travel e.g. Walk to School programme.

Encourage Early Years settings to develop a travel plan and promote safe, sustainable and less car dependent patterns of travel amongst both families and workforce.

Ensure that Active Travel Officer is involved in current and future planning and decision making relating to Active Travel, together with encouraging travel planning within all organisations.

Raising awareness of opportunities for increased active travel through the Active Travel Officer such as Cycle Training, Cycle Maintenance and Walking Maps.

Active lives exercise referral

Provide support, information and advice to help people at risk or with long term health conditions to move more to improve their health and wellbeing in a safe and welcoming environment.

Continue to actively promote to Health Care Professionals the opportunity and support to refer into the exercise referral programme.

Deliver MECC training to staff across health and care, local authority and voluntary sectors to support the concept of 'move a bit more' to be embedded into systems change.

Priority 6: Building Healthier workplaces which support employees to move more, and to make healthier choices including active travel to support employees making healthier choices

Policy and Intervention

Key partners and stakeholders to sign up to the Strategy and lead by example in providing healthier and more sustainable catering for the workforce and events.

Support local organisations to meet the Government buying standards for food and catering services.

Ensure workplaces have information available regarding healthy weight and promote this to employees, for example, access to healthy recipes, cooking on a budget information and courses.

Workplaces to have access to exercises and promote the move more messages, encourage participation in workplace walks, and challenges.

Continue Business Health Matters delivery and empower staff with the skills and knowledge to improve workplace wellbeing from within, and to undertake health checks to employees across Blackpool to reduce the risks to staff by detecting signs of poor health early.

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Date	Version	Amended by	Description of changes
25/11/22	1	Nicky Dennison/Christine Graham	First draft of the strategy
10/03/23	2	Nicky Dennison	Healthy Weight Strategy group provided updates, amendments and additions to the document
10/05/23	3	Nicky Dennison/Christine Graham	Healthy Weight Strategy group members provided additional information to be included within the document. Reduction of the data information within the strategy
30/05/2023	4	Nicky Dennison	Inclusion of Climate Change information and amendment to the action plan following discussion with various partners
04/07/2023	5	Healthy Weight Strategy Group	Amendments made to the document from the healthy weight strategy group meeting

01/08/2023	6	Healthy Weight Strategy Group	Proof reading and amendments in relation to infant feeding
21/08/2023	7	Healthy Weight Strategy Group	Final amendments and agreed final version

Approved By:

Name	Title	Signature	Date