LOCAL AUTHORITY DECLARATION ON healthy weight

WHY A LOCAL AUTHORITY DECLARATION ON HEALTHY WEIGHT IS NEEDED

EVIDENCE BRIEFING

FOOD ACT!VE

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THE LOCAL AUTHORITY DECLARATION ON HEALTHY WEIGHT

The Local Authority Declaration on Healthy Weight presents the opportunity for local authorities to lead local action and demonstrate good practice in adopting a systems approach to tackling obesity and promoting the health and well-being of communities. It is a statement, individually owned by each adoptive authority. It encapsulates a vision to promote healthy weight to improve the health and well-being of the local population.

The declaration (hereafter HWD) is a strategic commitment made across all council departments to reduce unhealthy weight in local communities, protect the health and wellbeing of staff and citizens and to make an economic impact on health and social care and the local economy. The declaration includes 16 standard commitments whereby Local Authorities pledge to achieve action on improving policy and healthy weight outcomes in relation to specific areas of the council's work.

Within the declaration there is also the opportunity for Local Authorities to add local commitments relevant to their needs and aspirations. These local priorities are usually determined through consultation which may include the Health and Wellbeing Board, CCG, public consultation.

POLICY CONTEXT

Since its launch in August 2015 increasing numbers of Local Authorities across England continue to adopt the HWD, with 23 councils to have adopted at the time of publication

Ranging from authorities in the North West, Yorkshire & Humber and to the South West of the country, these authorities include both unitary, two-tier and district authorities, all with unique experiences of adoption

During this time there have been changes within the policy landscape, regional and sub-regional governance and infrastructures and within local government itself. In addition to advances in policy, we have seen a change in the patterns and prevalence of overweight and obesity; whilst overweight prevalence in adults may have stabilised in recent years. Obesity prevalence in adults (aged 16+) in England and Scotland has increased since the 1990s. Unhealthy weight is an issue which continues to persist, there are inequalities in its prevalence and the cost to the individual and the economy is profound.

A renewed focus on prevention and a continued joined-up approach to reducing unhealthy weight, and its associated inequalities is recognised and reflected in recent national policy, including the following publications:

The Government's Childhood Obesity A Plan for Action: Chapter 2[1]: The Plan outlines the actions the government will take towards its goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030[1].

The Government's Obesity Strategy[2]**:** The strategy was published in response to the emerging links between COVID-19 and obesity and aims to empower people to improve their health by losing weight, not only to reduce the risk of non-communicable diseases but also to the reduce risk of developing severe symptoms and complications of COVID-19.

The NHS Long Term Plan[3]: sets out to deliver a renewed focus on preventing illness and tackling health inequalities. The plan makes reference to how the NHS will increase its contribution to tackling some of the most significant causes of ill health with a focus on obesity and diabetes.

Prevention is Better than Cure[4]: a document launched by the Department for Health and Social Care in late 2018, sets out a vision for putting prevention at the heart of the nation's health; ' to improve healthy life expectancy so that, by 2035, we are enjoying at least five extra years of healthy, independent life, whilst closing the gap between the richest and poorest.' The document recognises the importance of working across government, social care, individuals, families, communities, employers and charities to enable change.

Advancing our health: prevention in the 2020s[5]: sets a vision to shift away from the tradition of dealing with the consequences of poor health to promoting the conditions for good health. It builds on the commitment made to 'improve healthy life expectancy by 2035. In addressing some of the prevention challenges the paper sets out: publication of Chapter 3 of The Childhood Obesity Plan focusing on infant feeding, clear labelling, food reformulation improving the nutritional content of foods, and support for individuals to achieve and maintain a healthier weight. A commitment to increase the number of people switching from driving to public transport, cycling and walking.

Health Equity in England[6]: The Marmot Review 10 Years On: this report commissioned and produced 10 years on from the landmark study 'Fair Society, Healthy Lives' (The Marmot Review) demonstrates that;

- People can expect to spend more of their lives in poor health
- Improvements to life expectancy have stalled, and declined for the poorest 10% of women
- The health gap has grown between wealthy and deprived areas
- Place matters; there are inequalities in health amongst different regions in the UK experiencing similar levels of derivation.

Working at 'place' with a range of stakeholders to address the socio-economic factors affecting health inequality is key.

Place-based systems of care will have a strong focus on the NHS, however they should also involve local authorities, who themselves may be considered an 'anchor institution' and can significantly impact on the well-being of the communities in which they serve.

Public Health England's Whole Systems Approach to Obesity[7]; The causes of obesity are complex and exist in the places where we live, work and play. A growing body of evidence suggests that whole systems approaches (WSA) could help tackle complex problems like obesity. Public Health England (PHE), the (LGA) and Leeds Beckett University have worked in partnership to developing a 'whole systems' obesity programme to support practitioners at a local level adapt and work in a way that enables all stakeholders to be engaged in the healthy weight agenda. Although developed at different times there are clear similarities across the WSA and HWD programmes in terms of supporting local areas to tackle obesity and promote healthy weight through a long-term, cross-sector, health in all policies approach. The HWD can either be used by local authorities as a standalone process to address healthy weight, or in tandem with the WSA. A joint Public Health England/Health Equalities Group (HEG) narrative has been developed to describe how the approaches can be used together.

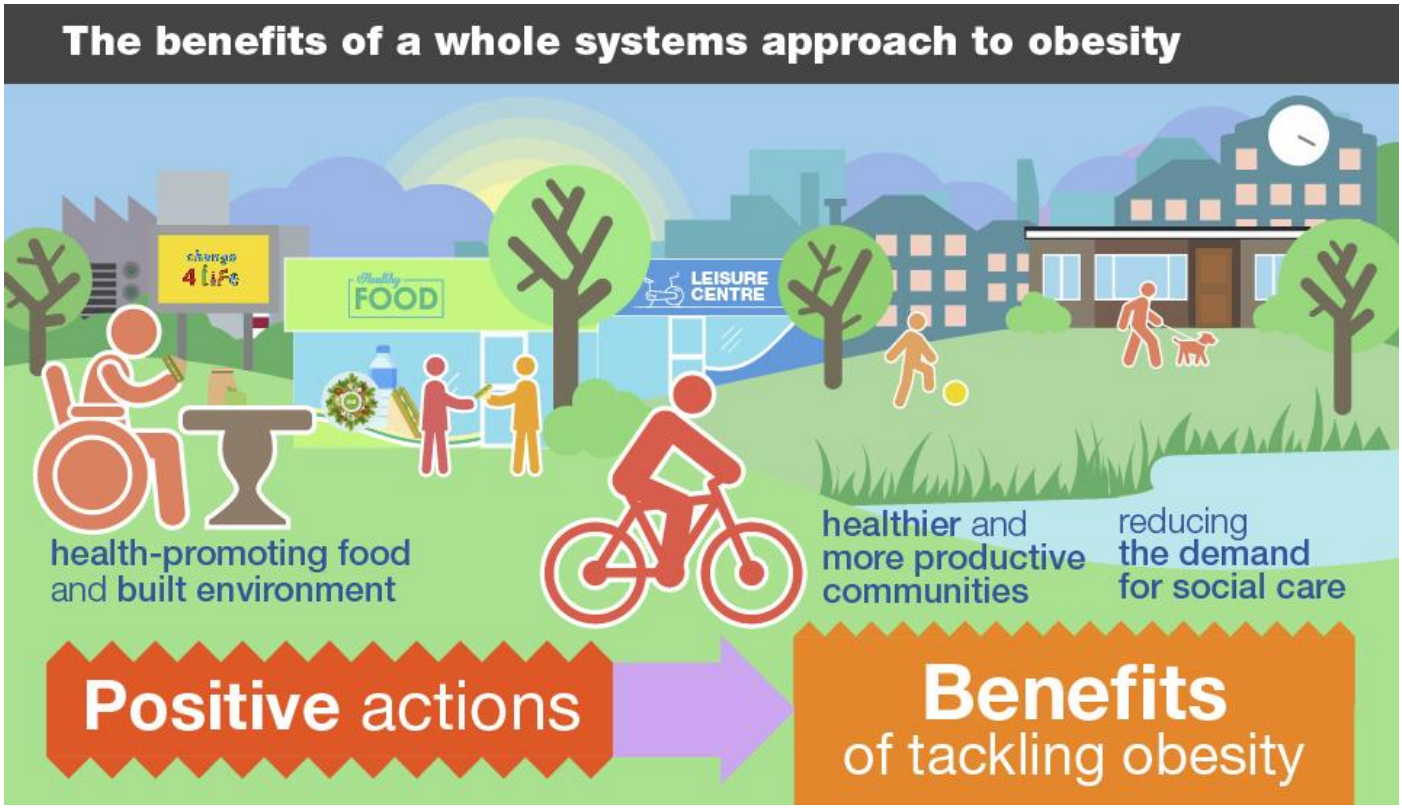
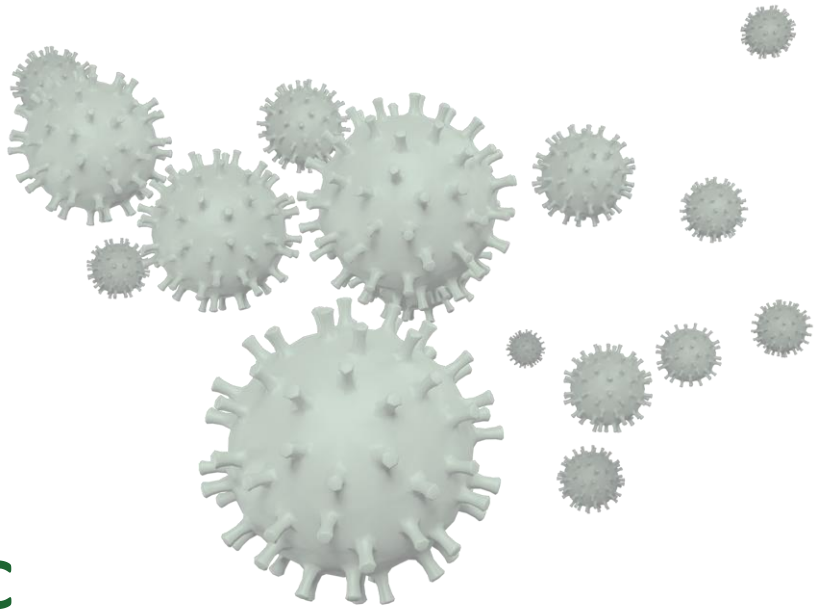


Fig 1. The benefits of a whole systems approach to obesity; Public Health England



COVID-19 PANDEMIC

In light of the current COVID-19 pandemic, Public Health England have recently launched a 'Review into disparities in the risk and outcomes of COVID-19[8]', analysing how different factors – may impact on people's health outcomes. This report brings together findings from UK and international studies published during the COVID-19 pandemic. It offers information about excess weight and its association with COVID-19 for the following outcomes; hospitalisation, admission to intensive care and risk of mortality.

There is emerging evidence that some population groups have an increased risk of adverse outcomes from COVID-19 including some ethnic groups, males, levels of obesity, those in deprived communities, older people, some occupations, people living in care homes, and other vulnerable groups. There is the potential that some of these risk factors may exacerbate existing health inequalities in the population.

A specific objective is to try and understand; the association of obesity or underlying health conditions with increased risk of complications from COVID-19. A UK report suggests that two thirds of people who have fallen seriously ill from contracting COVID 19 were overweight or had obesity[9]. Whilst in Italy data suggests 99% of deaths have been in patients with pre-existing conditions, including those which are commonly seen in people with obesity such as hypertension, cancer, diabetes and heart diseases[10]. The World Obesity Federation, in its recent policy briefing, acknowledges the increased risk of COVID 19 from obesity and underlying health conditions[11].

It is important therefore that we also consider the Healthy Weight Declaration, within the medium to long term impact resulting from this pandemic; as we exit from emergency planning and transition to recovery, as part of continuity planning and building resilience within our communities.

There will be many consequences as a result of the pandemic and the 'lock down' measures; surveys suggest food insecurity has increased, impact of stress on the workforce in particular in NHS settings has increased, there has been interruption in the delivery of primary and community health care services, concern over the impact on mental health and anxiety, adverse changes to lifestyle behaviour and increased risk to some of the most vulnerable in society. It will be more important, now than ever, that we work as part of an integrated system, with local stakeholders to ensure that environments are shaped and opportunities provided that empower and promote the health of communities and the workforce.

AN OPPORTUNITY TO REFLECT

Much learning has been generated as a result of a range of authorities adopting, implementing and evaluating the HWD over recent years. It is recognised that by signing up to the declaration, this is seen as a long-term ambition and whilst there may be some early successes following adoption, it is likely that ongoing impact will be achieved over time.

Food Active continues to engage with commissioners, local and national stakeholders to review impact of the declaration and develop materials and share learning that can support Local Authorities in implementing the declaration and meeting their commitments to reduce the prevalence of unhealthy weight. (Further information is available within the appendices).

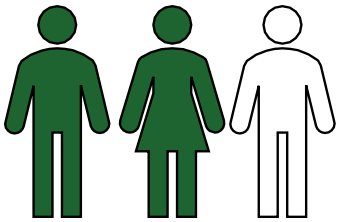
In January 2016 Blackpool became the first authority in the North West to adopt the HWD. In supporting Local Authorities, Food Active in consultation with stakeholders, has facilitated a review of the HWD.

This recent review has been undertaken to meet a number of objectives and based on the request of commissioners and stakeholders, actively implementing the HWD. In particular it was felt that new evidence associated with healthy weight should be reflected in the commitments, whilst enabling authorities to consider how the declaration can impact not only on healthy weight outcomes but support converging agenda's.

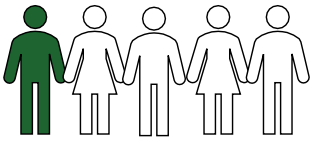
The review has taken into consideration ongoing feedback reflecting on successes, challenges, barriers to adoption, evaluating impact and in addition, to consider whether the declaration commitments were still considered 'fit for purpose'. The outcome of the consultation, current policy context and relevant evidence base are reflected in the new draft of the declaration commitments and following evidence brief.

'Unhealthy Weight[12]* is a serious public health problem that increases disability, disease, and deaths and has substantial long term economic, well-being and social costs. The proportion of the population affected by unhealthy weight continues to rise;'

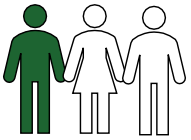
- Since 1980, the prevalence of obesity has doubled in more than 70 countries and has continuously increased in most other countries[12].
- Although the prevalence of obesity among children has been lower than that among adults, the rate of increase in childhood obesity in many countries has been greater than the rate of increase in adult obesity[12].
- High BMI accounted for 4.0 million deaths globally in 2015, nearly 40% of which occurred in persons who were not obese. More than two thirds of deaths related to high BMI were due to cardiovascular disease[13].
- It is estimated that obesity is linked to more than 30,000 deaths each year and can shorten life expectancy by up to nine years[13].
- In the UK, more than half of premature deaths are associated with potentially preventable risk factors including; unhealthy diets; obesity and low physical activity[13].
- Cardiovascular disease remains the leading cause of mortality suggesting renewed and sustained effort is required to reduce risk factors such as high body mass index, high fasting glucose, high blood pressure and high cholesterol (all ranked in the top 10 risk factors in the UK)[14].



The majority of adults in England in 2018 were overweight or obese (67% men and 60% of women). Obesity prevalence continues to rise; in 2018, 3 out of 10 men and women (26% and 29% respectively) were obese[15].



2018/19 indicates the proportion of reception year children were affected by overweight and obesity in England is 22.6%[16]



This increases to 34.3% by year 6[16]

- In 2018 around 1 in 10 children in Reception (aged 4-5 years) were obese, this increases to 1 in 5 children in Year 6 (aged 10-11 years)[16].
- Current data shows that 4.4% of year 6 school children in England are affected by severe obesity, the highest rate on record[17].
- Child obesity prevalence is strongly correlated with socio-economic status and is highest among children living in the most deprived local authorities[16].
- Obesity varies by household income in women. Obesity is more than twice as common among low income women[15].
- Prevalence of both adult and child obesity in England varies by region[15,16].
- Being overweight or obese increases the risk of a wide range of chronic diseases, principally type 2 diabetes, hypertension, cardiovascular disease including stroke, as well as cancer[17].

*unhealthy weight refers to overweight and obesity

In addition;

Health Survey for England data 2018 indicates:

- 27% of the adult population reported less than 30 minutes of moderate or vigorous physical activity (MVPA) per week and were classed as 'inactive'[18].
- 28% of adults were eating the recommended five portions of fruit and vegetables a day.
- 18% of children and young people are meeting the current Chief Medical Officer guidelines of taking part in sport and physical activity for at least 60 minutes every day. A further 26% sit just below this threshold[19].
- 18% of children aged 5 to 15 ate five standard portions of fruit and vegetables per day[20].

Impact on Health and Social Care;

- Obesity results in a less physically active population leading to reduced productivity and increased sickness absence.
- Annual spend on the treatment of obesity and diabetes is greater than the amount spent on the police, the fire service and the judicial system combined.
- Rising levels of overweight and obesity could lead to an extra £2.51 billion a year in NHS costs alone by 2035[21].
- Reducing the prevalence of overweight and obesity by just 1% each year below predicted trends would save 300 million in NHS healthcare and NHS social care costs in the year 2035 alone[21].
- Life expectancy is increasing, yet not all is experienced in good health, therefore promoting health and preventing disease is essential both for individuals but also to reduce the economic and social impact.

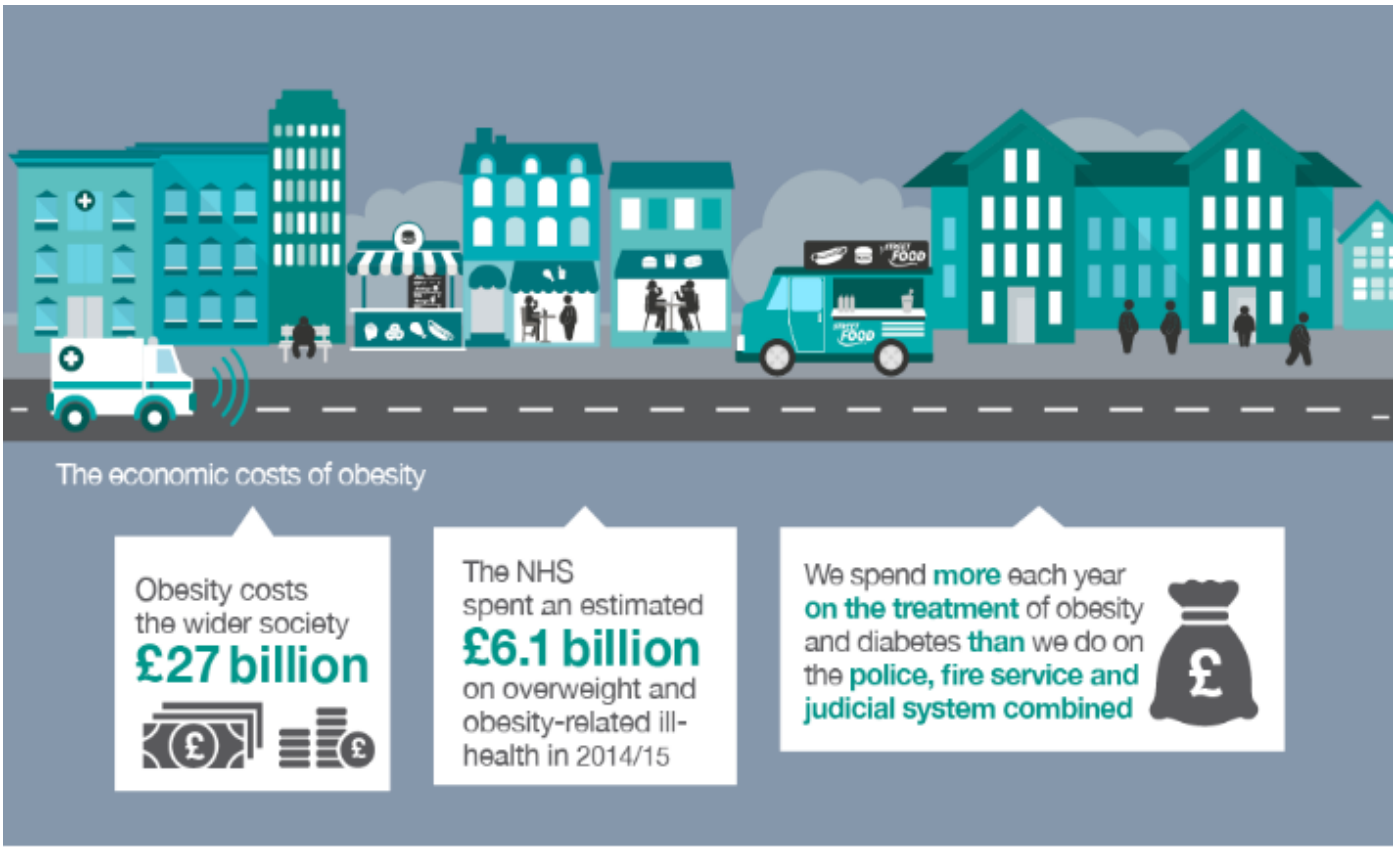


Fig 2. The economic costs of obesity taken from; Public Health England Health Matters: The Food Environment[12]

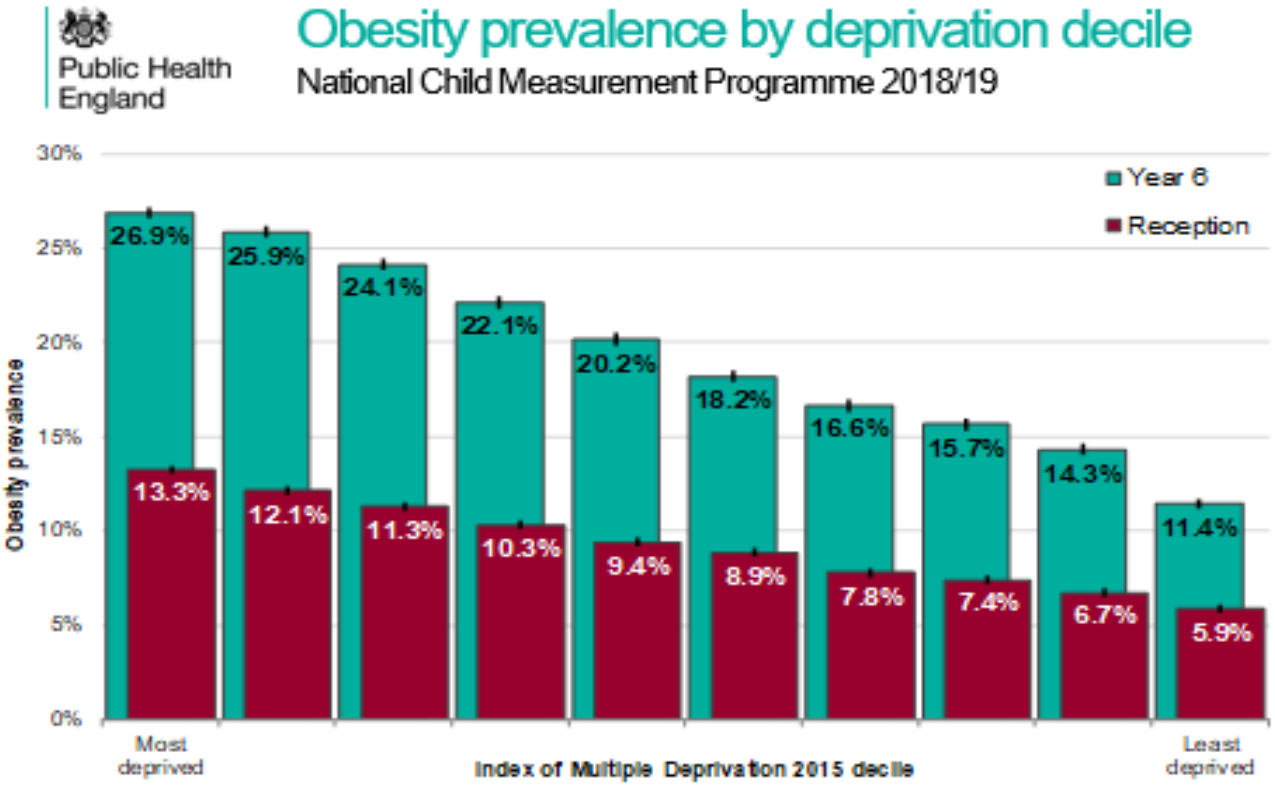


Fig.3 Childhood Obesity Prevalence by Deprivation Decile. NCMP Data 2018/19. Source Public Health England

'Unhealthy weight is affected by health inequalities and more common in lower socio-economic groups;'*

Inequalities in health are unjust and avoidable differences in people's health across the population and they continue to persist. In parts of the UK the conditions for living life in good health are poor and continue to deteriorate. Across England, more than one in five people (22%) now live in poverty[22]. The British economy spends an estimated £78bn pounds dealing with the effects of poverty[23]. People born in the most deprived 10% of local areas in England are expected to die nearly a decade earlier and have 18 fewer years in good health[24]. Health inequalities are estimated to cost the UK £32-33 billion per year in terms of illness, lost taxes and productivity[25].

Inequalities in life expectancy have widened for both sexes since 2011-13, more so for women. The gap between most and least deprived is over 9.5 years for males and over 7.7 years for females[26].

For women, healthy life expectancy has declined since 2009–11 and for both men and women, years spent in poor health have increased[27].

Obesity varies by household income in women. Obesity is more than twice as common among low income women as in women in the highest household income quintile (37.6% compared with 18.3%)[14].

In men there is a smaller decrease in obesity prevalence from the lowest income quintile to the highest, however this decrease does not appear to be significantly different across income quintiles[14].

Child obesity prevalence is closely associated with socioeconomic status. Obesity prevalence in the most deprived 10% of areas in England is more than twice the prevalence in the least deprived 10%[15].

*unhealthy weight refers to overweight and obesity

- The inequalities gap in child obesity is widening among children in Year 6[15].
- Children from black and minority ethnic families are also more likely than children from white families to be overweight or obese and this inequality gap is increasing[28].

Diet and nutrition in early life influence outcomes in later life and are therefore important indicators of health inequalities[29,30]. Healthy diets in school children, established at an early age lead to better health outcomes and educational attainment, and protect against high blood pressure, cholesterol and diabetes in adulthood[31].

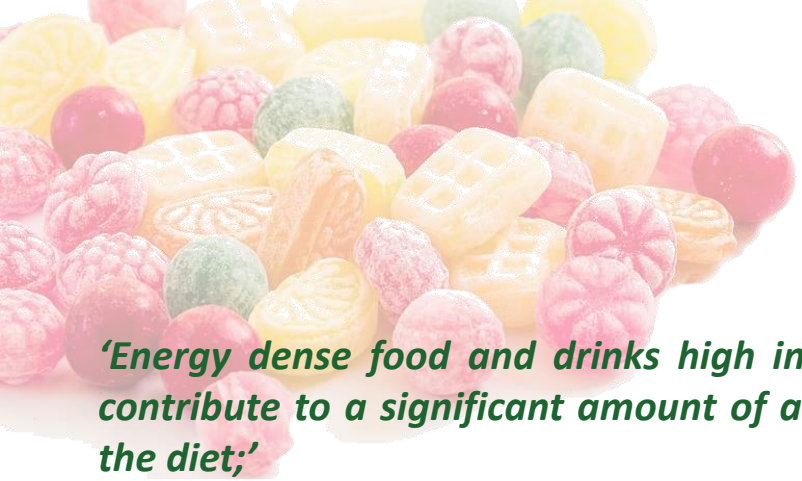
Therefore health inequalities in the incidence of child obesity have a multiplying effect for health outcomes in later life. There is also a growing body of evidence that suggests overweight and obesity has its roots in early life, before exposure to a large number of environmental factors[32].

Maternal obesity is linked to an increased risk of pregnancy related complications and children becoming obese in later life[33,34]. Overweight children are more likely to become overweight adults[35].

'Poor diet and an unhealthy weight are risk factors for CVD, cancer and type 2 diabetes which contribute powerfully to poor health and premature death;'*

- Abdominal obesity is a particular risk for the cluster of diseases that have become known as the metabolic syndrome – type 2 diabetes, hypertension, and dyslipidaemia – and is strongly linked to an increased risk of cardiovascular disease[17].
- The biggest risk factor for cancer after smoking is unhealthy weight. There is strong evidence that being overweight or obese is associated with 12 different types of cancer[36]. Around 17,000 cases of cancer each year in the UK are linked to being overweight or obese[37].
- In England, adults with obesity are five times more likely to be diagnosed with diabetes than adults of a healthy weight[38].
- More than one in three children are affected by overweight or obesity by the time they leave primary school and increasingly they are developing type 2 diabetes and liver problems during childhood.
- Improving lifestyle behaviours that include healthy diets and regular physical activity could prevent around 80% of premature heart disease, diabetes and stroke[39].

*unhealthy weight refers to overweight and obesity



'Energy dense food and drinks high in fat and sugar and low in nutrients contribute to a significant amount of additional and unnecessary calories in the diet;'

Evidence shows that energy dense diets such as those that are high in sugar and fat can contribute to excess calorie intake, which if sustained leads to weight gain, obesity and tooth decay[40].

The National Diet and Nutrition Survey (NDNS) data assesses the diet, nutrient intake and nutritional status of the general population in the UK. The most recent survey report shows trends over time in food consumption and nutrient intakes in the UK between 2008/09-2016/17[41], summarised below:

- Trends demonstrate little change in intake of fruit and vegetables over the 9-year period, mean fruit and vegetable intake remains below the 5 A Day recommendation.
- Average intakes of saturated fatty acids exceeded the current recommendation of no more than 11% of food energy over the 9-year period.
- Average intakes of AOAC* fibre over the 9 years remained well below current recommendations in all age/sex groups.
- For consumers of oily fish, changes in intake were small and there was no consistent pattern, intake remained below current recommendations.
- Free sugar intake in children and adults has decreased, however average intakes continue to exceed the current recommendations of no more than 5% of total energy from free sugars.

The largest changes in free sugars intake were seen in children. Children aged 1.5 to 3 years, 4 to 10 years and 11 to 18 years had an average yearly reduction of 2.7, 2.4 and 3.5 percentage points respectively, over the 9 years[41].

There has been a significant downward trend in the percentage of children consuming sugar-sweetened soft drinks[41], however there is still a way to go to meet current recommendations of no more than 5% of total energy from free sugars for both adults and children.

The Global Burden of Disease study (2010) found that most disability amongst 5 to 9 year olds in the UK was caused by poor oral health. An average of 2.24 hours of children's healthy lives was lost for every child aged 5 to 9 years because of poor oral health. [42]

*Carbohydrates that are not digested nor absorbed by the gut, including lignin.

'Increased intake of foods high in fat and sugar and low in fruit and vegetables are strongly linked to those in manual occupations;'

'People living in more socially deprived areas have less access to healthy foods;'

'There is greater availability and access to food and drinks high in fat and sugar, which are increasing eaten outside of the home, contributing to excess energy intake;'

There are several indicators that low income households in the UK may be struggling to follow the Government's national food model[43] (Eatwell Guide), this includes inequalities in obesity statistics in deprived areas, increased food bank usage and analysis of NDNS data demonstrating evidence of income differences in diet and nutrient intake[41];

- NDNS Trend data shows that there was an increase in total fruit and vegetable intake oily fish and AOAC fibre intake with increasing equivalised income for all age/sex groups.
- Adults aged 19 to 64 years showed a significant average decrease in free sugars intake as a percentage of total energy of 0.3 percentage points (CI 0.1, 0.4) for every £10,000 increase in equivalised income.
- Intake of micronutrients tended to be higher with increasing equivalised income[41].

Research has shown that over a third (39%) of people in the richest fifth of the population eat the recommended amount of five portions of fruit and vegetables every day, falling to only 15% of those in the poorest fifth[44].

In addition the Faculty of Public Health indicates that as well as getting fewer micronutrients, low-income households are more likely to consume highly processed, high sugar and high saturated fat foods[45]. A report by the Fabian Society finds that 'progress made in access to food, health, and better diets in the UK over recent decades has left those on lower incomes behind', with considerable numbers of families in the UK finding it difficult to budget for the main essentials of food, housing and utilities. Food is often the flexible budget item, becoming less affordable for those on low incomes[46].

A study to compare the cost of following the Eatwell Guide, with household expenditure found that 26.9% of households would need to spend more than a quarter of their disposable income after housing costs to meet the Eatwell Guide costs. For households with children in the bottom two deciles, earning less than £15,860, 42% of after-housing disposable income would have to be spent to meet the Eatwell Guide costs[43].

Whilst there are several studies that suggest healthier diets are becoming more expensive[47] there are some disparities; a study looking at the Eatwell Guide concluded that although achieving the UK dietary recommendations would require large changes to the current average diet; these changes would not lead to significant changes in the price of the diet[48].

Studies looking at access in individual local areas, found that some areas suffer from a lack of access to good food at the right price, and that food prices can often be cheaper in larger, harder to access food stores. In some low-income areas, particular foods are unavailable, there is insufficient or inadequate public transport and food prices would be different for the same food in different shops (even different stores under the same retailer), which could negatively impact those living further away from the cheaper shop[46]. Respondents in a recent survey suggested that unaffordable food prices have led to changes to their shopping behaviours, which were greatest among low household incomes of £10,000 or less. 38% of respondents stated they had started shopping in a cheaper supermarket to avoid high food prices. A further 23% said they had purchased cheaper and less healthy food, rising to 34% in households with a household income of £10,000 or less. Furthermore, 10% of respondents reported that they had sacrificed some of their food intake so that other family members, such as children, could eat – rising to 14% in low income households[49]. The Trussell Trust reports that 823,145 emergency food parcels given to people in crisis by food banks in its network between April to September 2019. The busiest period on record as the need for emergency parcels soared to 23%[50].

It may also be argued that people generally have easy access to cheap, highly palatable and energy - dense food frequently lacking in nutritional value - such as fast food. Over a quarter of adults and one fifth of children eat food from out-of-home outlets at least once a week[12]. The concentration of fast food outlets and takeaways varies by local authority in England. However mapping shows a strong association between deprivation and the density of fast food outlets, with more deprived areas having more fast food outlets per 100,000 population.

Map available here.

There is a clear correlation between income, diet and health outcomes. Obesity is getting worse in low-income households and diet-related health inequality is growing.

'Food insecurity and malnutrition in the UK; 'there is a current struggle to address malnutrition in all its forms, with "food insecurity and obesity rising'

The UK Stakeholders for Sustainable Development, a cross-sector network of organisations working to drive action on the UN's Sustainable Development Goals, have highlighted a number of nutrition-related challenges in the UK. A recent report, 'Measuring Up', demonstrates the large variations according to socioeconomic status of two major challenges; high and growing levels of obesity and diet related disease, confounded by some of the highest levels of household food insecurity in Europe[51].

It is acknowledged that this issue is underpinned by a food system which is struggling to provide healthy, sustainable, diverse diets for the UK population[51]. A 2018 report by the Food and Agriculture Organisation (FAO) estimated that 2.2 million people in the UK were severely food insecure[52]. A 2017, UNICEF report found that that in the UK approximately 19% of children under age 15 live with an adult who is moderately or severely food insecure, of whom half are severely food insecure[53].

'Advertising and marketing of foods and drinks high in fat and sugar increases their consumption;'

Food choices are influenced by a combination of economic and societal influences; there is an external element of influence on behaviour as a result of food industry marketing campaigns. Choice is influenced via TV advertising, programme sponsorship, cinema, radio and billboards, social media, advergames and internet pop-ups. A 2009 systematic review of evidence into food marketing to children set out how contemporary food marketing 'predominantly promotes' low nutrition foods. The study found that between 50 and 80 per cent of food and drink marketing is for low nutrition foods[54]. A recent systematic review published in 2019 found '*a strong body of evidence that exposure to food marketing impacts children's attitudes, preferences and consumption of unhealthy foods, with detrimental consequences to health*' [55].

Food marketing has the ability to affect category level changes, which is particularly marked in relation to children, meaning that people are more likely to develop a preference for the types of food that are marketed to them[56].

Evidence strongly suggests that price promotions both temporary and multi-buy type promotions increase the volume of food or drink purchased during a single shopping trip[57]. Consumer spending on price promotions in the UK is the highest in Europe[40]. Price promotions on unhealthy foods and drinks tend to offer a greater reduction in price or greater product volume for a set cost than promotions on healthy foods and drink[58,59].

‘Education, information and the increased availability of healthy alternatives help individuals to make healthy, informed food and drink choices;’

Health marketing is important as both a motivator and enabler for consumers to change their own and their families’ diets and can help underpin action by others such as the food industry.

A report published by Public Health England and the Institute of Health Equity “Improving health literacy to reduce health inequalities”, showed that up to 61 per cent of the working age population in England finds it difficult to understand health and wellbeing information.

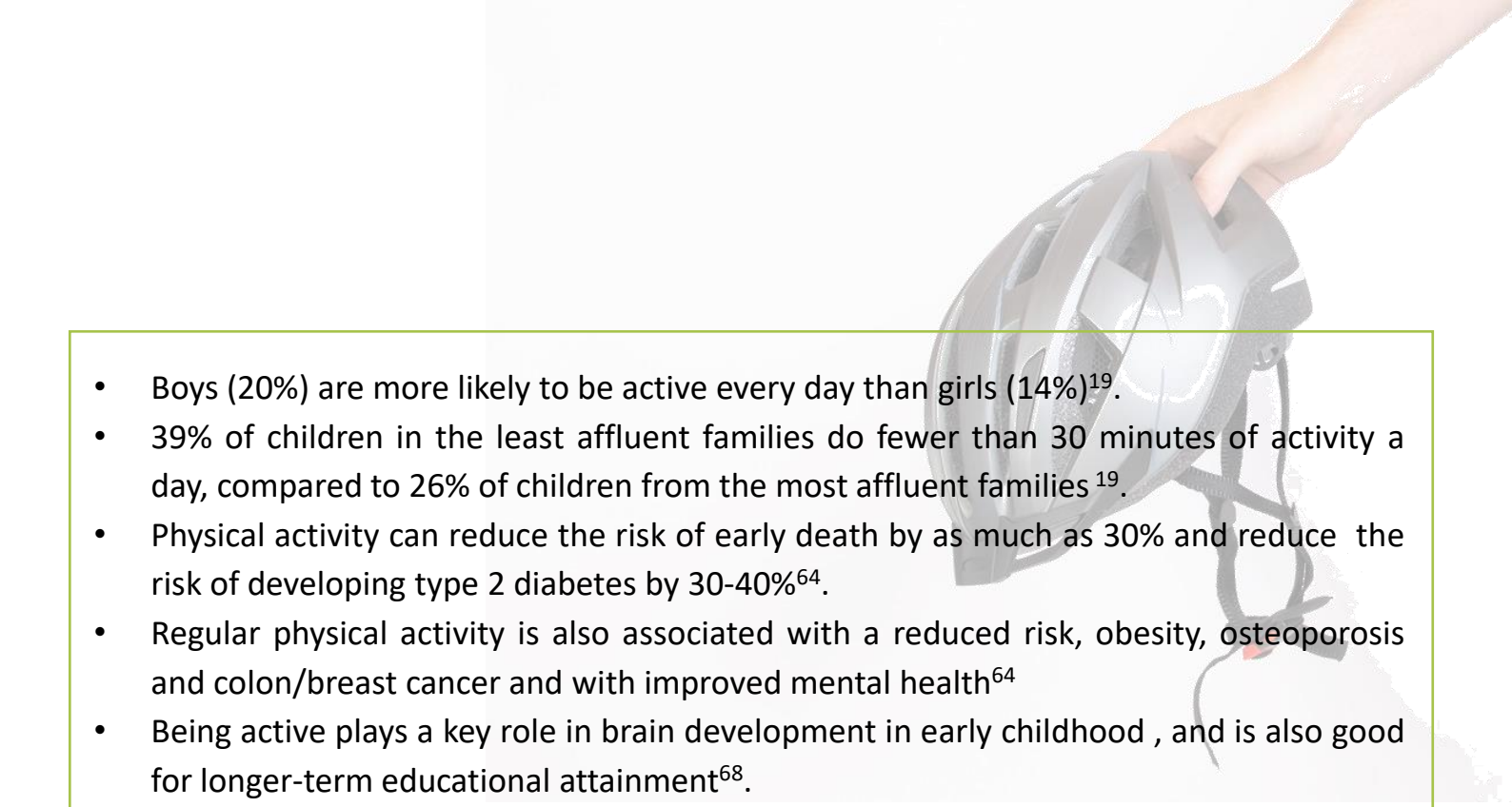
Low levels of health literacy impact significantly upon a person’s ability to engage with preventative programmes and make informed healthy lifestyle choices[60].

Whilst it is recognised that consumer education and the provision of clear information are important, a number of independent reports have highlighted that in order to be effective in tackling obesity, and particularly to help the poorest in society, activity needs to go beyond just health messages and information to consumers, a systemic program of multiple interventions is likely to be effective, developing a whole systems approach to addressing inequalities and health literacy[61,62,63].

‘Modern physical activity environments contribute to sedentary lifestyles;’

People in the UK are around 20% less active now than in the 1960s. If current trends continue, we will be 35% less active by 2030. The link between physical inactivity and obesity is well established; low physical activity is one of the top 10 causes of disease and disability in England. Regular physical activity can help to prevent and manage over 20 chronic conditions and diseases, many of which are on the rise and affecting people at an earlier age[64].

- Physical inactivity is responsible for 1 in 6 deaths in the UK[65].
- 1 in 4 women and 1 in 5 men in England are classed as physically inactive. This is costing the UK an estimated £7.4 billion a year, including £0.9 billion to the NHS alone[64].
- People living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas[64].
- Physical activity levels decline with age, by 75 years, only 1 in 10 men and 1 in 20 women are sufficiently active for good health[64].
- Only 18% of children and young people are meeting the current Chief Medical Officer guidelines of taking part in sport and physical activity for at least 60 minutes every day[19].



- Boys (20%) are more likely to be active every day than girls (14%)[19].
- 39% of children in the least affluent families do fewer than 30 minutes of activity a day, compared to 26% of children from the most affluent families [19].
- Physical activity can reduce the risk of early death by as much as 30% and reduce the risk of developing type 2 diabetes by 30-40%[64].
- Regular physical activity is also associated with a reduced risk, obesity, osteoporosis and colon/breast cancer and with improved mental health[64]
- Being active plays a key role in brain development in early childhood , and is also good for longer-term educational attainment[68].
- Increased energy levels boost workplace productivity and reduce sickness absence. An active population can even reduce levels of crime and antisocial behaviour[69].

As well as being physically active, adults are advised to minimise the time spent being sedentary; even for individuals who are active at the recommended levels, spending large amounts of time sedentary can increases the risk of ill-health[64].

There are several reasons why we are much less active than we were half a century ago. Social, cultural and economic changes have removed physical activity from daily life increasing sedentary behaviour. Fewer individuals have manual jobs[70]. Technology advances at home and in the work place encourages sitting for long periods – watching TV, at the computer, playing games or using mobile phones and tablets.

There is an over-reliance on cars and many features of cities, towns, public places and buildings promote physical inactivity prioritising convenience and speed ahead of walking or cycling.

Concerns about vandalism and maintenance have left public spaces without facilities such as benches and toilets that encourage their use and allow older or disabled people to venture out.

Since the 1960s people have become less and less active in their daily lives, largely as a result of technological changes and an increase in sedentary activities. A growing body of evidence points to the risks of sedentary behaviour[71]; becoming more active can lower risk of cardiovascular disease by 20-35% and coronary heart disease and stroke compared to those who have a sedentary lifestyle[72] .

'Urban planning can have a significant impact on opportunities for physical activity, promoting safer environments for walking, cycling and recreation;'

The way land is used in communities can have a significant impact on the public's health[73,74]. The design and quality of the environment can determine the choices made by individuals and communities[75].

By giving consideration to urban design, understanding land use patterns, and creating transportation systems that promote walking and cycling; this can assist in generating active, healthier, and more liveable communities[76,77].

In relation to public spaces, studies have shown show that those living closest to parks were more likely to achieve recommended physical activity levels and less likely to be overweight or obese[78], those with close access to green space live longer than those without it[79], (even adjusting for factors such as social class, employment and smoking) and the health of older people increases where there is more space for walking near home, with parks and tree-lined streets nearby[80].

Children become more active when they live closer to parks, playgrounds and recreation areas[81]. This is shown to be most significant among the least well off.

Sustrans research shows that the National Cycle Network saves the UK economy over £160 million each year by reducing levels of obesity. Of this saving, over £22 million is saved from the NHS budget by doubling the number of local journeys already being made by foot, bike and public transport spending in health budgets could be reduced by more than £110 billion over the next 30 years [82,83].

There is some evidence to suggest that traffic calming can increase physical activity levels[84]. A 2014 study of systematic review methodology to evaluate published systematic reviews (Umbrella Review) of the effects on health and health inequalities of 20 mph zones and limits; suggests that such interventions are effective in reducing accidents and injuries, traffic speed and volume, as well as improving perceptions of safety. Whilst there were no direct studies of the effects on health inequalities, the study suggest that targeting such interventions in more deprived areas may be beneficial[85].

'Psychosocial pathways directly impact on physical health outcomes and influence health-related behaviours, such as diet & physical activity;'

There is an association with exposure to greenspace and beneficial effects on mental health by reducing stress, aiding restoration, and providing places for much needed leisure within busy lifestyles. Environments can shape behaviours the characteristics of environments can promote positive psychological experiences and for physical activity that in turn promotes well-being[86,87].

Population level public health strategies can address psychosocial factors and pathways placing emphasis on addressing protective factors.

Life can be more difficult for overweight or obese children, they are more likely to experience bullying, stigmatisation and low self-esteem[88]. Promoting positive mental health is about 'feeling good and 'functioning well'[89]. Promoting and protecting the mental health of everyone is vital to improve the quality of people's lives. It is important to promote good mental health because it has been associated with better physical health. Having good mental health and wellbeing makes it easier to deal better with the different stresses (physical and mental) and problems in life.

'Improved resilience and mental well-being, through promoting the benefits of good nutrition and being active can lead to increased efficiencies and productivity of the workforce;'

The health of the UK workforce is recognised in a number of key government policies, including the NHS Five Year Forward View[90] & National Institute for Health and Care Excellence (NICE) Public Health Guidance for the Workplace[91]. Many employers recognise that they have an obligation to the health and wellbeing of their workforce. Investing in the health of employees can reduce sickness absence, increase productivity, staff loyalty and better staff retention[92].

Up to 10% of sick leave and higher levels of productivity loss at work may be attributed to lifestyle behaviours and obesity[93]. Up to 25% of the UK's working age population suffer from a long-term condition which can be weight-related[94]. There is evidence that good nutritional care can help prevent and manage conditions such as overweight and obesity, musculoskeletal conditions and mood disorders such as depressions and anxiety[93].

In addition, evidence indicates that lifestyle interventions in the workplace for weight-related outcomes[95], favour multi-component interventions which focus on both physical activity and nutrition. There is also an indication that a greater reduction in body weight occurs when the intervention addresses the environment in the workplace (i.e. vending/canteens)[93].

NICE guidance on the promotion of physical activity in the workplace outlines the evidence to support the following interventions, that may have a positive impact on physical activity[92]:

- use of posters and signs to increase stair use
- workplace walking interventions
- workplace health screening
- employee-designed interventions that include written health and physical activity information and active commuting
- incentive schemes and flexible working

Workplace health interventions may improve productivity by 1-2% which is likely to more than offset the costs of implementing interventions[93].

'Globally the food system contributes to 20-30% of greenhouse gas emissions, accounts for 70% of all human water use and is a major source of water pollution;'

'The impacts of climatic and environmental change are starting to make food production more difficult and unpredictable;'

'Enough food energy for the global population is generated, yet it doesn't deliver adequate & affordable nutrition for all; a shift to a healthy & sustainable food system is needed;'

Promotion of physical activity can help shift away from heavy car traffic and promote increased & improved green spaces, contributing to more inclusive, safe & sustainable cities.

It is acknowledged that the current food system is having an adverse effect on the environment, significantly impacting on deforestation, land use change, biodiversity loss and the marine system. The whole food chain from farming through to transport, cooking and waste disposal impact's on the environment, contributes to the effects of climate change and the population's health. *'As the global population grows, urbanises and becomes wealthier, it is demanding more resource intensive, energy rich foods – notably animal products - potentially damaging the environment further and exacerbating problems of obesity and chronic diseases '*[96].

In addition about half the global population is inadequately or inappropriately nourished, once the combined burdens of hunger, micronutrient deficiencies and obesity are taken into account.

A sustainable food systems is one that aim's to achieve food and nutrition security and healthy diets whilst limiting negative environmental impact[97]. A combination of approaches are recognised as having the ability to bring about positive change;

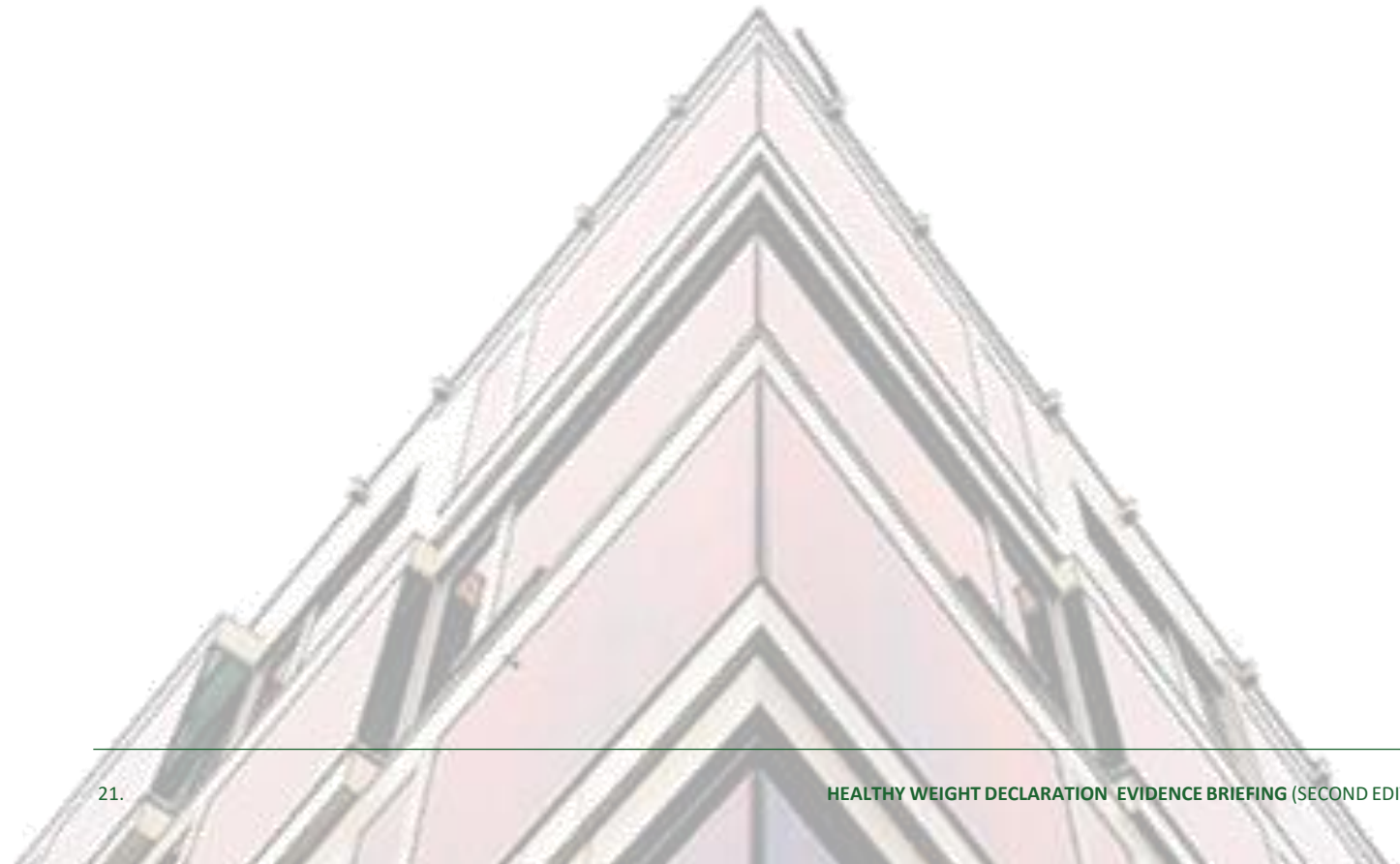
- improving the environmental efficiency of production so as to produce more food with less impact
- address power imbalances in the food system
- reduce the amount of food that is lost or wasted along the whole supply chain
- shift consumption to more healthy & sustainable diets[96].

Whilst there is a recognition these changes will require impact across the global food system there are opportunities locally; through sustainable development strategies and practices, local food systems and procurement infrastructures. Examples might include; stimulating demand for local, sustainable food through public procurement; supporting community-based agriculture schemes, bringing farming and green spaces into the urban and peri-urban environments, providing open access and exposure to green spaces for local communities and to develop and support local policies and contracts that aim to reduce wasted food within public sector food provision and wider large-scale catering[98].

Nationally approximately 230 councils[99] have declared a climate emergency; taking action to reduce their own carbon emissions and working with partners and local communities to tackle the impact of climate change on their local area. The LGA passed a motion at its 2019 annual conference in support of the UN Sustainable Development Goals (SDGs) and the role of local government in delivering them. This included a declaration of a 'Climate Emergency' and a commitment to support councils to continue to improve air quality, protect against flooding, and ensure transport, waste and energy policies are environmentally sustainable[99]. The development of blue and green infrastructures and circular economies provide opportunities to impact on population health and promote healthy weight.

Given the challenges we face and competing priorities in many localities such as the 'health versus wealth argument' there is a rationale to identify converging agenda's and understand how interventions in one area can also have a very positive effect on other issues. Addressing physical activity for example; whilst physical activity may be a desirable outcome of urban planning, it is unlikely to be the single or major priority for decision makers.

However providing the environment and infrastructure to enable people to walk and cycle has numerous benefits; reducing air pollution, increasing social cohesion, addressing inequality (both are affordable mobility modes), boost economic prosperity (increased usage of local services), increased feeling of safety, whilst reducing traffic congestion and accidents[100]. Blue and green infrastructures offer ecological, economic, health and social benefits through natural solutions and are key tool's to sustainable spatial planning and development[101].



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1.1 Engagement with the Local Food and Drink Sector

The Government's Childhood Obesity A Plan for Action: Chapter 2; Part 2 of the government's plan for action to significantly reduce childhood obesity by supporting healthier choices. The Plan outlines the actions the government will take towards its goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030. Specific priorities include sugar reduction, calorie reduction, advertising and promotions and further action's for local areas and schools. It follows part one of the childhood obesity plan.
www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2

There are a number of supporting documents including case studies describing the progress being made across the country to improve children's nutrition, health and wellbeing: https://www.gov.uk/government/collections/childhood-obesity-plan-case-studies

Public Health England's (PHE's) Calorie Reduction Programme: the scope and ambition for action; The calorie reduction programme challenges the food industry to achieve a 20% reduction in calories by 2024. Work with industry initially focused on reducing sugar, now that's underway, plans have been developed to extend work to reduce the calories people consume overall.
https://www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/751529/consultation-on-calorie-labelling-outside-of-the-home.pdf

The Prevention Green Paper Advancing our health: prevention in the 2020s; sets out the government's plan for prevention priorities. This includes building upon actions within Chapters 1 and 2 of the Childhood Obesity Plan as well as publishing a third chapter. Chapter 3 of the Childhood Obesity Strategy, will focus on: infant feeding, clear labelling, food reformulation improving the nutritional content of foods, and support for individuals to achieve and maintain a healthier weight. In addition, driving forward policies in Chapter 2, including ending the sale of energy drinks to children.
https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

The Soil Association's 'out-to lunch' campaign; provides food establishments with an opportunity to sign up and support 7 simple steps towards offering real food choices to children and a level of service to families. Further information is available at: http://www.soilassociation.org/outtolunch

SUGAR SMART; is a campaign run by Sustain to help local authorities, organisations, workplaces and individuals to reduce the amount of sugar we consume. Ideas for campaigns and local sugar smart initiatives are available at: https://www.sugarsmartuk.org/

Food Awards and Charter Schemes; can provide support for local business' to improve their healthy food offer, consider responsible retailing, food safety and sustainability. Examples of regional good practice include:

- Lancashire County Council's Recipe4Health Award
http://www.lancashire.gov.uk/business/trading-standards/recipe-4-health/recipe-4-health-award.aspx
- Blackpool Healthier Choices Award
https://www.blackpool.gov.uk/Business/Business-support-and-advice/Healthier-Choices-Award.aspx

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1.2 Provision in Public Buildings, Facilities and Institutions

The Governments 'A Plan for Public Procurement'; sets out standards that the public sector and suppliers are encouraged to follow when buying food and catering services. It proposes a voluntary approach, involving use of a balanced scorecard and an e-marketplace, to improve food procurement in the public sector. The plan includes provision of a toolkit which enables food procurers to consider a variety of factors when making decisions about procurement.
https://www.gov.uk/government/publications/a-plan-for-public-procurement-food-and-catering

Sustainable Procurement: the Government Buying Standards for Food and Catering:
https://www.gov.uk/government/publications/sustainable-procurement-the-gbs-for-food-and-catering-services

In addition there are specifications for the GBS, listed by sector:
https://www.gov.uk/government/collections/sustainable-procurement-the-government-buying-standards-gbs

The Hospital Food Standards Panel's Report on Standards for Food and Drink in NHS Hospitals; makes recommendations that all NHS hospitals should develop and maintain a food and drink strategy which should include: the nutrition and hydration needs of patients, healthier eating for the whole hospital community, especially staff and sustainable procurement of food and catering services. The NHS CQUIN 2017-19 Indicator 1b, 'Healthy food for NHS staff, visitors and patents' was set out to assist in improving the food and drink environment in hospitals. Since the CQUIN has ended, it is anticipated that ongoing commitment will be identified via the NHS Standard Contract and a re-fresh of the Hospital Food Standards.

A Toolkit to Support the Development of a Hospital Food and Drink Strategy is available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416446/2903530_DH_Toolkit.final.pdf

Food for Life; provide a range of support packages and accreditation schemes to improve the food offer and recognise good practice in a range of settings within hospitals, schools, early years settings, universities, care homes and workplaces. Support is available for NHS Trusts to understand their options for reviewing retail and vending contracts and working with contract-holders to improve the food on offer.
http://www.foodforlife.org.uk/

Vending Guidance; is also available to promote healthier vending in public settings. Evidence of behaviour change as a result of applying guidance and examples of good practice include:

- Public Health England: Hospital Vending Machines: helping people make healthier choices
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726721/Leeds_Vending_v3.4.pdf
- Food Active Position statement on healthier vending: http://www.foodactive.org.uk/wp-content/uploads/2019/02/Position-Statement-Healthier-Vending1.pdf
- Local Government Association: Healthier Food Procurement
https://www.local.gov.uk/sites/default/files/documents/healthier-food-procuremen-ade%20WEB.pdf

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1.3 Urban Planning and Active Design

NHS England's Healthy New Towns Programme; has worked with 10 demonstrator sites across England to explore how the development of new places could create healthier and connected communities with integrated and high-quality services - putting 'Health into Place'.
https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/

Creating Healthy Places: Perspectives from NHS England's Healthy New Towns Programme:
https://www.kingsfund.org.uk/publications/creating-healthy-places

Using the Planning System to Promote Healthy Weight Environments; this guidance aims to provide practical support for local authorities that wish to use the planning system to achieve important public health outcomes around diet, obesity and physical activity. It provides a framework and starting point for local authorities to clearly set out in local planning guidance how best to achieve healthy weight environments.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863821/PHE_Planning_healthy_weight_environments_guidance__1_.pdf

Sport England Active Design Guidelines; aim to get more people moving through suitable design and layout of cities, towns and villages. Ten principles for active design are presented in the document. The guidance aims to unify health, design and planning by promoting the right conditions and environments for individuals and communities to lead active lifestyles. The document presents practical guidance and principles that can be used in day to day work.
http://www.sportengland.org/media/1036460/spe003-active-design-published-october-2015-high-quality-for-web-2.pdf

Sustrans Active Travel Toolkit - Making the Economic Case for Active Travel; A site providing evidence to demonstrate key areas where walking and cycling contribute to economic performance and the impact of different walking and cycling schemes. In addition to tools to help measure active travel and economic performance.
https://www.sustrans.org.uk/our-blog/research/all-themes/all/active-travel-toolkit-making-the-economic-case-for-active-travel/

Living Streets' Low Traffic Neighbourhoods: An Introduction for Policy Makers; expertise and guidance from those who've designed, implemented and campaigned for award-winning low traffic neighbourhoods.
https://www.livingstreets.org.uk/media/3843/lcc021-low-traffic-neighbourhoods-intro-v8.pdf

NICE Guideline (NG90) Physical Activity and the Environment; This guideline covers how to improve the physical environment to encourage and support physical activity. The aim is to increase the general population's physical activity levels.
https://www.nice.org.uk/guidance/ng90

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1.3 Urban Planning and Active Design (cont.)

Supplementary Planning Guidance can enable local authorities to manage proliferations of fast food outlets.

Sustain's Hot Food Takeaways: Planning A Route to Healthier Communities: draws on the experience of planning authorities in collecting evidence to support and defend planning policies to restrict new hot food takeaways.
https://www.sustainweb.org/publications/hot_food_takeaways/

Examples of regional good practice include:
- St Helens Metropolitan Borough Council Supplementary Planning Document for Hot Food Takeaways
https://www.sthelens.gov.uk/media/3181/hot-food-takeaway.pdf
- Leeds City council Hot Food Takeaway Supplementary Planning Document
https://www.leeds.gov.uk/Local%20Plans/SPD%27s/Hot%20Food%20Takeaway%20SPD%20Adopted.pdf
- Lancashire County Council Hot Food Takeaways and Spatial Planning Public Health Advisory Note
https://www.lancashire.gov.uk/media/913626/hot-food-takeaway-advisory-note.pdf

The Food Environment Assessment Tool (Feat); enables detailed exploration of the geography of food retail access across England, Scotland and Wales. It is designed around the needs of professionals in public health, environmental health and planning roles, locally and nationally.
https://www.feat-tool.org.uk/

20 MPH Speed Limit Zones; in residential areas are generating growing public health support. 20's Plenty for Us is a 'not for profit' organisation linking over 270 local campaigns around the country; providing briefings, reports and case studies on the impact of local campaigns and interventions on health.
http://www.20splenty.org/

1.4 Sustainable Development

Ministry of Housing, Communities & Local Government; guidance on healthy and safe communities; guidance on how positive planning can contribute to healthier communities, including blue and green infrastructures, healthier food environments, regeneration and land use.
https://www.gov.uk/guidance/health-and-wellbeing#achieving-healthy-and-inclusive-communities

The Sustainable Development Unit; established on behalf of the health and care system in England to support the NHS, public health and social care to embed and promote the three elements of sustainable development - environmental, social and financial. The SDU develops tools, policy and research which enable people and organisations to promote sustainable development and adapt to climate change, reducing emissions, saving money and improving the health of people and communities
https://www.sduhealth.org.uk/delivery/plan.aspx

Food Matters: Building Local Food Systems Handbook; addresses a number of food issues: climate change, GMO, peak oil, meat consumption and presents some of the very practical actions that are happening around the country to mitigate these problems.
https://www.foodmatters.org/toolkits/

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1.5 Staff Wellbeing and Literacy

Change4Life; the Governments social marketing campaign, aiming to inspire a broad coalition of people, including the NHS, local authorities, businesses, charities, schools, families, community leaders - to play a part in improving the nation's health and well-being by encouraging everyone to eat well, move more and live longer. There is a specific element of the website providing information and support for local authorities, local businesses and convenience stores.
http://www.nhs.uk/Change4Life/Pages/local-authoritysupporters.aspx?filter=LocalAuthorities
http://www.nhs.uk/change4life/pages/partner-convenience-stores.aspx

Start4Life; expansion of the Change4Life Campaign offering NHS help and advice during pregnancy, birth and parenthood, including specific support around infant feeding and weaning.
https://www.nhs.uk/start4life

Public Health England All Our Health: Personalised Care and Population Health; A framework of evidence to guide healthcare professionals in preventing illness, protecting health and promoting wellbeing, including downloadable resources and e-learning. Examples include:

- Healthier Weight Promotion: consistent messaging

https://www.gov.uk/government/publications/healthier-weight-promotion-consistent-messaging

- Workplace Health

https://www.gov.uk/government/publications/workplace-health-applying-all-our-health

Public Health England Health Matters; public health issues facts, resources and information on major public health issues for public health professionals, local authorities and CCG commissioners. Examples include:

- Obesity and the Food environment

https://www.gov.uk/government/collections/health-matters-public-health-issues#obesity-and-the-food-environment

Public Health England's One You Campaign; created to help adults get healthier and feel better offering free tips, tools and support to make small, practical healthy lifestyle changes.
https://www.nhs.uk/oneyou/

Public Health England's Better Health 'Let's Do This' campaign; developed as part of the Government's obesity strategy to encourage adults to kickstart their health with practical support to eat well and move more. https://www.nhs.uk/better-health/

Workplace Well-being Charter; is an opportunity for employers to demonstrate their commitment to the health and well-being of their workforce. The Standards and the supporting toolkit materials and topic guides, funded by Public Health England, aim to support local health and wellbeing partnerships and employers to maximise the potential of their staff, and to make small changes that have large impacts on staff health and wellbeing. www.wellbeingcharter.org.uk

British Dietetic Association Work Ready; A dietitian-led programme to help keep the workforce healthy and well at work. Work Ready offers a range of expertise and services to all sectors and types of business.
https://www.bdaworkready.co.uk/about-us/

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1.5 Staff Wellbeing and Literacy (cont.)

HENRY – Health Exercise and Nutrition for the Really Young; is an evidenced based intervention to protect young children from the prevention of obesity. Support packages include training for health and early years practitioners in the HENRY approach to tackling child obesity, structured individual or group-based family interventions, parent-led peer support schemes to promote a healthy family lifestyle in local communities enabling childcare settings to model a healthy lifestyle in their approach to food, activity and emotional well-being. http://www.henry.org.uk

Food Active Weight Stigma and Communications Guidance; a host of resources to support stigma-free communications of the HWD as well as all weight or food related media coverage. Available for commissioning authorities via the Healthy Weight Declaration Resource Hub. http://www.foodactive.org.uk/the-healthy-weight-declaration-resource-hub/

All Parliamentary Group on Obesity: UK Parliamentary Guidelines Positive Communication About Obesity; guidance to help Parliamentarians to have more open and productive conversations about obesity and feel more confident speaking about obesity in public and with constituents. https://static1.squarespace.com/static/5975e650be6594496c79e2fb/t/5e5c1176d48f8f22c9faa790/1583092091985/Full+Parliamentary+Guidelines.pdf

1.6 Whole Systems Approach to Obesity

The Obesity Health Alliance; is a coalition of over 40 organisations working together to prevent obesity-related ill-health. Facilitated by supporting evidence based population level policies to help address the wider environmental factors that lead to excess weight. This includes sharing insight and expertise among members and developing and advocating evidence-based policy recommendations and resources. www.obesityhealthalliance.org.uk

Public Health England Guidance Health inequalities: Place-based Approaches to Reduce Inequalities; aims to reinforce a common understanding of the complex causes and costs of health inequalities and provide a practical framework and tools for places to reduce health inequalities. https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities

Public Health England Promoting Healthy Weight in Children, Young People and Families; A resource to support local authorities consider evidence based actions for a wide range of audiences in local authority, NHS and services who have differing backgrounds and understanding of childhood obesity. The resource includes case study examples of local good practice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750679/promoting_healthy_weight_in_children_young_people_and_families_resource.pdf

Local Government Association Whole Systems Approach to Obesity; A guide to support local approaches to achieving a healthier weight: The guide describes a 6-phase process, which can be used flexibly by local authorities, taking into account existing structures, relationships and actions that are already in place to tackle obesity. https://www.local.gov.uk/sites/default/files/documents/1.100_Whole_systems_approach_to_obesityWEB.pdf

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1.6 Whole Systems Approach to Obesity (cont.)

Public Health England Whole Systems Approach to Obesity; This guide and set of resources can be used to support the implementation of a whole systems approach to obesity.
It is intended for local authorities and partners, including the NHS, local businesses and the community and voluntary sector.
https://www.gov.uk/government/publications/whole-systems-approach-to-obesity

Food Active Local Authority Declaration on Healthy Weight Hub; A central repository of useful documents, case studies and tools for Local Authorities who may be adopting or implementing the Healthy Weight Declaration.
http://www.foodactive.org.uk/the-healthy-weight-declaration-resource-hub/

Food Active's Healthy Weight Declaration Impact and Influences Case Study Report; a number of case studies written and presented by Local Authority Officers who have implemented the declaration.
http://www.foodactive.org.uk/wp-content/uploads/2019/11/HWD-Impact-and-Influence-Report-November-2019-FINAL.pdf

Food Active & Public Health England Joint Narrative on Whole Systems Approaches to Obesity; a document highlighting how the HWD and WSA approaches can work in synergy. Available for commissioning authorities via the Healthy Weight Declaration Resource Hub.
http://www.foodactive.org.uk/the-healthy-weight-declaration-resource-hub/

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