



Working together for a  
**change for life**

Salford's Healthy Weight Strategy 2009-12



Partners IN Salford

## Foreword

Currently two thirds of adults and a quarter of children in Salford are overweight or obese, without action this is set to continue to increase so that by 2050 over eight in ten adults and nearly a half of children will be overweight or obese. Obesity reduces life expectancy significantly and is proven to limit citizens from playing an active part in their local communities and the workplace. The causes of obesity are numerous and complex; as yet no developed nation has been able to halt the obesity epidemic.

*Working together for a change for life* defines the high level strategic objectives that Salford will implement to

create a social and physical environment that supports the maintenance of a healthy weight. This will be achieved by providing information and opportunities to local residents so that they can take responsibility for their future healthy weight by making the right choices for themselves and their families.

Salford is ready to meet the challenge presented by obesity; by all partners and individuals working together we can create a healthy weight City.

“*If we are to be successful at creating a healthy weight Salford at no point during the task should individual citizens underestimate the importance of their personal actions in tackling obesity, every citizen in Salford must strive to eat healthily and move more.*”

Dr. Brian Hope  
Medical Director - Salford Primary Care Trust, Irlam GP

# Contents

1. Introduction	5	4. Current activity and gaps	21
2. What overweight and obesity means in Salford	9	5. Strategic Objectives	30
3. What we know works at tackling overweight and obesity	15	6. Delivery & Governance	34
		7. Acknowledgements	36
		8. Appendix	37
		9. Further Reading	39



# Working together for a change for life 15 year strategic vision;

The other day, I walked through a door into 2024  
People were so happy, confident and supportive there  
With so many bicycles and walking routes around  
As I crossed the road towards the park, I couldn't help but notice all the people  
I ventured further and discovered workplaces full of activities;  
Walks, tai chi, keep fit and team building  
All the employees looked satisfied and beaming with confidence  
Opposite the park there was a school having break time  
I saw teachers giving children shiny red tomatoes  
Everyone was smiling and laughing  
I continued down the road past a bustling Fit City and saw  
"Free swimming for all" posters in the window, and thought "I should go!"  
Community gardens to my left were brimming with succulent vegetables  
A mixture of generations helping harvest the ripest  
Nearby women and men were buying fresh food from local shops  
With helpful happy shopkeepers serving them  
I stopped to look at the community notice board  
Which was overflowing with bright and colourful posters;  
"Dancing for the family", says one "Cookery Classes" says another  
So much goes on here, Salford should be like this in 2024.

The strategic vision of this document has been written using the words and ideas of local people and employees who were asked to describe what a healthy weight Salford would look like to live and work in, in 15 years time. Please take the time to walk down a typical Salford street in 2024;



# 1. Introduction

## Summary

This document "*Working together for a change for life; Salford's Healthy Weight Strategy 2009 -12*" marks the completion of the first phase of an exciting journey which will lead Salford towards a healthy and vibrant Healthy Weight future.

This section provides an overview of the content of the document and the process taken to reach this point.

## 1.1 Aim

The challenge that tackling an issue with the scale and complexity of obesity can not be underestimated. However Salford is both ambitious and realistic in setting the following aim;

"Salford will halt the rise of obesity across all age ranges by 2012; this will be achieved by the creation of an environment that allows all citizens to become more physically active and to eat healthily."

This document provides Salford with a clear vision of a healthy weight future that will be delivered by Salford Strategic Partnership through the strategic intent defined by the 19 strategic objectives listed in section 1.9.

## 1.2 Language

Key to the development of this strategy has been the language used; obesity is a word that draws tremendous media attention and with it stigma and misunderstanding. Section 2.1.1 describes what obesity is as well as the terms underweight, healthy weight and overweight, all of which are used extensively throughout this document. Although underweight presents its own set of challenges the focus of this strategy is to tackle overweight and obesity. Recently two further terms have begun to be widely used; obesogenic meaning to generate obesity and leptogenic meaning causing a reduction in weight.

The title of this strategy asks the reader to focus not on the problem, obesity, but onto the goal, a healthy weight. By achieving the aim of this strategy Salford will also take a significant step towards the achievement of Salford's Community Plan vision; that Salford becomes "a beautiful and welcoming city, driven by energetic and engaged communities which encourages and recognises the contribution of everyone, for everyone."

Another widely used word here is "Strategy". *Working together for a change for life* is Salford's Healthy Weight Strategy. Strategy means a plan, a scheme, and a line of attack. This document is exactly that; it is Salford responding to one of the biggest challenges it has ever faced.

## 1.3 Understanding overweight and obesity

We know that currently two thirds of adults and a quarter of children living in Salford are carrying levels of excess body fat dangerous to their health and wellbeing. The impact of obesity on life expectancy is comparable to, and in some cases worse than, the reduction in life expectancy from smoking. The Foresight Report Tackling Obesity: Future Choices – Project Report (2007) has provided us with the knowledge to understand the factors that are contributing to the obesity epidemic sweeping across our city. At the heart of the issue is our individual ability to balance our energy intake with energy expenditure, a long term excess energy intake will lead to weight gain. Although no one chooses to be overweight or obese our ability to manage this, at first sight, simple balancing act is overridden by the social and physical environment that we now live in. For some groups in the community the psychological challenge of overeating or physical, sensory or learning disabilities make finding the right balance even more demanding. *Working together for a change for life* sets out a clear vision of what a healthy weight Salford will look like in the future.

## 1.4 Process of strategy development in Salford

While preparing *Working together for a change for life* many passionate discussions have taken place with



local residents, employees and officers across the Salford Strategic Partnership. Salford has taken an innovative approach to developing this strategy, with the support of the Strategic Partnership. Local residents have been involved in describing what a healthy weight means to them, and how it can be achieved, using video booths in town centres and social networking sites on the internet. Staff have been encouraged to provide their views on the subject too, via online surveys and internal communications.

A three month consultation phase initiated by the Chair of Salford Strategic Partnership has raised the profile and understanding of obesity and included discussion about it at senior management groups across Salford City Council, Salford PCT and other members of the partnership with the support of an external consultant to encourage open and frank debate.

### 1.5 Strategy ethos

The challenge to Salford and the ethos behind this strategy is to ensure that EVERYONE including all individual citizens, public, private and voluntary organisations recognise their role within *Working together for a change for life*. We know that through your everyday work you can make a positive contribution to the future weight of Salford citizens. ie. unless you can prove otherwise, both you and the organisation you work for or are involved with are involved in preventing obesity.

### 1.6 Working example

An example of the partnership support we require is our ability to ensure all children have access to healthy nutritious food at school. Although Citywide Catering introduce menus that meet the new nutritional standards set by the Government, experience tells us that although the nutritional quality of food served will increase this will not guarantee that children will benefit from it. We need to look at other influences that nudge our children to eat food that is dense in calories and high in salt and saturated fat, for example:

- Will schools have enough space to seat all the children if they were to take up the new school meals?
- Is the dinner time long enough to feed every child who wants a school meal?
- Are children allowed to go off site at break time?
- Are there fast food outlets near to the school?

- Do the children bring money to school or does the school have a cashless system?
- Are there vending machines in the school?
- Is there a packed lunch policy?
- Do families of the children have the food preparation, budgetary skill and confidence to provide nutritious affordable food?

Each aspect emphasises the opportunity for partners to influence the outcome of better nutrition for children in schools. This will include the actions of school governors, teachers, parents, planners, licensing committee members, Citywide Catering and many others.

### 1.7 Recognition of competing priorities

*Working together for a change for life* also recognises that resources are a precious commodity in Salford and that each partner has a list of 'Must Do's', 'Should Do's' and 'Could Do's'. Therefore the strategic vision and intent of this document is designed to be delivered by making adjustments to the current list of 'Must Do's' each partner organisation has, reducing the additional demand it places on partners. Through understanding the connection of their work each partner will be able to shape an environment which promotes healthy weight choices. All partners must commit to maximising the positive contribution of their work or ensure their actions do not have a negative impact.

### 1.8 Strategic alignment

Tackling obesity is a national priority. The aim of *Working together for a change for life* is directly aligned to the Department of Health's and Department for Children's, School's and Families cross government Healthy Weight Strategy which sets the strategic ambition that England will be;

"the first major country to reverse the rising tide of obesity and overweight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels"

Section 3.1 covers in further detail the national, regional and sub regional context this strategy is working towards.

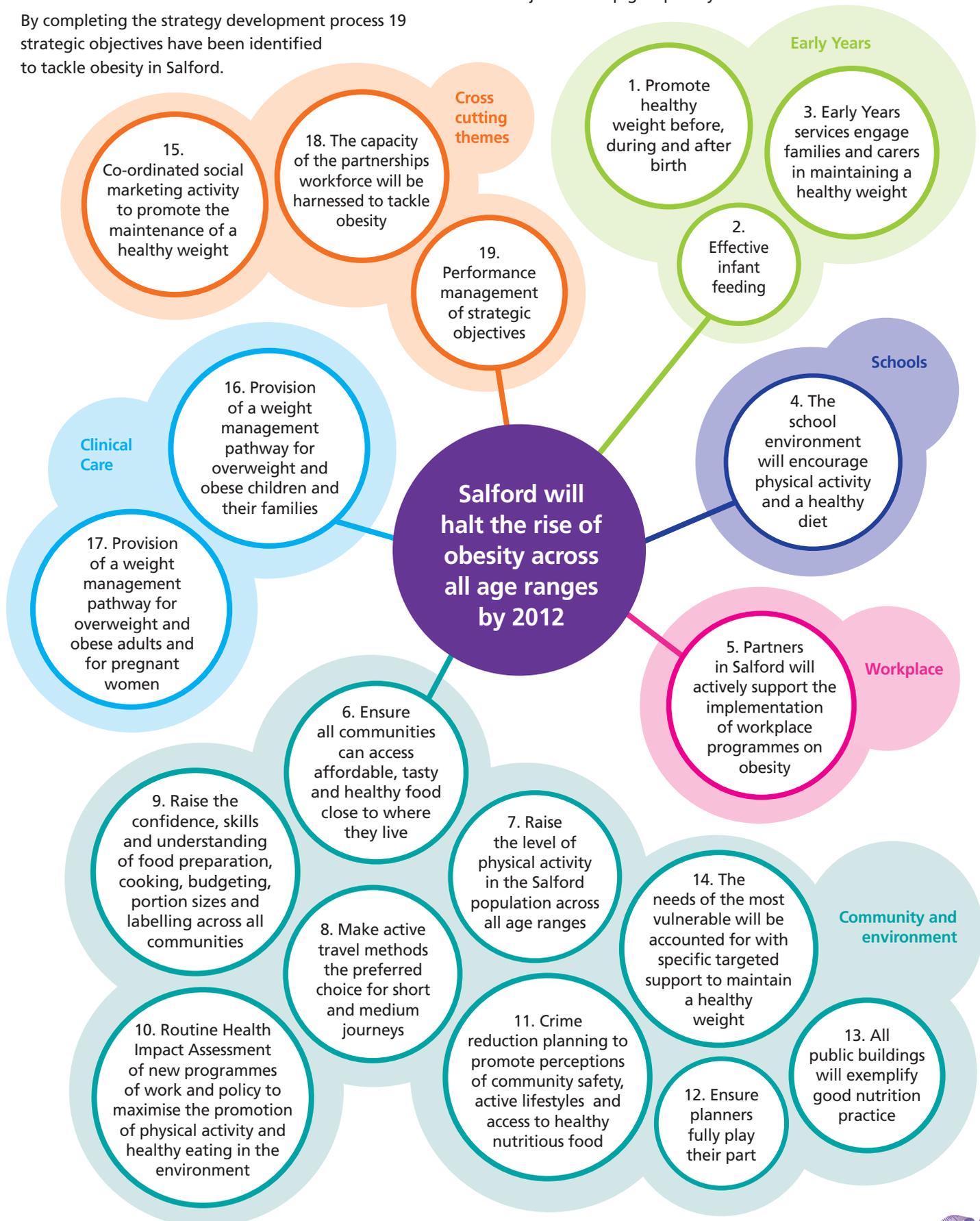
As a key element of Salford's Sustainable Community Strategy, *Working together for a change for life* is intended to generate local action and solutions to obesity prevention so that Salford becomes a beautiful and welcoming city.



### 1.9 Strategic Objectives

By completing the strategy development process 19 strategic objectives have been identified to tackle obesity in Salford.

Figure 1 Working together for a change for life strategic objectives map grouped by theme.





### 1.10 Delivery arrangements and governance

*Working together for a change for life* sits within the governance of the Health and Wellbeing Board where it will be programme managed by the Think Healthy Living Project Board. A supporting document '*Working together for a change for life* action plan 2009-12' provides details for each action that will be taken to deliver the strategic vision and intent of *Working together for a change for life*. This will be managed by a Healthy Weight Implementation Group to be established in June 2009 to oversee and support the lead partner delivery of each action. A first year report will be produced in June 2010 and the *Working together for a change for life* action plan 2009-12 will be reviewed.

### 1.11 The vision that is *Working together a change for life*

By speaking directly to people living and working in Salford the strategic vision of *Working together for a change for life* (see page four) has been created using their words and ideas.

A healthy weight Salford is a city that promotes greater choice rather than reducing choice. Every citizen must take responsibility for their future weight and will be provided with clear information and support to help make taking the healthy weight choice the easiest choice in Salford.



## 2. What overweight and obesity means in Salford

Reply given by  
a Salford citizen while shopping  
in Eccles Town Centre

“ **Question:** What do you understand by the term a 'healthy weight'?

**Answer:** A weight where your body is working at its best! The optimum. ”

### Summary

This section provides background information to assist in the understanding of why obesity is a priority to Salford.

- Two thirds of adults are overweight and around a quarter are obese
- Nearly a third of Salford's children were obese or overweight in 2006
- The impact of obesity on life expectancy is comparable to, and in some cases worse than, the reduction in life expectancy from smoking.
- Individuals with a BMI greater than 40 are likely to die on average 11 years earlier than those with a healthy weight
- Obesity and overweight pose a major risk for developing chronic diseases, including type 2 diabetes, cardiovascular disease, hypertension and stroke, and certain forms of cancer
- Obesity will limited the potential for Salford to continue to develop as a successful city
- Four-fifths of adults and nearly half of children will be obese by 2050 if nothing changes
- Some of Salford's citizens are at high risk of obesity
- To maintain a healthy weight we must be able to strike the right balance between energy taken in and the energy expended. Whilst the explanation of the energy balance is quite simple, creating the appropriate environment which enables people to strike the right balance is far more complex.



### 2.1 Defining Overweight and Obesity

Obesity and overweight are the terms used for body fat levels which could lead to poor health. The likelihood of developing life threatening illnesses increases as body fatness increases. The weight at which you can be classified as obese or overweight depends on your height, gender and ethnicity, but is relatively easy to work out.

#### 2.1.1 Body Mass Index

The most common measure of obesity and overweight is Body Mass Index (BMI), which measures – for most people – the proportion of their body that is fat. This is defined as the person's weight in kilograms divided by the square of their height in metres, and can be calculated quite easily.

$$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (m)} \times \text{Height (m)}}$$

Table 1 overleaf shows the healthy and unhealthy ranges of BMI according to the World Health Organisation (WHO).



**Table 1:** WHO classification of overweight and obesity in adults

Classification	General adult population BMI (kg/m <sup>2</sup> )	Asian adult population BMI (kg/m <sup>2</sup> )
Underweight	Less than 18.5	Less than 18.5
Healthy weight	18.5 – 24.9	18.5 – 22.9
Overweight	25-29.9	23 or more
At risk	30 or more	23-24.9
Obesity I	30-34.9	25-29.9
Obesity II	35-39.9	30 or more
Obesity III (severely or morbidly obese)	40 or more	

BMI classifications are not identical for all ethnic groups. The National Institute for Health and Clinical Excellence (NICE) has identified alternative classifications of overweight and obesity which should be used for individuals from some Asian countries which have an increased risk of cardiovascular disease and type 2 diabetes. It is important to note that BMI is not necessarily the best measure of body fatness in adults who are muscular, since muscle weighs more than fat, and for this reason many adults who do not appear to be overweight or obese have an artificially high BMI. In this situation, other measures such as waist circumference and waist to hip ratio (see below) should be used as a cross measure.

The definition of obesity in children is not as straightforward as in adults. A simple calculation of the BMI is not enough, as the normal range of a child’s BMI changes as they grow. A child’s BMI thus needs to be plotted on a BMI percentile chart. A child above the 98th percentile is considered obese and above the 91st percentile overweight. These correspond to an adult BMI level for obesity of 30 and for overweight of 25 respectively.

### 2.1.2 Waist circumference

Fat which is stored around the abdomen (the ‘central’ area) is of particular importance as this is closely linked to diseases such as type 2 diabetes and heart disease. Measuring the waist and comparing this to thresholds for adult men and women can therefore provide information on whether their weight is a problem (see table 2)

**Table 2:** Waist circumference thresholds for adults

Gender	General adult population	Asian adult population
Male	102cm/40inches or more	90cm/35inches or more
Female	88cm/35inches or more	80cm/32inches or more

### 2.1.3 Waist-hip ratio

Another measure of body fatness is the waist circumference divided by the hip circumference (waist-hip ratio). A raised threshold is seen to be 0.95 or more for men and 0.85 or more for women, although this measure is not universally agreed.

## 2.2 Physical and mental health impact of overweight and obesity

Being either overweight or obese increases the risk of a range of diseases that can have a significant health impact on individuals. Because the risks rise with BMI they are greater for those who are obese:

- 8-42% of certain cancers globally were attributable to a BMI above 21 kg/m<sup>2</sup>
- the risk of coronary artery disease increases 3.6 times for each unit increase in BMI
- 85% of hypertension is associated with a BMI greater than 25
- the risk of developing type 2 diabetes is about 20 times greater for people with a BMI over 35, compared to individuals with a BMI of between 18 and 25
- up to 90% of people who are obese have a fatty liver, this is projected to be the leading cause of cirrhosis in the next generation
- health effects of excess weight are increasingly apparent even in children; the incidence of both type 2 diabetes and non-alcoholic fatty liver disease used to be rare in children, but is increasing
- obesity in pregnancy is associated with increased risk of complications for both mother and baby
- social stigmatisation and bullying are common and can, in some cases, lead to depression and other mental health conditions. Some studies have shown that the quality of life of children with obesity is lower than that for children living with cancer.



These diseases ultimately shorten life expectancy, individuals with a BMI greater than 40 are likely to die on average 11 years earlier (but this can be up to 13 years for a man with a BMI greater than 40 between 20 and 30 years of age) than those with a healthy weight. This is comparable to, and in some cases worse than, the reduction in life expectancy from smoking. Obesity can also limit people's ability to be an active member of society, when BMI becomes greater than 40, it can inflict bodily pain and affect normal daily activities, such as the ability to work.

### 2.3 Cost of overweight and obesity to the economy

Obesity imposes costs not only on those who become obese, but on the rest of society. For example the medical costs for treating obesity and its resultant illnesses was estimated at up to 8% of overall health budgets by the International Obesity Task Force, 2002. In 2006, Sir Derek Wanless warned that with obesity rates continuing to increase every year, the NHS was being overwhelmed and its very future was in jeopardy.

A recent study in Manchester showed that in primary care, higher BMI was associated with increased knee pain, and that 21% of knee pain could be attributed to the individual being overweight or obese and this was up to 37% for moderate or severe pain with disability. Most worryingly of all this increase was mainly due to people who were overweight (BMI 25-30), not obese.

Obesity is an increasing cause of people leaving work and moving onto incapacity benefit. From 2000/01 to 2004/05 the Government paid out roughly £8 million/year on incapacity benefits "whose primary diagnosis was obesity" (House of Commons Commission, 2006). In this way obesity has a double drain on public finances through payment of incapacity benefit but also in reducing the financial contribution that those on incapacity benefit can make to society e.g. through payment of council tax, income tax etc.

Table 3 (above right) provides estimates of some of the annual costs of obesity to Salford. These are estimated from national figures and must be considered as likely to be underestimates given the degree of socioeconomic inequality in Salford compared to the England averages these figures were compiled from.

Table 3: Estimated costs of obesity England and Salford

Classification	England	Salford
Population	51,000,000	216,400
Treating obesity	£47,500,000	£201,549*
Treating the consequences of obesity	£1,010,000,000	£4,285,569
Sickness absence	£1,375,000,000	£5,834,314
Disability benefit	£8,000,000	£33,945

Office for National Statistics mid-year population estimates, 2004 \*Prior to any additional costs from commissioning the treatment pathway



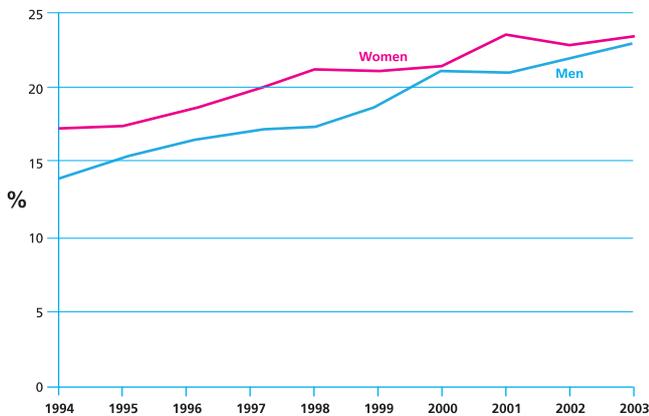
### 2.4 Prevalence of overweight and obesity – National trends

It is no exaggeration to describe the situation we now face as an obesity epidemic. Obesity is a local, national, and international problem - a 1999 study by the United Nations found that obesity is on the increase in all developing regions, including those where hunger exists.

*"We know we must act. We cannot afford not to act. For the first time we are clear about the magnitude of the problem: we are facing a potential crisis on the scale of climate change and it is in everybody's interest to turn things around."* - Alan Johnson Health Secretary 2007

Although the proportion of adults who are overweight has not changed significantly, obesity has increased markedly among both adults and children since the mid 1990s (see figure 2) check where it is. Latest figures suggest that nationally, almost a quarter of the population (22.7% of men and 23.8% of women) are obese, and nearly two thirds of both men and women are overweight. (Health Survey for England 2004).

Figure 2: Obesity Trends



### 2.4.1 Obesity patterns in the young

Between 1995 and 2004, childhood obesity rates rose by almost 5%, and it is estimated that without further action, one in five children will be obese by 2010. Latest figures for Salford from the National Child Measurement Programme (NCMP) show that we are on course to reach this benchmark with 14.5% of children being obese in 2006. This figure is produced by combining levels for Reception aged children (4-5 year olds) and Year 6 aged children (10-11 year olds). And when considered alongside those that are overweight, nearly one in three of our children are carrying excess weight that will damage their futures.

Table 4: National Child Measurement Programme data for Salford 2006

Overall	% Overweight	15	29.5
	% Obese	14.5	
Children in reception class (4-5 years old)	% Overweight	14.6	24.8
	% Obese	10.2	
Children in year 6 (10-11 years old)	% Overweight	15.3	33.9
	% Obese	18.6	

This data demonstrates that there are significant differences between age groups with one in ten (10.2%) of reception age children who are obese, rising to 18.6%, by age 10 to 11. Not far short of the government projection of 20% by 2010.

When these figures include overweight as well as obesity a quarter (24.7%) of Reception children and more than a third (33.9%) of Year 6 children in Salford were overweight or obese. These figures are increasing rapidly. With the Year 6 children who were weighed in 2006 being

first weighed in reception in 2000, we can show that the prevalence of obesity and overweight in these children has more than doubled from 8.9% to 18.9% in the space of only five years.

There is no local data on overweight or obesity prevalence in children under 4 or over 11 years old; therefore it is difficult to estimate the scale of the problem in this age group. However as national trends are generally reflected in local trends we can estimate that approximately 36% of young people in Salford between the ages of 11 and 15 years are either overweight or obese. (HSE Office for National Statistics 2003).

### 2.4.2 Obesity patterns in the adult population

UK adults have the highest rates of obesity in Europe - 23.8% of women and 22.7% of males are currently obese. This means that 44% of the key adult population (age ranges 19 – 49 as opposed to older people 55+) are obese and again based on national obesity rates we can estimate that there are more than 20,000 obese adults in Salford in this age range and levels are rising.

## 2.5 Groups to target associated with increased risk of excess body weight

Certain groups within society are at greater risk of becoming overweight or obese. Lightening the Load: tackling overweight and obesity (2006) identifies the following 'at-risk' populations:

- Individuals of Asian origin
- Ethnic groups with higher than average prevalence of obesity
- Adults in semi-routine and routine occupations
- People with physical disability, particularly in terms of mobility making exercise difficult
- People with learning difficulties

The NICE guidelines also highlight additional priority groups such as menopausal women, women pre and post pregnancy and smoking quitters, recommending specific targeted interventions which focus on these groups and events.

It has also been identified that in future years increases in excess body weight will affect those people in lower social classes to a larger extent.

### 2.5.1 Insight research into families associated with increased risk of excess body weight

To support the national drive to tackle obesity across England, the Department of Health has used social marketing techniques to segment the population focusing on families with young children, by researching their attitudes and behaviours in relation to food and physical activity. They have been able to develop six 'clusters' or groups of individuals with similar attitudes and behaviours.

**Table 5:** The table below illustrates the segmentation levels of Salford families.

Cluster Name	Description	Number of Families	Segment % of area
Cluster 1	<b>Pressured</b> - Struggling parents who lack confidence, knowledge, time and money	3404	19.90%
Cluster 2	<b>Inexperienced</b> - Young parents who lack knowledge and parenting skills to implement a healthy lifestyle	1271	7.43%
Cluster 3	<b>Treaters</b> - Affluent families, who enjoy indulgent food	1960	11.46%
Cluster 4	<b>Engaged</b> - Living healthy	3389	19.81%
Cluster 5	<b>Traditional</b> - Strong family values and parenting skills but need to make changes to their diet and activity levels	5041	29.47%
Cluster 6	<b>Active</b> - Plenty of exercise but potentially too many bad foods	2042	11.94%

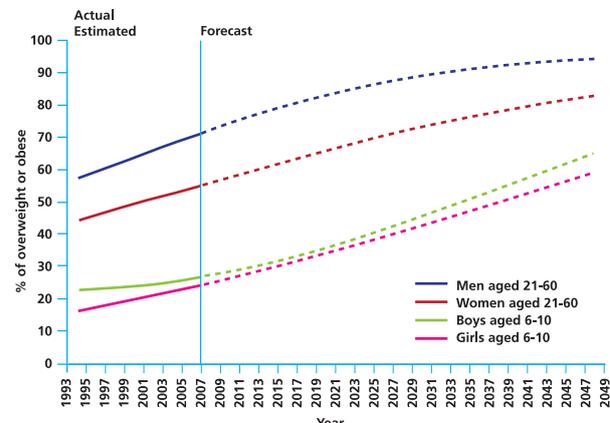
This information will help in the design and targeting of family based interventions in the future.



### 2.6 Future predictions

The Foresight Report predicts, based on current trends, that 60% of men, 50% of women, and 25% of children will be obese by 2050, with a further 35% of adults and nearly 40% of children overweight.

**Figure 3:** Overweight and obesity trends forecast



Source: Foresight Tackling Obesity: Future Choices - Modelling Future Trends in Obesity and their Impact on Health.

### 2.7 Causes of overweight and obesity

“ We have for many long years gone down the road of ‘convenience’ in transport and food, TV and computer games. How to break the habit, will be very hard work and not a task for the faint hearted ”

John Cook, Member Claremont & Waste Community Committee

The central cause of obesity remains relatively simple, reflecting a simple balance between the amounts of energy consumed against the amount of energy expended. Where the balance tips towards a greater energy input than expenditure the excess energy is stored as adipose tissue (body fat).

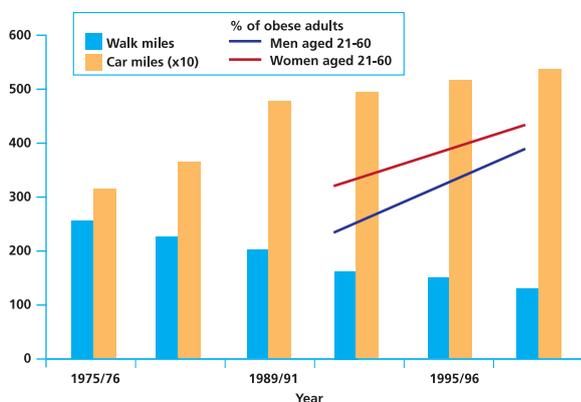
In Salford where food is relatively easy to access and the energy expenditure required to obtain it is small, this excess energy leads to weight gain and eventually obesity in a large portion of the city’s population. To maintain a healthy weight people must be able to strike the right balance between energy taken in and the energy expended in routine day to day activities. Whilst the explanation of the energy balance is quite simple, creating the appropriate environment which enables people to strike the right balance is far more complex.

The Foresight Report provides insight into the reasons why maintaining a healthy weight is so hard. The reports “obesity system map” identifies over 100 individual but inter-related causes for weight gain, acknowledging that our individual eating and physical activity habits, beliefs and attitudes are influenced by the physical and social environment in which we live.

Appetite controls that help us to stop eating when we are full can be easily overridden by the appearance, smell, taste and marketing of modern food. Eating habits have changed, “grazing” and eating on the go is now common compared to the more regimented eating behaviours of previous years. Stereotypical views about people’s food choices do not reflect the complex range of factors which influence these choices. For example although expenditure on food as a proportion of household income has reduced in recent years, the relative cost of fruit and vegetables has increased. The decline in cooking skills has fuelled a trend to eat high calorie, high fat foods away from the home. This choice of cheap energy-dense fast foods, although nutrient poor, may reflect effective consumerism for people on low incomes who in choosing these food types can be confident that their families will eat and be filled by them.

Over the past three decades our physical environment has drastically altered. We now live in largely a built environment which doesn’t encourage people to walk; instead we have engineered a transport system around motor vehicles, gradually engineering physical expenditure out of the environment along the way. Obesity rates have mirrored the rise in car usage. This increasingly inactive or sedentary lifestyle can be seen in many guises; our increasingly long working hours in predominantly sedentary jobs, the increasing time children spend watching TV and playing computer games, and this is often driven by parental reluctance to allow children to roam and play outdoors due to safety fears from traffic, disorder and “stranger danger”.

Figure 4: Decline in walking, rise in car use and relationship to adult obesity trends



This all adds up to create the “obesogenic environment”, i.e. an environment which cultivates overweight and obesity, a phenomena which we can observe across most

developed countries today not just Salford and the rest of the UK. The Foresight Report defines the obesogenic environment as;

*“The sum of the influences that surroundings, opportunities or conditions of life have on promoting obesity in individuals and population, people do not choose to be obese”*

Attention must also focus on the impact of early life on growth patterns and obesity. The growth of the baby in the womb is the beginning of the relationship between the weight of parents and their children; overweight and obesity in parents is the greatest single risk factor for childhood obesity. Eating habits are shaped from birth. Many babies receive no breast milk, while others are breastfed only briefly. A breastfed baby is an active partner in feeding, and can learn to regulate feeding to appetite. Breastfed babies may also be introduced to a wide variety of tastes from the mother’s diet through her milk. Parents often report that their baby is ‘not satisfied’. Early supportive interventions can help prevent a progression of formula ‘top-up’ additions to the baby bottle (e.g. extra scoops) and early solids, particularly those high in fat and sugar.



### 2.8 What does this mean for Salford?

It is clear that prevalence of obesity is rapidly increasing across all age ranges in Salford which is having an immediate impact on the contribution individuals can make to their local communities and can lead to reduction in life expectancy. The causes of obesity can be found in every part of our social and physical environment. This makes the successful achievement of the strategy’s aim (see 1.1) one that will be delivered by all partners and citizens working together with a common goal in mind; the architecture of a city that promotes the maintenance of a healthy weight by putting in place the strategy’s 19 strategic objectives (see 1.9).

# 3. What we know works at tackling overweight and obesity

## Summary

This section looks at the policy and evidence for what can be done to tackle obesity.

- Obesity can only be tackled in partnership; Salford Strategic Partnership and the Sustainable Community Strategy are the ideal vehicles for change
- Obesity must be everyone's priority
- The environment of Salford must make regular physical activity and healthy eating behaviours part of all of its citizens normal daily routine
- We must target children and vulnerable groups
- Offer personalised advice and support which must be accessible and clear
- Create incentives for better health, in particular taking full advantage of the workplace as a setting to tackle obesity.

Obesity has emerged in recent years as the number one threat to the health of Salford citizens. It is clear that the challenge obesity presents requires a response of a *scale and scope* we have not seen before.

An additional obstacle we must negotiate is that the evidence base, which follows in Section 3, is still in its formative stages. The evidence we have to build our future work on is not yet black and white, as the point at which the obesity epidemic tipped is not clear.

However by identifying and understanding current key policies and by closely monitoring the success of our future actions we can build a plausible set of strategic objectives of the correct *scale and scope*, that when implemented together, will go further than ever before at halting the year on year rise in obesity in Salford.

## 3.1 National Context

### 3.1.1 Foresight Report Tackling Obesities: Future Choices – Project Report (2007)

The Foresight Report provides a strategic view that the challenge of obesity presents by using scientific evidence, commissioned research and expert advice. The report contains the following sections;

- Obesity and the wider debate
- Social policy frameworks for action
- Inequalities and obesity
- Key areas of influence and responsibility, including the mapping of key causes of obesity
- Conclusion and effective responses.

In summary the Foresight Report gives ten “top tips” for local action:

1. Rise to the challenge
2. Prioritise obesity prevention – take a holistic approach to tackling obesity and the obesogenic environment
3. Target children and vulnerable groups
4. Don't go it alone! Local Strategic Partnerships have been developed to bring partner agencies together on local issues such as obesity prevention
5. Identify “obesity champions”
6. Stay local. The Sustainable Community Strategy is intended to generate local action and solutions to obesity prevention
7. One size does not fit all
8. Practice what you preach
9. Don't reinvent the wheel
10. Make information accessible so local people can understand how to balance energy intake against energy expenditure.



### 3.1.2 Healthy Weight, Healthy Lives: a cross Government strategy for England Department of Health and the Department for Children, Schools and Families 2008

*“Tackling obesity is the most significant public and personal health challenge facing our society. It is not the Government’s role to hector or lecture people, but we do have a duty to support them in leading healthier lifestyles. This will only succeed if the problem is recognised, owned and addressed in every part of society.”*

Alan Johnson, 2007

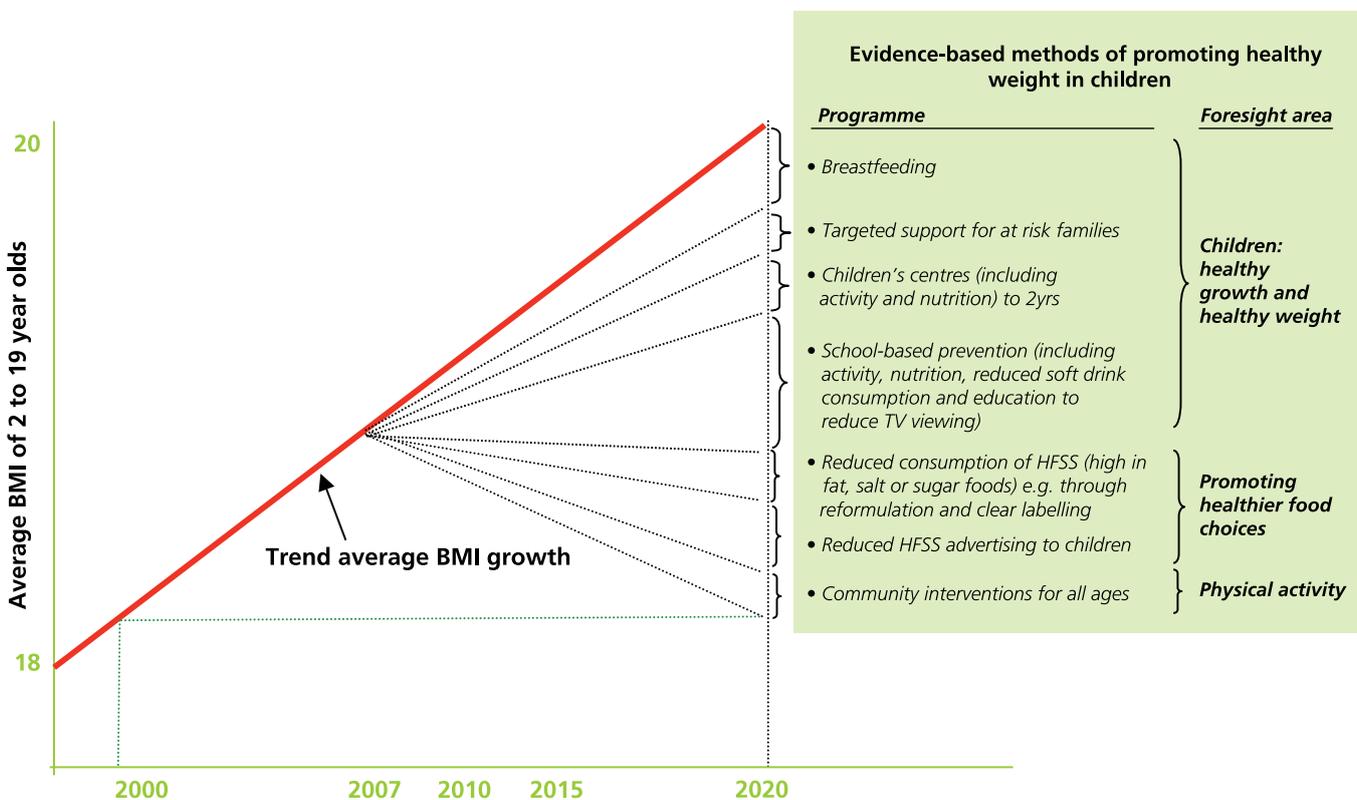
In 2008 the Departments for Health and Children, Schools and Families launched Healthy Weight; Healthy Lives that set out the ambition found in section 1.8.

The strategy’s ambition will be achieved through five areas;

- Children: healthy growth and healthy weight
- Promotion of healthier food choices
- Build physical activity into our lives
- Create incentives for better health
- Personalised advice and support.



**Figure 5:** Projections of possible reductions in BMI growth if best practice is implemented across programmes shown in the right hand box.



Source: Department of Health analysis



### 3.1.3 National Institute for Clinical Excellence (NICE) Guidance 43 – Obesity for local authorities, schools and early years providers, workplaces and the public

In 2006 NICE identified that there was a clear lack of good evidence of the effectiveness of weight management interventions, particularly in children, but recommended that action should be taken to;

- Stem the rising prevalence of obesity and diseases associated with it
- Increase the effectiveness of interventions to prevent overweight and obesity
- Improve the care provided to adults and children with obesity, particularly in primary care

A number of organisations and settings were identified as key to tackling obesity, the actions NICE recommended each should take are listed below;

#### NHS

- Managers and health professionals in all primary care settings should ensure that preventing and managing obesity is a priority, at both strategic and delivery levels.
- Dedicated resources should be allocated for action.

#### Local authorities and partners

- Local authorities should work with local partners, such as industry and voluntary organisations, to create and manage more safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion, by:
- providing facilities and schemes such as cycling and walking routes, cycle parking, area maps and safe play areas

- making streets cleaner and safer, through measures such as traffic calming, congestion charging, pedestrian crossings, cycle routes, lighting and walking schemes
- ensuring buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways)
- Considering in particular people who require tailored information and support, especially inactive, vulnerable groups.

#### Early years settings

- Minimise sedentary activities during play time, and provide regular opportunities for enjoyable active play and structured physical activity sessions
- Implement Department for Children, Schools and Families (DCSF), Food Standards Agency and Caroline Walker Trust guidance on food procurement and healthy catering.

#### Schools

- Head teachers and chairs of governors, in collaboration with parents and pupils, should assess the whole school environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight, eat a healthy diet and be physically active, in line with existing standards and guidance. This includes policies relating to building layout and recreational spaces, catering (including vending machines) and the food and drink children bring into school, the taught curriculum (including Physical Education), school travel plans and provision for cycling, and policies relating to the National Healthy Schools Programme, the National Physical Education and Sport Strategy and extended schools.



### Workplace

Workplaces should provide opportunities for staff to eat a healthy diet and be physically active, through:

- active and continuous promotion of healthy choices in restaurants, hospitality, vending machines and shops for staff and clients, in line with existing Food Standards Agency guidance
- working practices and policies, such as active travel policies for staff and visitors
- a supportive physical environment, such as improvements to stairwells and providing showers and secure cycle parking
- Recreational opportunities, such as supporting out-of-hours social activities, lunchtime walks and use of local leisure facilities.



### Self-help, commercial and community settings

- Primary care organisations and local authorities should recommend to patients, or consider endorsing, self-help, commercial and community weight management programmes only if they follow best practice.

### Clinical care

Multicomponent interventions are the treatment of choice. Weight management programmes should include behaviour change strategies to increase people's physical activity levels or decrease inactivity, improve eating behaviour and the quality of the person's diet and reduce energy intake.

### Children

- Interventions for childhood overweight and obesity should address lifestyle within the family and in social settings
- BMI (adjusted for age and gender) is recommended as a practical estimate of overweight in children and young people, but needs to be interpreted with caution because it is not a direct measure of adiposity.
- Referral to an appropriate specialist should be considered

for children who are overweight or obese and have significant comorbidity or complex needs (for example, learning or educational difficulties).

### Adults

The decision to start drug treatment, and the choice of drug, should be made after discussing with the individual the potential benefits and limitations, including the mode of action, adverse effects and monitoring requirements and their potential impact on the patient's motivation. When drug treatment is prescribed, arrangements should be made for appropriate health professionals to offer information, support and counselling on additional diet, physical activity and behavioural strategies. Information about patient support programmes should also be provided.

Surgery is recommended as a treatment option for adults with obesity if all of the following criteria are fulfilled:

- they have a BMI of 40 kg/m<sup>2</sup> or more, or between 35 kg/m<sup>2</sup> and 40 kg/m<sup>2</sup> and other significant disease (for example, type 2 diabetes or high blood pressure) that could be improved if they lost weight
- all appropriate non-surgical measures have been tried but have failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months
- the person has been receiving or will receive intensive management in a specialist obesity service
- the person is generally fit for anaesthesia and surgery
- the person commits to the need for long-term follow-up

Surgery is also recommended as a first-line option (instead of lifestyle interventions or drug treatment) for adults with a BMI of more than 50 kg/m<sup>2</sup> in whom surgical intervention is considered appropriate.





### 3.1.4 Groups 'at risk' of overweight and obesity

As previously identified in Section 2.5.1 targeted interventions are required to reduce the risk of groups at greatest threat of becoming overweight and obese. Interventions must be targeted at;

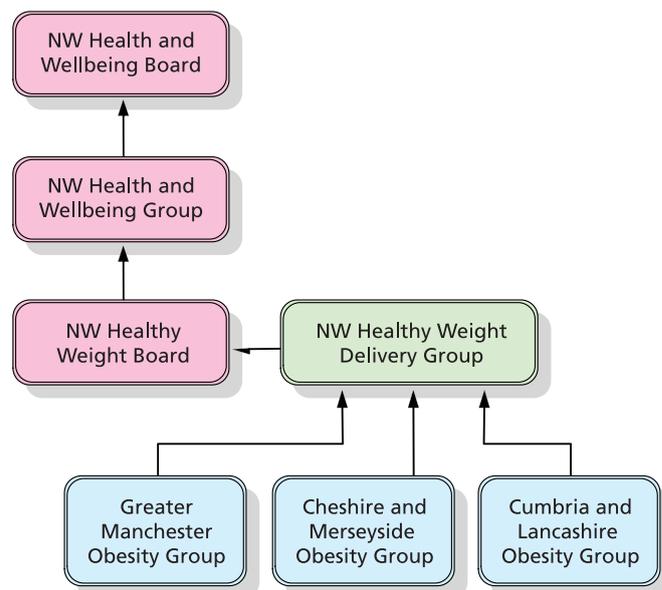
- Individuals of Asian origin
- Ethnic groups with higher than average prevalence of obesity
- Adults in semi routine and routine occupations
- People with physical disability, particularly in terms of mobility making exercise difficult
- People with learning difficulties
- menopausal women
- women pre and post pregnancy and smoking quitters
- People in lower social classes.

## 3.2 Regional and Sub Regional context

### 3.2.1 Regional Structure

An extensive structure exists in the North West to ensure the delivery of England's Healthy Weight ambition as shown in Figure 6.

Figure 6: North West and Greater Manchester Healthy Weight delivery structure



### 3.2.2 A North West Framework; To achieve healthy weight for children and families within the context of food and nutrition and physical activity

Written by the North West Public Health Group in 2008, the regional framework reflects the key principles and themes of the Government's Healthy Weight, Healthy Lives strategy. It raised awareness for the growing need to reduce the impact of overweight and obesity on the population's health and wellbeing, through improving food and nutrition and increasing physical activity levels.

The framework brings together the regional contributors to food and nutrition, physical activity, active travel and the built and wider environment specifying the actions that will make a difference to overweight and obesity at the regional tier.

### 3.2.3. Manchester Multi Area Agreement

The Manchester Multi Area Agreement (MAA) is a multi area agreement which builds on the proven track record of partnership working of the ten Greater Manchester Local Authorities. The MAA aims to deliver economic change across Greater Manchester and is built on three pillars of growth: raising employment levels, improving skills or increasing the level of Gross Value Added (GVA). Although reducing obesity is not a direct goal of the agreement the MAA states that;

*"Delivering skills without helping people into employment fails too often to change labour market attachment. Welfare to Work systems that are not clear and unified and do not provide, for example, health interventions"*

Improvement and innovation along with major investment into Greater Manchester's transport infrastructure is also a key supporting element of the plan.

*"We know that poor connectivity within the city region is one of the key risks to future growth"*

Finally the development of robust regional planning framework provides the opportunity to embed sound planning decisions for the development of a healthy weight environment.

### 3.2.4 Greater Manchester Healthy Weight Strategy

Currently under development is a Greater Manchester (GM) Healthy Weight Strategy. Any additional recommendations made by the GM Healthy Weight Strategy will be incorporated into *Working together for a change for life's* first year report as described in section 1.10.



# 4. Current activity and gaps

## Summary

This section looks at existing activity in Salford which can contribute to tackling obesity as identified during the initial stages of developing this document.

Activity is shown below in Section 4.1 and has been grouped in tables under the following headings:

- Early Years
- Schools, Colleges and University
- Workplaces
- Communities and the Environment
- Clinical Care

Gaps in provision have then been identified in Section 4.2.

Salford should be proud of the innovation and range of activities available. However challenges in the form of limited scale and lifespan of many hamper the impact of activity's on making healthy choices easier for local citizen's and employees.

The following activities were identified as current or ongoing within Salford during initial stages of the strategy development. It is by no means an exhaustive list of activities but is indicative of local initiatives to reduce obesity levels and provides a starting point for future developments following the identification of gaps or limitations in existing activities.



## 4.1 Current activity

### 4.1.1 Current activity - Early Years

Intervention	Activity
Activities for pregnant women, babies, young children and their parents	There are some local services available for this group to develop and sustain a healthy lifestyle and weight. For example, there are ante-natal swimming lessons, yoga for pregnant women and 'Fun City Tots' for under 5s.
Breastfeeding support and weaning groups	Previously a great deal of work on the development of breast feeding support and good weaning practice has taken place in Salford. Following the reduction in funding, activity has continued delivered by Health Visitors, Community Food Workers and Community Dieticians but at a lower level. In recent months a new Infant Feeding Manager has been appointed by Salford PCT to work closely with existing specialists and teams to make breastfeeding and safe weaning practice the norm in Salford.
Salford Royal Foundation Trust	<p>Breast feeding complying with the 'baby friendly initiative' (World Health Organisation) standards is supported in both hospital and community clinics. The two specialist lactation midwives have dedicated time to support breast feeding providing leadership and training for other staff. In Charlestown and Lower Kersal additional midwifery resource is targeted at areas that have increased prevalence of obesity in young mothers and a low uptake in breast feeding. Midwifery assistants provide dietary advice and encourage mothers to become involved in other services available in the Children's Centres.</p> <p>Two specialist breast feeding clinics are held in Little Hulton and central areas of Salford to help resolve breast feeding problems. Peer support groups for breast feeding are in place.</p> <p>Salford Royal Foundation Trust supports staff who wish to continue breast feeding when they return to work through more flexible breaks and suitable facilities.</p>

## Case Study 1 - Community Food Workers

The Community Food Workers are an enthusiastic team, based in our local communities, who work with groups of parents and carers of children under 4 years old who are not yet at school.

They assist parents and carers in learning the basic principles of healthy eating and practical cookery sessions. Sessions are tailored for individual groups. Common issues that are discussed during sessions include;

- Health benefits of healthy eating for the whole family
- Cost effectiveness of cooking from scratch as opposed to buying prepared foods

- Salt, sugar and fat content of foods
- Using the Eatwell plate to demonstrate the importance of a balanced diet
- Portion sizes

Successful sessions are measured via:

- The willingness of the group to learn how to prepare healthy, quick family foods for their family. The Community Food Workers benefit from consulting with the group and carrying out an informal needs assessment prior to the practical sessions
- The attendance levels
- Participant feedback/ making dishes on their own at home
- Their children eating what they have made

### 4.1.2 Current Activity - Schools, Colleges and University

Intervention	Activity
Healthy Schools Programme	<p>Salford’s local Healthy Schools Programme offers support to schools as they strive to improve all aspects of health for the whole school community. A healthy school encourages all members of its community to recognise the benefits of both physical and emotional health, enabling people to make informed decisions about their health. This includes pupils, parents, staff and governors.</p> <p>Two of the four key themes in becoming a healthy school are healthy eating and physical activity. Schools embarking on the healthy schools journey must evidence how they have met the set national criteria for each key theme, using a whole school approach.</p> <p>Under the healthy eating criteria a school is required to have a healthy eating policy, promote healthy eating in all activities and adhere to national standards for food provision such as lunches, breakfast clubs and cooking activities. Salford is participating in the National School Food Partnership programme.</p> <p>Similarly, for physical activity a school is required to have a physical activity policy and give all children the opportunity to participate in two hours of curriculum Physical Education time and in extra curricular activities, such as early morning, lunchtime and after school clubs.</p>
School Food – Citywide Catering	<p>All food supplied to primary schools by Citywide Catering meets both the national nutritional and nutrient based standards set by the School Food Trust. The children are encouraged to eat school meals and TD the healthy dinosaur has been successful in helping to maintain the number of children taking a school meal and there has been no marked drop in numbers of children having school lunches.</p> <p>Citywide supply food to seven of Salford’s thirteen secondary schools .There is no vending machines in these seven schools. All food supplied by Citywide meets the national nutritional standards for secondary schools and from Sept 2009 will have to meet the nutrient based standards. Menus to comply with these standards are currently being finalised.</p>

4.1.2 Current Activity - Schools, Colleges and University continued...

Intervention	Activity
Food partnerships	This programme links secondary schools and their feeder primary schools to develop practical cooking skills, strategies for teaching healthy eating and enrich and extend pupils enjoyment and learning. The programme is being piloted in two secondary schools and 17 primary schools and will be evaluated. It is hoped that it can be rolled out to all schools in 2010.
Extended schools	The Salford Extended Schools Programme provides a range of services and activities often beyond the school day, including parenting support, ICT, arts and sports facilities. This programme will enable swift and easy referral for children and their families to specialist support services such as the Mind Exercise Nutrition Do it! (MEND) Project, Sports Activity Menu Clubs, the Health Trainers and Community Food Workers Programmes.
School Sport Partnerships	There are two partnerships in Salford (North / South) and all schools across the city are members. In the North Partnership (which has been in operation since 2005), pupils accessing two hours of high quality physical activity has increased from 54% in 2005 to 90% in 2008. The South Partnership, which started in Sept 2006, has increased from 48% in 2006 to 86% in 2008.  The challenge now for both School Sports Partnerships is to encourage and support schools in offering 5 hours of PE and Sport to all 5-16 year olds and 3 hours of sport for 16-19 year olds.
Salford Community Leisure	Salford Community Leisure's Schools Team presently deliver 228 hours of coaching per week in schools and they also run lunchtime and after school clubs. These Sport Activity Menu (SAM) clubs target children and young people who don't access physical activity outside of the school curriculum. The School Teams deliver 74 SAM clubs per week across both School Sport Partnerships. They offer alternative activities such as circus skills, cheerleading and golf. Over 3500 children are involved in this initiative.
Playground Leaders Programme	Approximately 2000 children in primary schools are involved on a regular basis organising and delivering activities at lunchtime for their peers or younger pupils through the Playground Leader Scheme. This programme is now happening in some of our Secondary Schools across the city.



4.1.2 Current Activity - Schools, Colleges and University continued...

Intervention	Activity
Grow Your Own school gardening clubs	This project led by the Healthy Schools Programme encourages schools to undertake gardening clubs, both in school curriculum time as part of the Science programme and as an after school activity. 84 schools and 8 Children’s Centres are currently working on this initiative. Recently a grant (Communities for Health) has been offered to all schools to promote this project and many more schools will start growing clubs in 2009.
School travel plans	School Travel plans aim to reduce the number of journeys made by car thus encouraging walking and cycling to school and increasing physical activity for both children and their parents. To date 83 educational settings across Salford have an authorised Travel Plan and many more are developing plans.
Healthy Care Initiative with Looked After Children	This initiative is a partnership between CAMHS (Child and Adolescent Mental Health Services), Social Services, the PCT, School Improvement Service and Healthy Schools. The aim of the programme is to improve the health of looked after children in Salford by offering training, advice and support to children and their carers on health related matters, such as healthy eating and the promotion of physical activity.
The Big Hygiene Book and Mission Possible	Salford City Council Environment Directorate has sent each school in Salford copies of The Big Hygiene Book which supports full class learning to enforce the hygiene message. Detailed lesson plans for teachers are included together with an interactive CD rom, activity sheets and a story book “Visit to the Farm” to supplement the learning experience.  The Mission Possible project was developed to teach children about the fundamentals of food safety using a series of fun exercises and practical tasks. The intention is to extend this knowledge to other family members and have a positive impact on food safety in the home by encouraging parental involvement in the project. The aim is to involve every primary school in Salford.
Salford City College	A wide range of activities are provided in local colleges to promote physical activities levels, active transport and healthy eating behaviours. Pendleton College has gained Healthy College status and Further Education Sport Coordinators have been appointed to develop sport participation at Eccles, Salford and Pendleton colleges.

## Case Study 2 - Health Time

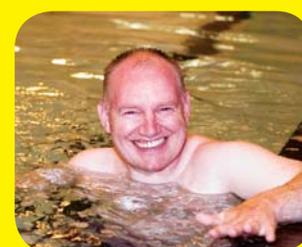
Salford PCT’s Health Time Scheme provides fifteen hours of paid time per year (pro rata for part time staff) to pursue health enhancing activities of choice, e.g. health walks, smoking cessation, gardening, swimming etc, from a menu of approved activities.

Salford PCT recognise that staff work best when they can achieve a healthy balance between work and other aspects of their life outside work. This scheme is one of a range of measures that enables staff to achieve, maintain and improve their health and wellbeing throughout their working life.

To join the scheme employees must attend a Health Time briefing session. Employees will be expected to set one or more goals relevant to the scheme and use their

Health Time for activities selected from the menu of approved activities, so to achieve their individual goals and maintain their health.

At the end of each year employees send in their Health Time forms to the Human Resources Department. It is a condition of membership of the Health Time scheme to complete an evaluation questionnaire if so requested.



## Case Study 3 - Healthy Hips and Hearts

The Healthy Hips and Hearts (HHH) programme was established to encourage older people who due to illness or age-related problems may not be as active as they may wish to adopt a healthier lifestyle. HHH Co-ordinators and their excellent team of volunteers work tirelessly to bring their service to hundreds of people who might not otherwise have the opportunity for exercise and social interaction.

Sessions promote:

- Improved balance
- Reduction/prevention of falls
- Increased participation levels
- Increased knowledge of health issues



### 4.1.3 Current Activity - Workplaces

Intervention	Activity
Cycle to Work Scheme	Salford City Council introduce a salary sacrifice cycle purchase scheme in early 2008 to encourage staff to cycle to work, the intervention has seen an increase in the use of active transport to and from the work place by staff.
Environment Directorate, Salford City Council	Health walks have been arranged and staff are encouraged to take part through the Directorate's staff development group. The most successful activities are those that become sustainable. There is a football group and badminton group who play after work. Taster sessions of other activities have been organized at Fit City Centres and the directorate is happy to encourage these again through the staff development group.
Citywide Catering Salford City Council	Healthy options are provided on the menus at the two restaurants operated by Citywide. Staff who order food for meetings and events have been trained on how to order from the healthy options buffet menu. A Corporate target has been set and will be raised from April 2009.
Salford Royal Foundation Trust (SRFT)	SRFT actively promote workplaces health to their staff by; <ul style="list-style-type: none"> <li>• A 'Cycle 2 Work Scheme'.</li> <li>• An established 'Cycle User Group'</li> <li>• Active travel is also supported through satellite car parking arrangements which are within walking distance</li> <li>• A salary sacrifice purchase of bus passes</li> <li>• SRFT has agreements with a number of local leisure facilities which staff are able to access at reduced rates</li> <li>• Regular exercise activities held within the workplace will continue, such as the weekly yoga class. Lunch time walks are also encouraged through sign posting staff to local health walk maps</li> <li>• 'Healthy options' are standard across the restaurants and cafes across the hospital.</li> </ul>
Greater Manchester Police (GMP)	GMP has a well-developed strategy for staff wellbeing, including active lifestyles and diet.
Greater Manchester Fire and Rescue Service (GMFRS)	In the work place within GMFRS most stations and other locations are provided with gymnasiums of some description and the brigade has recently enrolled in the cycle to work programme. All locations are provided with showering facilities as a matter of course.

4.1.4 Current Activity – Community and the Environment

Intervention	Activity
Holiday activities – Salford Community Leisure	A wide range of activities are available and the Sport Health & Community Leisure Team offers activities in the holiday period for all sections of the community from the ages of 8 to 16.
Health Improvement Teams	Salford PCT deliver a programme of activities built around the needs of local communities to improve health and reduce health inequalities. Activities include Cook and Taste sessions and Cooking Skills workshops as well as physical activity opportunities.
Voluntary Sports Clubs	There are numerous local community physical activity and sporting clubs for children and young people and adults across the city. Salford Community Leisure supports the development of clubs via Salford Sports Council. In addition, School Sport Partnerships’ link with local clubs to build pathways from schools to clubs to support the 5 hour offer.
Health Trainers	Salford Health Trainer project is delivered by Unlimited Potential and is funded by Salford PCT. Health Trainers in Salford aim to: <ul style="list-style-type: none"> <li>• Engage &amp; develop relationships with target communities</li> <li>• To provide information about services available and sign post individuals to relevant services</li> <li>• Engage individuals &amp; then identify their aspirations/health and wellbeing goals</li> <li>• Agree ways to work towards aspirations/health and wellbeing goals and establish personal action plans</li> <li>• Guide/support/motivate individuals to work towards aspirations/health and wellbeing goals &amp; facilitate behaviour change</li> <li>• Enable clients to move on, take control and maintain behaviour changes made</li> <li>• Follow up individual’s progress.</li> </ul>
Health Walks	Health Walks are short, low and moderate intensity walks provided in local communities coordinated by Salford Community Leisure and delivered by volunteers and paid staff from numerous organizations including Salford PCT Health Improvement Team and Salford City Council Park Ranger Service.
People with Learning Disabilities	The new Directly Enhance Service (DES) for Learning Difficulties incorporates a specifically designed health check. The health check looks at diet, nutrition and weight, and there are systems in place to audit actions in general practice to address these issues following a health check.
Age Concern Salford	A range of activities for older people are delivered by Age Concern Salford including chair-based exercise classes , Tai-chi, Walking groups, access to assisted exercise machines. In particular a successful 12 week healthy lifestyle course (these included staff from NHS coming into deliver sessions on healthy eating / food preparation) is also offered.
Crime Reduction Planning	The promotion of community safety perceptions is now GMP’s number one priority with activities by divisional Crime Reduction Officers (CRO) and force level Architectural Liaison Officers (ALO) in applying the ‘Secure by Design’ principles and practice across Salford.
Informal outdoor physical activity	The Green Space Strategy and the Parks for People Strategy provide the strategic framework for the development of Salford’s parks and open spaces. An annual investment currently in the region of £1m is being spent by Salford Council.



## Case Study 4 - Volunteers in Salford's parks and countryside

Rangers from the Salford Ranger Team work closely with local communities, creating opportunities for people to get actively involved in exciting and innovative projects which help improve the local environment.

Volunteers work with the rangers to plant trees and wildflowers, improve pathways, create new wildlife areas, clear eyesores and help out with events and lead health walks. Aged from 16 to 70 the volunteers come from all walks of life they enjoy learning

new skills, getting active, meeting new people and discovering the wonderful green spaces and wildlife on their doorstep.



### 4.1.5 Current Activity - Clinical Care

Intervention	Activity
The National Child Measuring Programme (NCMP)	<p>The NCMP established in 2005 is one element of the Government's work programme on childhood obesity, and is operated jointly by the Department of Health (DH) and the Department for Children, Schools and Families (DCSF)</p> <p>Every year as part of the NCMP, children in Reception and Year 6 are weighed and measured during the school year by the School Nursing Team to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.</p> <p>The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues. For example the data is used to measure the Local Area Agreement (LAA) national indicators.</p> <p>From January 2009 Salford Primary Care Trust will be one of the first in the North West to feedback individual results to parents.</p>
Family Support and the Mind Exercise Nutrition Do it! (MEND) project	<p>Area Based Grant and Lottery Funding have been secured to work with overweight and obese children and their families. The MEND project encourages lifestyle changes in terms of physical activity, nutrition, self confidence and personal development. To date nine programmes have successfully been delivered in Salford.</p>
Healthwise	<p>Healthwise is a successful 12 week weight management programme developed in Salford for adults. The aim of the programme is to reducing body weight by 10% over the course of the programme via practical healthy eating advice, physical activity and behaviour change strategies.</p>
Midwife services	<p>The Midwifery Service will promote a healthy weight before birth through its support of mothers accessing the antenatal services where mothers are assessed and advised regarding healthy eating and exercise during pregnancy. Mothers with a BMI over 30 are particularly encouraged to consider changes to lifestyle to maintain a healthy weight gain during pregnancy. Mothers classified as high risk are referred to the obstetrician and receive additional review of any existing medical condition.</p> <p>Many of the ante-natal clinics are held in local Children's Centres with exercise discussed as part of parent craft classes.</p> <p>Healthy start vitamins are given at the start of pregnancy by midwives.</p>

### 4.2 Gaps in provision

#### 4.2.1 Gaps – Early Years

The National Child Measurement Programme (NCMP) data shows a continuing increase in overweight and obesity of Reception aged children in Salford schools. It is unclear what impact pre conception and antenatal services are having on the promotion of healthy weight before, during and after birth. There is evidence of some activity in Early Years to promote breast feeding, healthy weaning and physical activity but the provision of services across the whole of Salford is limited and is having the least amount of impact in the communities in greatest need. Salford now has a network of Children’s Centres, but their ability to influence levels of physical activity and eating behaviours of young children and their families is yet to be fully explored.

#### 4.2.2 Gaps - Schools, Colleges and University

Of all settings, the greatest amount of recorded activity is taking place in schools, colleges and the university; however we also know that the number of obese children increases by over 10% between the ages of 4-5 and 10-11 in Salford, as recorded by the National Child Measurement Programme.

Therefore the existing good practice is clearly not of the scale or scope that we require to address this trend.

#### 4.2.3 Gaps - Workplaces

A number of workplaces in Salford provide incentives to staff to promote health and wellbeing, the extent of which varies greatly between employers. Absence due to ill health caused by overweight and obesity is a major burden for all organisations. Workplaces across Salford, of all sizes, must be supported to enable them to promote healthy weight choices to their staff. Salford’s largest employers must lead by example and put in place ambitious policies to promote physical activity and healthy eating as part of the core business plans, additional attention should be spent on providing extra incentives to routine and manual staff.

#### 4.2.4 Gaps – Community and the Environment

Salford has a long track record of community work in all of our eight neighbourhoods, and a strong tradition of sporting participation and excellence provided by the public and voluntary sectors. However comparisons with the school setting can be drawn, as despite the efforts of these organisations obesity continues to increase across Salford. To halt obesity each partner must maximise



the contribution they can make by increasing the *scale and scope* of their actions. In particular we must drive up physical activity levels by increasing the number of journeys taken by foot, cycle and public transport, increase healthy eating behaviours by providing accessible and affordable healthy foods in all of our communities and build up the confidence and skills of local residents to prepare and cook healthy meals. Opportunities also exist to limit the number of fast food outlets near to schools, to increase access to green spaces and to provide targeted services to those groups in the community at greatest risk of overweight and obesity. Local citizens must also be provided with the information and support to be able to take informed choices that will lead to the maintenance of a healthy weight.

#### 4.2.5 Gaps - Clinical Care

It is clear that although a number of interventions are currently provided, Salford requires a large investment into community activity, primary care, secondary care and specialist care weight management interventions. GP's will play a major role in ensuring that high quality care is received by all. These interventions must combine to form weight management pathways that offer overweight and obese children and their families, and adults services that enable successful weight management and maintenance of a healthy weight.

#### 4.2.6 Cross Cutting Gaps

There are a number of gaps which cross all settings;

- Interventions need to be continuously monitored for effectiveness and those activities that are proven to reduce overweight and obesity are resourced appropriately.
- Staff from across all organisations will receive appropriate training to enable them to promote physical activity and healthy eating behaviours to their customers and staff. Where appropriate, staff will receive additional training to identify overweight and obesity and provide weight management brief interventions and signposting to suitable services.
- Particular attention must be giving to service design to ensure that social marketing insight techniques are used to ensure services meet the demands of the target audience.

### 4.3 So what does this mean for Salford?

Section 4 clearly shows that despite current levels of effort and goodwill halting obesity across all age ranges requires Salford to raise the level of its ambition. It requires a shift in thinking that can be summed up as follows; doing more of the same will continue to deliver more obese children and adults. Salford must take immediate and sustained action as identified in Section 4 by delivering the 19 strategic objectives contained in the following section.



# 5. Strategic Objectives

## Summary

Built on the knowledge base of Section 3 and the gaps highlighted in the previous pages, this section presents the strategic objectives, that when delivered, will achieve the aim of *Working together for a change for life*.

19 strategic objectives are identified; all require the full support of Salford Strategic Partnership to be cemented into the framework of the city.

All 19 strategic objectives must be delivered as a whole package, none must be neglected.

“More fresh fruit and vegetables available in local shops such as newsagents. They have fridges in them but they just fill them with snacky things like microwave burgers and pasties. If they have fruit and veg at hand, it would probably stop most of us buying the other stuff.”

Little Hulton Resident

## 5.1 Direction setting

The aim of *Working together for a change for life* is;

“Salford will halt the rise of obesity across all age ranges by 2012; this will be achieved by the creation of an environment that allows all citizens to become more physically active and to eat healthily.”

Section 3 shows that clear evidence is not available at present to provide Salford with a ready made list of interventions that will achieve our aim. What we do know is that 108 individual but interrelated causes make the maintenance of a healthy weight currently an impossible task for two thirds of adults and a quarter of children in Salford.

By using this knowledge and the additional information specific to Salford provided in Section 4 a plausible list of strategic objectives can be created, shown in 5.2, that when implemented by all Partners in Salford will deliver the strategy’s aim in a similar manner to that shown in Figure 5 on page 16.

As identified in 2.5.1 and 3.1.4 a number of strategic objectives will require targeted interventions to ensure that extra support is given to those groups at greatest risk from overweight and obesity.

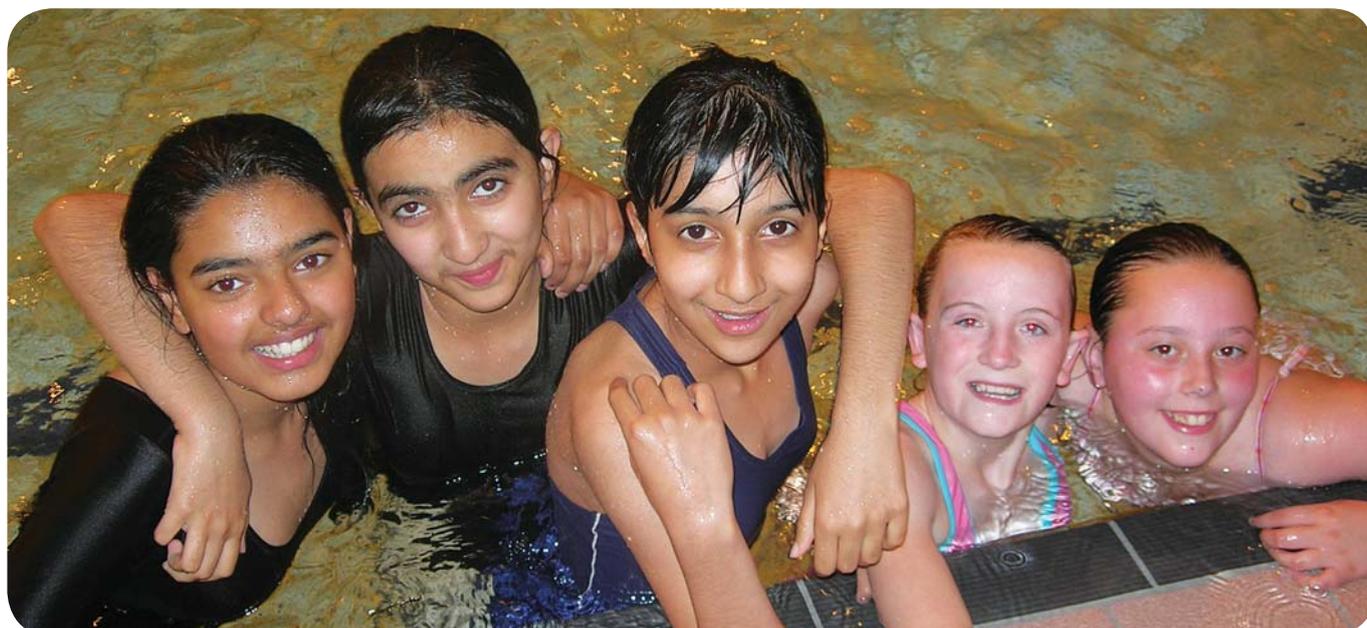
To ensure that the strategic objectives are achieving the impact required we must monitor and realign each intervention frequently to ensure that we fully understand the process required to take us to the end result and to know when we have reached our destination. This is the purpose of strategic objective 19.

## 5.2 Strategic Objectives

The following 19 strategic objectives are grouped by themed area as identified in the NICE guidance in 3.1.3 and used again in Section 4 to describe current activity and current gaps in provision. Three strategic objectives are cross cutting themes highlighted in 4.2.6. All 19 strategic objectives must be implemented to the correct *scale and scope* to halt the year on year rise in obesity.



Themed area	Indicator*	Objective action
Early Years Pre-conception and antenatal care	NI 53 NI 120 PSA 12	1. Salford will ensure that the necessary pre-conception and antenatal services are available to promote healthy weight before, during and after birth.
Early Years Infant Feeding	NI 53 NI 120 PSA 12	2. Effective infant feeding will be promoted as the norm across Salford by ensuring that: <ol style="list-style-type: none"> <li>breast feeding</li> <li>safer bottle (formula) feeding</li> <li>healthy weaning practices and</li> <li>Healthy Start</li> </ol> are all actively supported and delivered by partners.
Early Years – Pre School	NI 55 NI 120 Local PI VSB 09 PSA 12	3. Salford will have clear plans for the use of early years services to engage families and carers in maintaining a healthy weight through: <ol style="list-style-type: none"> <li>active play</li> <li>healthy eating.</li> </ol>
Schools	NI 55 NI 56 NI 57 NI 120 VSB 09 PSA 12 PSA 22	4. The school, college and university environment will be fully exploited to encourage physical activity and a healthy diet through the effective use of school policy and environment, specifically taking the following into consideration: <ol style="list-style-type: none"> <li>building layout and provision of recreational spaces</li> <li>catering, including vending machines and food brought into school by children</li> <li>the curriculum, including cooking skills and PE, school travel plans, National Healthy Schools Programme, the National PE and Sport Strategy, including provision for cycling</li> <li>Extended Schools</li> </ol> always taking pupils views into account.
Workplace	NI 8 NI 120 NI 153	5. Partners in Salford will actively support the implementation of workplace programmes on obesity by ensuring local employers have in place policies which encourage physical activity and a healthy diet, specifically taking the following into consideration: <ol style="list-style-type: none"> <li>building design including the provision of showers and secure cycle parking to encourage active travel and improving stairwells to encourage the use of stairs</li> <li>physical activities such as lunchtime walks and use of local leisure facilities</li> <li>actively promoting and incentivising healthy choices in restaurants, hospitality, vending machines and shops for staff and clients in line with food standards advice.</li> </ol>
Community and the Environment	NI 5 NI 6 NI 8 NI 17 NI 22 NI 47 NI 57 NI 116 NI 120 NI 175 NI 186 NI 188 NI 195 Local PI  PSA 12 PSA 18 PSA 22	Salford will have clear and ambitious strategic planning in place to provide an environment within which individuals can easily maintain a healthy weight. This must: <ol style="list-style-type: none"> <li>Ensure all communities can access affordable, tasty and healthy food close to where they live</li> <li>Provide a strategic approach to raising the level of physical activity in the Salford population</li> <li>Make active travel methods the preferred choice for short and medium journeys</li> <li>Provide a range of interventions which raise the confidence, skills and understanding of food preparation, cooking, budgeting, portion sizes and labelling across all communities</li> <li>Ensure that all statutory sector partners routinely Health Impact Assessment (HIA) new programmes of work and policy decisions</li> <li>Ensure that crime reduction planning contributes a range of activities which both promote perceptions of community safety and active lifestyles &amp; access to healthy nutritious food</li> <li>Ensure that planners fully play their part both in the green space agenda but also in the creative use of planning regulations to limit the health impacts of new applications e.g. the proliferation of fast food outlets</li> <li>All public buildings will exemplify good nutrition practice with food provision managed through a nutrition policy for the organisation</li> <li>The needs of the most vulnerable will be accounted for with specific targeted support to maintain a healthy weight.</li> </ol>



Themed area	Indicator*	Objective action
Cross Cutting Theme Social Marketing	All of the named indicators	15. There will be coordinated social marketing activity across organisations which will support and link with the national Change 4 Life campaign to promote the maintenance of a healthy weight across Salford.
Clinical Care	NI 55 NI 56 VSB 09	16. Overweight and obese children and their families will have access when necessary to an effectively resourced, weight management pathway to help them effectively manage and maintain a healthy weight via healthy eating, physical activity and behaviour change interventions 17. Overweight and obese adults will have access when necessary to an effectively resourced, weight management pathway to help them effectively manage and maintain a healthy weight via healthy eating, physical activity and behaviour change interventions. The needs of pregnant women will also be addressed within the framework of the adult pathway.
Cross Cutting Theme Workforce Development	All of the named indicators	18. The capacity of the partnerships workforce will be harnessed to deliver brief interventions and advice/education through provision of an ongoing Continuing Professional Development (CPD) programme for staff from across the Salford Strategic Partnership (SSP) to assist local people to understand and maintain a healthy weight
Cross Cutting Theme Performance Management	All of the named indicators	19. Establish a data collection process to measure the performance of interventions and to monitor the levels of overweight and obesity in child and adulthood.

\* See appendix for descriptions of indicators

### 5.3 What this means for Salford

The *scale and scope* of action needed to halt obesity means that the delivery of one strategic objective by one organisation in one part of Salford will not allow us to reach the aim of the strategy. All partners must play their part in every action which they have influence over. This is a true Partnership strategy; we are all in this together and this includes every individual that lives and works in Salford.

“ I should really walk to work, but as I finish at 8.30pm it’s pitch black and dangerous to walk. ”

Quote of a Salford resident

## Case Study 5 - Spotighting Cadishead 2008

The project reviewed the current service delivery using public health values and behaviour change principles around the topic of childhood obesity. The objectives included;

- Test and validate existing knowledge about childhood obesity.
- Take a whole system approach to reviewing current service provision, asking the question 'do current services meet need?'
- Ensure stakeholders are consulted.
- Think creatively about current and future service delivery.

The target audience was Reception and Year 6 children in Cadishead. This group was chosen as existing data shows high levels of overweight and obese children in these two groups when compared to other wards across Salford.

Questionnaires were sent to children in the four Cadishead primary schools and the Children's Centre to test the hypothesis 'families in the Cadishead area do not eat a healthy diet and take regular exercise'.

To date the results of the questionnaires are not available. Gaps in service delivery have been identified by the project team as part of the process:

- Healthy eating standards in childcare provision.
- Systematic advice to parents pre and post birth.
- Provision of accessible exercise for families.
- Access to good training for parents of young children.
- Systematic approach to the establishment of food outlets close to schools.

Recommendations identified as a result of the process include;

### Short Term

- Encourage people to adopt healthy eating practices.
- Understand why children and adults are reluctant to use Cadishead Fit City.

### Medium Term

- Increase the range of activities for pupils in schools in line with the 5 hour offer.
- Ensure opportunities in time and resources built into developing new high schools.

### Long Term

- Pilot free school meals for all children in primary schools.
- Reduce the opportunities for young people to buy unhealthy food.



# 6. Delivery & Governance

## Summary

To ensure the successful delivery of the strategic vision and intent of *Working together for a change for life*, clear and robust performance management and governance needs to be in place. This section describes how we will halt the rise in obesity by 2012 and how we will know when we have achieved it.

### 6.1 Strategic outcomes

*Working together for a change for life*, is a Salford Strategic Partnership strategy and is a Local Area Agreement (LAA) priority. It is an important and integral element of the Sustainable Communities Plan. The strategy provides the high level intent to deliver a number of Public Sector Agreements, National Indicators and Vital Signs. The strategy has been developed in line with the World Class Commissioning framework which the NHS now uses to benchmark its commissioning approaches.

### 6.2 Delivery - Working Together for a Change 4 Life Action Plan 2009-12

The *Working together for a change for life* Action Plan 2009-12 provides details for each action that will be taken to deliver each of the strategic objectives and in turn the aim of Salford's Healthy Weight Strategy. The named lead organisation will be required to produce a Performance Management Framework for each action and embed it within their organisational annual planning framework. Progress against each action will be reported to the *Working together for a change for life* Implementation Group.

### 6.3 Implementation

A *Working together for a change for life* Implementation Group will be established in June 2009 to oversee and support the lead partner delivery of each action. The

group will be chaired by the Health and Wellbeing Manager for Healthy Weight, with support from the Public Health Consultant for Health Inequalities, the Public Health Strategy Manager and the Health and Wellbeing Officer for Food. The membership of the group will include a representative from each Lead Partner, a representative from the third sector and two community representatives.

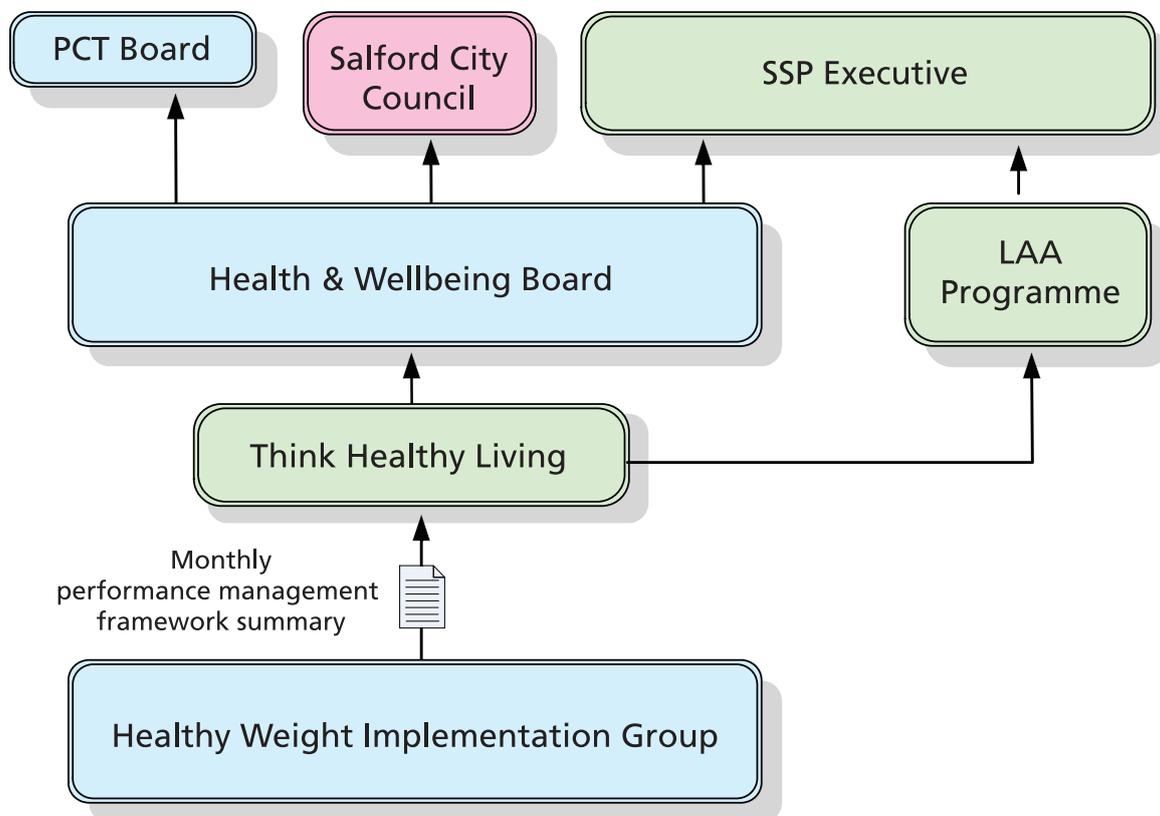
### 6.4 Resource commitment

Halting obesity in Salford requires the commitment of resources from every partner in Salford. This may be in the form of funding new services, the redesign of existing services or the reworking of policies. Where possible each organisation will clearly show the type and amount of resources they are committing to the achievement of each action they have responsibility for in the *Working together for a change for life* Action Plan. Where it is not possible to do this, during year one of the strategy, because of established funding cycles it will be acceptable for partners to show their commitment by incorporating each action into their internal business planning framework and that this is shared with the *Working together for a change for life* Implementation Group.

### 6.5 Governance

*Working together for a change for life* sits within the governance of the Think Healthy Living Project Board which forms part of the Local Area Agreement (LAA) Programme. The Think Healthy Living Project Board receives strategic direction and is regulated by the Health & Wellbeing Board and the LAA Programme Board will provide operational direction in line with LAA objectives. Both those bodies will report into the Salford Strategic Partnership Executive. The Chair of the *Working together for a change for life* Implementation Group will be a member of the Think Healthy Living Project Board and will report progress in line with Think Healthy Living Project Board guidelines.

Figure 7: Working together for a change for life Governance Model



**6.6 Working together for a change for life annual report and Action Plan refresh**

An annual report will be produced in June 2010 to provide information on the impact of the action plans on tackling

obesity in Salford. It is expected that the action plan will be refreshed to reflect changes in policy and continued developments in partnership working.



# 7. Acknowledgements

The *Working together for a change for life* project team gratefully acknowledges and thanks the many individuals, local communities, partner organisations, and the many community and voluntary groups involved for the time and courtesy extended by them during the development of the strategy. In particular we would like to thank the following for their contribution;

- Jenny Hacker and the Food and Physical Activity Partnership who began this process and produced the first draft documents;
- The members of the Healthy Weight Strategy Group
- Sheila Murtagh and her team

- Andrew Ramwell, External Consultant, Head of Manchester Institute of Sport & Physical Activity, Manchester Metropolitan University
- Councillor J Murphy, Lead Member for Community Services and Health
- Dr. Julie Higgins, Director of Public Health.

***Working together for a change for life* Project Team**

David Herne  
Alistair Fisher  
Nicola Leak  
Assumpta O'Connell  
Robert Green.



# 8. Appendix

## Indicators

Section 5.1 provides the details of the 19 strategic objectives that will deliver the aim of *Working together for a change for life*, to halt the rise of obesity across all age ranges in Salford by 2012. To measure progress towards the aim a number of indicators are linked to the objectives. The details of these indicators are shown below.

### Public service agreements

Public Sector Agreements (PSAs) detail the aims and objectives of UK government departments for a three-year period. The strategic objectives of *Working Together for a change for life* will help achieve the following Public Sector Agreements;

Indicator reference	Title of indicator
PSA 12	Improve the health and wellbeing of children and young people
PSA 18	Promote better health and wellbeing for all
PSA 22	Deliver a successful Olympic Games and Paralympic Games with a sustainable legacy and get more children and young people taking part in high quality PE and sport

### National Indicators

In line with the performance framework for local authorities and their service-delivery partners, set out in the local Government White Paper *Strong and Prosperous Communities*, The Salford Agreement 2008-11 identifies 23 priority areas for the city. As one of the 23 priorities for Salford tackling obesity will be measured using the following five national indicators (NI) and one Local Performance Indicator (Local PI).

Indicator reference	Title of indicator
NI 55	Obesity in primary school age children in Reception
NI 56	Obesity in primary school age children in Year 6
NI 8	Adult participation in sport and active recreation
NI 53	Prevalence of breast-feeding at 6-8 wks from birth
NI 57	Children and young people's participation in high quality PE and sport
Local Performance Indicator	Prevalence of dental decay in children aged 5 years



In addition *Working together for a change for life* will contribute towards the delivery of the following NIs and Local PI.

Indicator reference	Title of indicator
NI 5	Overall / general satisfaction with local area
NI 6	Participation in regular volunteering
NI 7	Environment for a thriving third sector
NI 17	Perceptions of anti-social behaviour
NI 22	Perceptions of parents taking responsibility for the behaviour of their children in the area
NI 47	People killed or seriously injured in road traffic accidents
NI 116	Proportion of children in poverty
NI 120	All-age all cause mortality rate
NI 153	Working age people claiming out of work benefits in the worst performing neighbourhoods
NI 175	Access to services and facilities by public transport, walking and cycling
NI186	Per capita reduction in CO2 emissions in the LA area
NI 188	Planning to Adapt to Climate Change
NI 195	Improved street and environmental cleanliness (levels of litter, detritus, graffiti and fly-posting)
Local Performance Indicator	Access to transport by public transport (and other specified modes) – Households access to MediaCityUK within minutes

## Vital Signs

The Department of Health Operating Framework uses indicators known as Vital Signs to ensure successful planning and managing priorities both nationally and locally.

The strategic objectives of *Working Together for a change for life* will help achieve the following Public Sector Agreements;

Indicator reference	Title of indicator
VSB 01	All-age all cause mortality
VSB 09	Coverage and prevalence of obesity in primary school age children in Reception and Year 6
VSB 11	Coverage and prevalence of breastfeeding at 6-8 weeks



## 9. Further Reading

Foresight Report Tackling Obesity: Future Choices – Project Report (2007).

DH, DCSF (2008) Healthy Weight, Healthy Lives: a cross government strategy for England.

National Heart Foundation (2007) Lightening the Load; Tackling overweight and obesity.

North West Regional Public Health Group (2008) A North West Framework; To achieve healthy weight for children & families within the context of food and nutrition and physical activity.

National Institute for Clinical Excellence (2006) Guidance 43 – Obesity for local authorities, schools and early years providers, workplaces and the public.

Partners in Salford (2006) Making the vision real; our community plan for Salford 2006 – 16.

Partners in Salford (2008) Salford Local Area Agreement 2008-11.

Department of Health and Department for Children, Schools and Families (2009) Healthy Weight, Healthy Lives: One Year On.

National Obesity Observatory (2009) Standard Evaluation Framework for weight management interventions.

National Obesity Observatory (2009) Tools to measure physical activity in low level weight management interventions: a rapid review.



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