
**Manchester City Council
Report for Resolution**

Report To: Health and Well-being Overview and Scrutiny Committee – 4 February 2010

Subject: Manchester Healthy Weight Strategy (2010-13)

Report of: Barry Gillespie, Consultant in Public Health, NHS Manchester

Summary

Following the visit of the DH National Support Team (NST) for Childhood Obesity in July 2008 the key feedback centred on the need to improve the co-ordination and management of our response to this key public health priority, whilst recognising that a great deal of valuable work was being developed and delivered across the city.

A Strategic Healthy Weight Executive Group was formed to take forward the co-ordination of this work and to oversee the development of a strategy for the city. The approach used in this strategy is based on tackling obesity using the life course and recognises the need to target services at population groups who are more at risk of developing obesity. In addition this strategy uses a number of cross-cutting themes, which incorporate all of the life course and the identified population groups at risk.

The aim of this strategy is to halt the rising trend of obesity in Manchester through a multi-agency approach to encourage and enable all those living and working in Manchester to live a healthy and active lifestyle within a healthy environment, supported by appropriate services where necessary.

Recommendations

The Committee is asked to:

1. note the report;
 2. support the broad future development plans outlined
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Wards Affected: This issue affects the population across all Manchester wards.

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Foresight - Tackling Obesities: Future Choices (2007)
Healthy Weight, Healthy Lives: A Cross Government Strategy for England (2008)
Manchester's Healthy Weight Strategy: tackling overweight and obesity (2008)
Manchester Joint Strategic Needs Assessment (JSNA), 2008

1.0 Introduction

1.1 The prevalence of obesity in the UK has more than doubled in the last 25 years, making obesity a major public health challenge (Foresight, 2007). Future estimations suggest that by 2050 60% of men, 50% of women and 25% of children in the UK will be obese, causing Britain to be a mainly obese society with factors such as income, gender and ethnicity increasing the impact of obesity within certain population groups (Foresight, 2007). As there is a wide range of health problems associated with excess weight including CHD, type 2 diabetes, stroke, some cancers and high blood pressure there is concern that there will be a greater ill-health burden in the population in future years (Foresight, 2007).

1.2 An unhealthy weight is often seen as a result of individual choice on diet, exercise and lifestyle. It should be recognised that there is a complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain. If we fail to tackle this ‘obesogenic environment’¹ the consequences for individuals, families, communities and society as a whole are grave (Foresight, 2007).

1.3 In January 2008, the government published Healthy Weight, Healthy Lives: A Cross Government Strategy for England. This strategy responds to the Foresight - Tackling Obesity: Future Choices (2007) report and builds on previous public health policy to tackle obesity, as outlined in The Health of the Nation (1992), Saving Lives: Our Healthier Nation (1999) and Choosing Health: Making Healthy Choices Easier (2004). At a local level, this strategy should be seen in the context of the existing strategies for Food Futures (2007) and the Sport and Physical Activity Alliance (2008).

2.0 Definitions

2.1 Overweight and obesity are terms which refer to an excess accumulation of body fat, to the extent that health may be impaired. Overweight and obesity in adults is most commonly measured using BMI, which is defined as the body mass in kilograms divided by the height in meters squared (World Health Organization (WHO) 2004). The calculation produces a figure that can be compared to various thresholds that define the weight status of an individual (see Table 1).

WHO (2004) classification of ‘healthy’ and ‘unhealthy’ weight in adults

Classification	BMI (kg/m ²)
Underweight	Less than 18.5
Healthy weight	18.5-24.99
Overweight	25.0-29.99
Obese I	30.0-34.99
Obese II	35.0-39.99
Obese III (Morbidly obese)	40.0 or more

Source: WHO (2004)

¹ This term refers to the role environmental factors may play in determining both energy intake and expenditure. It has been defined as the ‘sum of the influences that the surroundings, opportunities or conditions of life have on promoting obesity in individuals and populations

3.0 The Manchester Picture

3.1 In Manchester it is estimated that almost 14,000 children (aged 1-15) and 90,000 adults are obese (Joint Strategic Needs Assessment (JSNA), 2008. Healthy Weight, Healthy Lives: A toolkit for developing local strategies, 2008). By 2015 it is expected that adult obesity will increase in prevalence to 137,000 (80,000 obese men and 57,000 obese women). A further 168,000 adults in Manchester will be overweight (99,000 men and 69,000 women) (Greater Manchester Public Health Network, 2009).

3.2 The National Child Measurement Programme (NCMP) has weighed and measured children in Reception and Year 6 since the 2006/07 academic year. Nationally in 2008/09 around 1 in 10 pupils in Reception (9.6%) and a fifth of pupils in Year 6 (18.3%) were classified as obese. In Manchester in 2008/09 the percentage of obese children in the City was higher than the national average with 12.4% of Reception children and 22.6% of Year 6 children classified as obese. Reception and Year 6 children in Manchester have the highest level of obesity within the Greater Manchester region (The Information Centre: NCMP 2008/09).

Percentage of children in Reception and Year 6 classified as obese in Manchester

Local Authority	Obese (%)					
	Reception			Year 6		
	2006/07	2007/08	2008/09	2006/07	2007/08	2008/09
Manchester	11.5%	11.5%	12.4%	22.8%	21.9%	22.6%
North West						
SHA	10.2%	10.2%	9.6%	17.3%	17.3%	18.8%
England	9.9%	9.9%	9.6%	17.5%	17.5%	18.3%

Source: The Information Centre: NCMP (2008/09)

3.3 The higher proportion of obese children in Reception and Year 6 between 2007/08 and 2008/09 is due to the higher participation rate for both year groups in the later year's programme (The Information Centre: NCMP 2008/09).

3.4 The increasing prevalence of obesity is of concern because evidence suggests that excess weight in childhood continues into adulthood. These figures are worrying because obese adults who were overweight as adolescents have greater levels of weight-related ill health and are at higher risk of early mortality than adults who became obese during adulthood (Whitaker, Wright, Pepe et al, 1997).

4.0 Our Manchester Vision, Aim and Objectives

4.1 The strategic vision is to:

- create an environment and culture where all adults and children in Manchester have the opportunity to maintain a healthy weight

4.2 The aim of this strategy is to halt the rising trend of obesity in Manchester through a multi-agency approach to encourage and enable all those living and working in Manchester to live a healthy and active lifestyle within a healthy environment,

supported by appropriate services where necessary. This aim is supported by the following strategic objectives to:

- make obesity a priority for all
- promote healthy behaviours for future health improvement
- tackle the obesogenic environment
- invest in prevention
- invest in treatment

5.0 Strategic Framework

5.1 This strategy is Manchester's response to tackling this complex and far reaching problem. The approach used in this strategy is based on tackling obesity using the life course, primarily using age groups within the population to identify what is required to address the key components of individual's lives to structure a response to this problem. The 6 life course age groups identified either relate to critical periods of metabolic change, are linked to spontaneous changes in behaviour, or periods of significant shifts in attitudes. The 6 age groups are:

1. Pregnancy and first year of life
2. Early years (1-4 years)
3. Childhood (5-10 years)
4. Childhood (11-16 years)
5. Adulthood (17-59 years)
6. Older people (60+ years)

with key priorities identified for each age group.

This strategy also recognises that there is a need to target services to population groups who are more at risk of developing obesity. The wide range of at risk population groups therefore form the priority for the targeting of healthy weight interventions in Manchester, either through specific services working with the priority groups or the targeting of service delivery to those population groups more at risk, that they serve. In addition a number of cross-cutting themes are also identified. These are: Weight management, Built environment, Training, Communication and Data and Evaluation. These themes incorporate all of the life course and population groups at risk and allow the targeting of interventions through settings such as schools, workplaces and primary care.

Next steps

Following the launch of the strategy (1st February 2010) the key to success will be the response of all sectors in playing an appropriate role to tackle this issue. It is intended to establish an implementation and monitoring framework to ensure that Manchester has a clear understanding of the progress made on reducing obesity in the population.

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13January2010