HEALTHY BALANCE

Draft St Helens Healthy Weight Strategy

2014-2017
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1 Executive summary

1.1 Why Healthy Weight?

A healthy weight is a balance of weight to height that promotes and sustains health. Excess weight increases the risks of a number of chronic conditions including cardiovascular disease, diabetes, cancers, and joint problems. It can also make it more difficult for people to find and keep work, and it can affect self-esteem and mental health. Being underweight can lead to problems with growth and development in children and malnutrition in adults.

1.2 What is the Challenge in St Helens?

- 84,000 adults in St Helens are overweight1; 2 in 3 men and over half of women in St Helens. Nationally the rate of people very overweight (obese) is expected to double in the next 40 years. The problem in St Helens is growing with young adults significantly more overweight than older adults and twice as many children being obese in Year 6 as in reception year. These numbers indicate the scale of the issue but also the cultural challenge as being overweight has become the norm.

- Being very overweight dramatically increases the risk of diabetes, heart disease, mental health problems and joint problems. There are 10,000 people with Diabetes in St Helens and 33,000 with high blood pressure. This is likely to increase in the coming years.

- Unhealthy weight costs the NHS in St Helens £14 million annually and the St Helens economy an additional £45 million annually through lost productivity. Being overweight reduces life by an average of 3 years, being very overweight reduces life by an average of 8 years.

- Coordinated action over the last 15 years has resulted in slowing the rise in excess weight but no significant reduction. Only one in three adults in St Helens are eating enough fruit and veg a day and only one in ten are doing enough activity. Many people know the healthy living messages but do not feel able to incorporate them into their daily lives.

- This is a complex issue that is linked with the economic, inequalities, environment and culture agendas. A broader approach is needed to address the fundamental ways that we lead our lives and to make healthier choices easier within St Helens.

1.2 What do we want to see?

Our vision for St Helens is that everyone in St Helens has the opportunity to enjoy good health and wellbeing in their lives. This will result in a community where healthy weight is the norm and the health, social and economic consequences of unhealthy weight are less common.

1.3 Our Approach

- We will pledge to take concrete action to tackle this agenda engaging local people, businesses and voluntary organisations to make healthy choices easier choices.

- We will make St Helens a healthier place to live and work, working with schools, workplaces and the built environment.

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1 Based on a population aged 18+ of 68,000 men and 71,900 women in St Helens
• We will work across organisations, portfolios, with communities and partners to ensure local policies promote health and advocate for change nationally and internationally on policies that impact on health.
• We will ensure that services are targeted where they are needed and are effective in achieving outcomes for individuals and communities.

1.4 What will we see?
Achieving healthy weight in a population like in an individual is a long term challenge and may take some time to see a population change in outcomes. Over the next 3 years we will see:

• Organisations and individuals will be invited to pledge to identify what they can do to promote healthy weight in St Helens as part of a social marketing campaign similar to the tobacco declaration. There will be more high profile events to engage the community (e.g. Steve Prescott Fun Run)
• All pregnant women will have the advice and support to maintain a healthy weight during and after pregnancy to keep mother and baby safe and well.
• Parents are supported to breastfeed their babies to give them the best start in life. More babies will be breastfed in St Helens.
• All infant children will be offered a free healthy school meal that meets minimum nutritional guidelines from January 2015
• 18-24 year olds will have more opportunities to be fit and active.
• Healthy public planning will result in best practice in new housing developments, better use of green spaces and the urban environment and a more sustainable St Helens that promotes health and wellbeing
• Health checks (NHS health checks and 75+ year health checks) will take the opportunity to provide advice and support for individuals on maintaining a healthy weight.
• More people will take up and stay with weight management services that are reshaped to what people need and want
• St Helens will play a key role in advocating for healthy food policy working with partners regionally and nationally.
• People with learning disability and their carers will receive training on healthy eating and keeping active. Adult social care activities will encourage people to be more physically active where possible.
• Older people will be supported to keep active and maintain their independence. Frail older people will be assessed for malnutrition and provided with appropriate support.
2 Introduction
Health for many people is about a balance- physical, mental, social and emotional wellbeing. St Helens Health and Wellbeing Strategy (2012-15)\(^2\) sets out a number of priorities for health in St Helens. One of these priorities was healthy weight. The vision for St Helens is outlined in section 3.

A healthy weight can be a measure of a good balance between food and activity, a sign of a healthy lifestyle. This balance isn’t always easy to achieve. Nationally and locally fewer people are in the range of healthy weight with some people being underweight and increasingly more people being overweight and very overweight (obese). Section 4 outlines the broader context of this work and section 5 the local picture.

Being underweight or overweight is associated with serious health consequences both for individuals and society. This is outlined in section 6. A healthy weight isn’t an end in itself but a sign of health and wellbeing in our community. The evidence of best practice is outlined in section 7 and the local approach and actions in section 8.

2.2 What is a Healthy Weight?
A healthy weight is a weight that promotes and sustains health relative to the height of an individual. Excess weight increases the risks of a number of chronic conditions including cardiovascular disease, diabetes, cancers, and joint problems. Excess weight can also make it more difficult for people to find and keep work, and it can affect self-esteem and mental health. Being underweight can lead to problems with growth and development in children and be a sign of malnutrition in adults.

Healthy weight in adults is usually measured as a ratio of weight to height- or Body Mass Index (BMI).

\[ \text{BMI} = \frac{\text{Weight (in kg)}}{\text{Height (in m)}^2} \]

- **If BMI is less than 18.5**, it falls within the "underweight" range.
- **If BMI is 18.5 to 24.9**, it falls within the "normal" or Healthy Weight range.
- **If BMI is 25.0 to 29.9**, it falls within the "overweight" range.
- **If BMI is 30.0 or higher**, it falls within the "very overweight" or "obese" range.

Waist circumference is a useful measurement in individuals as abdominal fat is linked with increased risk of diabetes and cardiovascular disease. Risk is increased when waist circumference is more than 40 inches in men and 35 inches in non-pregnant women.

In children, a healthy weight is made by comparisons with growth charts for height and weight compared to a child population of the same age. Children whose weight for height is in the top 10% of the normal range, (90\(^{th}\) centile) are considered overweight and those who are in the top 1% of the normal range (99\(^{th}\) Centile) are considered obese. These ranges can be quite narrow and a child can be in the obese category without looking a different shape to children with a healthy weight.

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\(^2\) St Helens Health and Wellbeing Strategy 2013-16.  
[http://www.sthelens.gov.uk/media/449814/1300145_health_and_wellbeing_strategy.pdf]
3 Our Vision
Our vision for St Helens is that everyone in St Helens has the opportunity to enjoy a good health and wellbeing in their lives. This will result in a balance of health in our community where a healthy weight is the norm and the health, social and economic consequences of unhealthy weight are less common.

4 National & Broader Context

4.1 The Balance of Healthy Weight
At its simplest level we need energy for growth and living and we use energy in our daily lives. Where the energy coming from food and the energy being used in terms of activity are in balance it results in good growth, nutrition and a healthy weight. Where there is more energy being taken into the body and less being used the imbalance will result in a person becoming overweight. Small imbalances in energy can result in large weight gains over a long period of time.

Many things affect healthy weight including lifestyles, living and working conditions, access to food and leisure services. Most people know the facts about healthy eating and keeping active. However, making it happen is more complex as outlined in the Foresight report in 2007\(^3\). We are all affected by social norms and by our environment. The slimming industry, fitness industry, and weight management services have been the traditional approaches to achieving a healthy weight. They haven’t worked for many people within our communities. A broader approach is needed. The Foresight report concluded that preventing obesity is a societal challenge, similar to climate change. It requires partnership between government, science, business and civil society.

A healthy weight is not an end in itself but more a sign of a balance. It is also part of a much broader agenda. Children growing up in poverty are less likely to have a healthy weight nationally. More than one in four children in St Helens is growing up in poverty, higher than the national average\(^4\). Food is often a flexible element of family finances and when funding is tight families may prioritise high energy dense food. Families on a limited budget may not be able to risk wasting food that has a limited shelf life such as fresh fruit and vegetables and rely on processed foods instead. Some families are affected by food security and the rise in food banks in the UK is testament to the number of families for whom having the basics can be a challenge at times. Cooking skills and facilities also impact on how families eat and how healthy their overall diet is.


\(^4\) 2011 data, Child Health Profile 2014 www.chimat.org.uk
Manufacturers have a large part to play in the health impacts of the foods that we buy and eat—particularly the fat, sugar and salt content that is often hidden. Although food labelling can play a part in helping consumer choice many people find labels confusing, misleading and difficult to use in choosing healthier alternatives.

Most people in the UK are taking less physical activity as part of their daily lives than a generation ago (e.g. walking, cycling). Perceptions about safety and the physical environment impact on whether people feel safe out and about in their local community. Transport infrastructure has an impact on how much people use cars, public transport, walk or cycle. However large numbers of people engage with community participation events e.g. Hospice Moonlight walk, Race for Life, Steve Prescott Fun run.

Economic conditions may impact on access to leisure opportunities—e.g. classes, gym, and swimming. This may be particularly acute for young people aged 16-25 who move from junior club to senior club fees in a range of sports.

### Case study 1 Greener Healthier Travel.

Through the Local Sustainable Transport Fund Urban regeneration has led infrastructure improvement and development in walking and cycling greenways across the borough. This included improvements in areas such as Rainford Linear Park, provision of cycle training, cycle hubs (Bold Miners and Taylor Park) and improved cycle parking in local retail centres. Monitoring indicates that since 2010 cycle usage across Merseyside has increased by 19.6% - already exceeding the target of increasing cycle use by 12% by 2014/15. Although the principal focus of the Local Sustainable Transport Fund is to support the economy and cutting carbon by increased car sharing, cycling and walking, there are health benefits associated with an increase in active travel.

### 4.1 Policy Context

#### 4.2.1 Global Context

The World Health Organisation (WHO) has stated that Obesity is a global epidemic and a major contributor to the total disease burden. More than one third of child deaths worldwide are attributed to under/mal nutrition. In poor countries poverty is a central cause of under nutrition and in richer countries economic inequalities lead to poorer health outcomes for all. Deaths attributed to obesity are increasingly affecting both under-developed and developed countries.

In 1995, there were an estimated 200 million obese adults worldwide and another 18 million children under-five classified as overweight. By the year 2000, the number of obese adults had increased to over 300 million. It is estimated that over 115 million people suffer from obesity-related problems.

#### 4.2.2 National Context

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England has one of the highest rates of unhealthy weight of other western countries. The prevalence of obesity in England has more than doubled in the last twenty five years. Although this recent increase in the prevalence of obesity has been seen in virtually every country in the world, the rate of increase in England has been particularly high (Figure 2).

Figure 2: Trends in adult prevalence of obesity (BMI ≥30kg/m²) – percentage of the adult population assessed as obese in a selection of countries. Source: OECD

Being overweight is the norm in our society with six in 10 adults and over one in 4 children aged 2-15 in England being overweight or very overweight. The proportion of people who are a healthy weight reduced between 1993 and 2010 from 4 in 10 men to 3 in ten men and from 5 in ten women to 4 in ten women. In England, currently one in four adults (aged 16 years and over) are very overweight (obese) (HSE 2010).

By 2050 the prevalence of obesity (very overweight) has been predicted to affect 60% of adult men, 50% of adult women and 25% of children (Foresight 2007).

Healthy weight was recognised as a national challenge 15 years ago. A range of policies have been adopted over the last 10 years including the national child measurement programme. Current policy is outlined in Healthy Lives, Healthy people a call to action published in 2011. It aims by 2020 to see a downward trend in the level of excess weight in adults and a sustained downward trend in children. The trend in obesity in adults is still increasing although more slowly than previously (figure 2). In children the rates appear to have improved in the past 10 years, particularly for older children (figure 3).

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The Government’s strategy ‘Healthy Lives, Healthy People: A call to action on obesity in England’\(^7\), aims to see a downward trend in the levels of excess weight in adults and children by 2020.

National action has focused on helping individuals to lead a healthy lifestyle by encouraging people to eat and drink more healthily and to be more active. There has been some collaborative work with industry through the responsibility deal and voluntary agreements on food labelling. However, some of the minimum requirements for provision of PE in schools have been withdrawn.

There is a growing health lobby advocating strengthening approaches to food policy moving away from voluntary agreements. A tax on sugary drinks has been proposed as a way to address obesity and oral health. This approach would incentivise manufacturers to use less sugar in products and incentivise consumers to buy sugar free alternatives. Restrictions on advertising of foods high in sugar and fat to children have been proposed.

Toolkits for action on local nutrition and food poverty have been developed by the National Heart Forum and faculty of Public Health amongst others which will impact on healthy weight.

Tackling Healthy Weight is a population issue- A high risk approach focusing focusing on the few people who have an extremely high weight will help those individuals. However it won’t change the health risks in the rest of the community where most of the impact is. A population approach with small change in the whole community is likely to have much more impact on improving health. We will need both approaches in St Helens with more emphasis on the population approach.
Case study 2- Fast Food Planning

Fast food outlets are a source of cheap, energy dense and nutrient poor foods. There had been a growth of 1% per year in the number of these food businesses in St Helens from 2002 to 2010, adding to the town’s obesogenic environment. St Helens Council’s planning department was the first in Cheshire and Merseyside in 2011 to implement Supplementary Planning Document, (SPD) restricting the growth of A5 class hot food takeaways in the borough. The guidance limits the new development of fast food outlets within 400m of any primary, secondary or 6th form college. Since its implementation many new hot food takeaways business ventures have not been pursued due to the SPD. The number of fast food outlets (A5 class) has decreased from 161 in 2010 to 139 in April 2013. This approach has been highlighted and recommended to other local authorities through the development of an LGA toolkit (March 2014).

5 Current picture in St Helens

5.1 St Helens Policy Context

Healthy weight has been identified as a significant issue in the St Helens Joint Strategic Needs Assessment\(^8\) and a key priority for the St Helens Health and Wellbeing Strategy.

St Helens Plan\(^9\) has three overarching goals for the borough, improving people’s lives, creating a better place and delivering more effectively together. Addressing the balance of healthy weight will help to meet all of these overarching goals. For example, action to improve access to and use of green spaces will not only improve health but help to create a better place. Action on improving healthy transport will help to reduce pollution and create a better environment as part of the green sustainability agenda. Working in partnership to improve health and wellbeing will demonstrate ways of delivering more effectively together. Policies to promote safe drinking levels will have a benefit to people’s weight. Action across council portfolios and with a diverse number of organisations will be needed to address healthy weight.

The aim is to enable both individuals and communities in St Helens to achieve a healthy balance in their lives. This balance is likely to result in a healthy weight and the health benefits that this brings. It will also have benefits in other aspects of the borough- economic, quality of life, environment & community capacity. This strategy supports the St Helens Health and Wellbeing Strategy and St Helens Plan. It needs to be considered alongside other strategies that address physical activity, food and inequalities in the borough, e.g. St Helens go active, Merseyside child poverty strategy, St Helens local development plan.

5.2 Healthy weight at different ages in St Helens

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Children are weighed at birth and in early childhood to ensure adequate growth and development. They are also weighed in reception and year 6 at school. This gives a picture of how many children are a healthy weight how many are underweight, overweight and very overweight.

![Figure 4: Proportion of reception age pupils and year 6 pupils in St Helens who are underweight (<5\textsuperscript{th} centile), healthy weight (5\textsuperscript{th} centile – <85\textsuperscript{th} centile), overweight (85\textsuperscript{th} – <95\textsuperscript{th} centile) and very overweight (>95\textsuperscript{th} centile) (2013/14 – Source NCMP, St Helens Public Health Intelligence Team)](image1)

Most adults are weighed by their GP practice which gives us a picture for adults but it is not as complete as for children. See figure 5 for excess weight in adults (16+) and older adults (65+).

![Figure 5: Proportion of adults aged 16+ and adults aged 65+ in St Helens who are underweight (18.5), healthy weight (18.5 – 24.9), overweight (25 – 29.9) and very overweight (30+) (2013/14 – Source St Helens Health Profile 2014 and Merseyside Lifestyle Survey 2012/13).](image2)

5.3 Children

Very few children (less than 1%) in St Helens are underweight at ages 5 and 11 years, less than the England average. Children who are underweight are identified primarily by health visitors and specialist support through the growth clinic is available to families.
Many more children are overweight or very overweight (obese). The trend for reception years had decreased but has risen for the past 3 years. Excess weight in year 6 children has increased slightly over the past 7 years. The rates are slightly higher in deprived wards in the community.

5.4 Adults

5.4.1 Excess weight in Adults

In St Helens 38% of the adult population are overweight and 29% are obese, higher than the regional and national average\(^\text{10}\). This equates to approximately 90,000 adults with excess weight in St Helens. The Merseyside Lifestyle Survey suggests that two in three men and one in two women (38000) are likely to have excess weight in St Helens; this is the equivalent of 47000 men and 38000 women, respectively.

Significantly more young adults in St Helens are obese (21% aged 18 – 24 years) compared with 9% in Knowsley, 11% in Sefton, and 12% in Liverpool and 13% in Halton. Excess weight increases with age. Adults are more likely to be overweight than children and middle aged adults tend to be heavier than younger adults. Small imbalances can have a large impact over time. For example, a weight gain in adults of only 2 lbs per year leads to an increase in weight of nearly 3 stone over a 20 year period.

\(^{10}\) St Helens Health Profile 2014
5.4.2 Adults with Long Term illnesses or disability

People with long term illnesses or disability are more likely to be overweight and obese. 1 in 5 adults (22%) in St Helens consider themselves to have a Limiting Long Standing Illness (LLSI) and between 5 and 12% of residents describe their health as poor\textsuperscript{11}.

People with Learning disabilities can have higher health needs including illness associated with obesity and can experience difficulties accessing and receiving good quality care. The median age at death of people with a learning disability in England is 56\textsuperscript{12}.

In 2012 there were 2588 18 – 64 years olds and 681 aged 65+ years living with a learning disability or autism in St Helens.

5.4.3 Older Adults

Older adults are more likely to be overweight or underweight than younger adults. In 2010 there were 7493 people aged 65+ with who were overweight in St Helens (BMI >30), in 2025 this figure is estimated to be 9727. This in turn will result in an increase in obesity related illnesses.

5.5 Weight Management Services.

Self-Care. Most people don’t actively manage their weight. Those who do achieve their energy balance without the aid of formal services although they may access information from a range of sources. They may make use of food products that are identified as being “lighter”, “healthy living” or lower in fat or calories. They may also access a range of leisure, sports or fitness services and opportunities in their local community.

Informal weight management services such as Slimming World and Weight Watchers are popular in St Helens as elsewhere in the UK. They provide group support and motivation and focus on reducing

\textsuperscript{11} Merseyside Lifestyle Survey 2012/13
\textsuperscript{12} St Helens JSNA 2013
calorie intake through a healthy diet. Generally they do not provide physical activity programmes. An estimated 5,000 people self-fund through these groups in St Helens per year. These programmes can be evidence based and form part of an overall offer as recommended by the National Institute for Clinical Excellence. However we do not have evidence on outcomes and anecdotal feedback suggests that some participants may not achieve long term change and experience weight gain when they stop attending.

**Formal weight management programmes** are commissioned by St Helens Council. They include Fit for Life 6 week programmes for children and families and the Freshstart and Freshstart plus programmes for adults. They also include group support and motivation but also include specialist dietary advice and bespoke physical activity programmes and focus on longer term lifestyle changes. They are evidence based and demonstrate improvements for those who complete the programmes although not everyone completes the programmes.

Although the council funded formal programmes may make more impact on an individual level they clearly can’t provide individual services for the 84,000 overweight adults in St Helens. The self-care and informal approaches may have more impact at a population level. There is a cost to the Council for the formal services, although these services are free to participants and may increase access for those who may not be able to pay. This strategy will ensure an appropriate balance between prevention, self-care, informal and formal weight management programmes.

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**Case study 3 St Helens Council Health Hub**

The Health Hub in St Helens has spearheaded the drive to improve the health and wellbeing of employees in St Helens Council. Over 1200 members of staff took part in an engagement process in 2013 to identify what would make a difference to their health and wellbeing. Over the past year 70 people took part in a health and wellbeing event 600 people signed up to a pedometer challenge and 170 to a cycle to work scheme. A community choir, reading group and Zumba classes have also been established along with fruits on desk. All of this helps to ensure a healthy, engaged and productive workforce.

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### 5 Causes, Consequences & Management of Being Underweight

Approximately 3250 (2%) adults are estimated to be underweight in St Helens, with women tending to show higher rates of being underweight than men (3% and 2% respectively). Risk factors for malnutrition and underweight include increasing age, reduced self-care ability, dementia or depression and resident in care home or hospital. Being underweight can be linked with malnutrition and reduced resistance to infection and ability to heal.
Malnutrition is a treatable condition. Management should include assessment of the level of risk, treating the underlying cause and access to a multidisciplinary team including Dieticians, Occupational Therapists, Speech and Language Therapists, Community Matrons and Community Pharmacists as necessary. Services to frail elderly people need to ensure that appropriate assessment of the level of risk within vulnerable older people. Many areas have incorporated this assessment into routine procedures for residential and nursing homes and domiciliary care agencies.

Management options can include good food, assistance with eating, addressing social issues, ensuring ability to shop (physical and financial) and prepare food, texture modification, dietary advice to maximise nutritional intake (also known as 'food first') and nutritional supplements to complement dietary strategies in order to support individuals to meet their nutritional requirements.\textsuperscript{13}

In St Helens 27 people per year are admitted to hospital with a diagnosis of malnutrition with many more being admitted to hospital where it may be a contributory factor in their illness. Residential and nursing homes in St Helens have received training around the Malnutrition Universal Screening Tool (MUST); part of this training was around how to fortify foods for those at risk of malnutrition. In addition some members have been on specific training around Dysphagia.

In addition the Nutrition Link Project is in place. The purpose of which is to provide support for nursing, residential homes and in-patient mental health units in following the Under-Nutrition Guidelines and implementing a ‘food first’ approach. The aim of this is to improve the quality of nutritional care for service users/patients and in turn improve their quality of life. This training and support is provided by 5 boroughs community dietetics team.

\textsuperscript{13} Managing Adult Malnutrition in the Community: Including a pathway for the appropriate use of oral nutritional supplements (ONC) – Multi-professional consensus panel 2012 – review 2017
**Eating disorders** are another cause of being underweight and typically affect younger adults. NICE estimate that 1 in 250 females and 1 in 2000 males will experience anorexia nervosa, generally in adolescence or young adulthood and that bulimia nervosa is about five times more common. Other atypical eating disorders are more common still. Using these figures we could expect over 2000 people in St Helens to experience an eating disorder at some time in their lives.

The management and treatment of eating disorders is primarily through psychological therapies. These will not be explored in detail within this strategy although any developments or public messages on healthy weight need to consider the impact on people who are both overweight and underweight.

There are NICE guidelines for the treatment of eating disorders (NICE CG9) but this is outside the scope of this strategy\(^\text{14}\). An eating disorder service is provided by five boroughs mental health trust. This service received 70 appropriate referrals in 2013/14.

Where children are underweight this is usually detected by health visitor and child health measurements or parents may seek help. The child growth and nutrition clinic provides advice and support to families to address any underlying issues.

### 6 Consequences of Excess Weight

Unhealthy weight can have consequences in terms of physical health, mental health and wellbeing and economic costs to the borough.

#### 6.1 Health Costs

There is strong evidence to suggest an association between obesity and poor mental health in teenagers and adults (3-4 times more likely to be clinically depressed)\(^\text{15}\). Stigma about weight increases vulnerability to depression, low self-esteem, poor body image and maladaptive eating behaviours and exercise avoidance\(^\text{16}\) (NOO).

Excess weight increases the risk of a number of conditions. Cancers and Circulatory diseases, the two biggest causes of death in St Helens are significantly related to lifestyle. Obesity is believed to be ranked as the second biggest cause of cancer after smoking. There is an 81% increased risk of heart disease when obese.

Being obese makes the risk of diabetes ten times more likely, high blood pressure 6 times more likely, high cholesterol, respiratory diseases and arthritis (4 times more likely), Stroke (64% increased risk), and many more diseases are increased through an unhealthy weight.

Many women gain excess weight during pregnancy which they may find difficult to lose after the pregnancy and so sensible management of weight during pregnancy and after pregnancy can help prevent increased obesity and its consequences. In addition, being overweight during pregnancy is a significant risk factor for maternal and child health. Infants of obese women face health risks in

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\(^\text{14}\) Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders


childhood including diabetes and obesity in later life. Maternal obesity has been a factor in a number of neonatal deaths reviewed in Merseyside in 2013.

**Figure 7- Impact of unhealthy weight in St Helens** (*figures adapted from Public Health England national estimates*)

| St Helens          | 168,000 overweight adults in St Helens  
|                    | 2 in 3 men, 1 in 2 women  
|                    | one in 3 children  
| Health             | 10,844 people with Diabetes  
|                    | (risk x10)  
|                    | 32,847 with High blood pressure  
|                    | (risk x 6)  
|                    | 12,917 with heart disease & stroke  
|                    | (risk x2)  
|                    | Arthritis x4, Heart Disease & Stroke x2  
| Human              | 30,000 sick days per year  
|                    | 100 deaths per year resulting in 133 lost years of working life  
|                    | Deaths linked with obesity shorten life by 9 years on average  
| Economic           | £14.5m per year cost to NHS in St Helens  
|                    | £47.5m per year cost to economy in St Helens  

Being active can reduce the risk of many of these major illnesses, such as heart disease, stroke, diabetes and cancer by up to 50% and lower risk of early death by up to 30%. Evidence also shows that people who eat at least five portions of fruit and veg a day are at lower risk of heart disease (20% less), stroke (20% less) and some cancers (9% less).

6.2 Human Costs

These chronic health conditions significantly reduce people’s quality of life. St Helens has higher number of people who report in the household survey that they have a long term condition that limits their daily living. For older people it may mean a loss of mobility or independence.

An estimated 30,000 days of productivity are lost in St Helens due to sickness related to excess weight. This has a cost both to individuals and to the economy in St Helens.

Being very overweight reduces life by an average of 9 years, for overweight people by 3 years. For these 100 people in St Helens who die from obesity losing those years may mean not getting to enjoy their retirement, not being able to see grandchildren grow up or fulfilling their dreams and ambitions.

6.3 Economic Costs

Obesity has been estimated to cost the NHS in England £4bn annually with an additional cost to the UK economy £15.8bn annually in loss of productivity (Public Health England & National Audit Office). This equates to a cost to the St Helens economy of £47 million and a cost to the NHS in St Helens of £14.5 million.
7    Health related behaviours
Health behaviours- eating, physical activity, alcohol intake all have an impact on being a healthy weight.

7.1    Food
The Merseyside lifestyle survey (2013) found that one in three adults ate 5 portions of fruit and vegetables and two in three used low fat milk. Four in ten adults reported using low fat spread. These were similar to Merseyside averages.

Nearly half of 25-34 year olds in St.Helens, visit fast food establishments at least once a week compared to one in eight people over 65 year olds. Single people are more likely to eat a takeaway meal than married people.

7.2    Physical Activity
Only one in ten adults in St Helens are active enough to improve their health (5 x 30mins Moderate activity per week). One in three however report that they do some form of moderate activities for at least 10mins. Men are more active than women and people are most active between ages 18 – 44, after which activity levels start to reduce.

7.3    Health Motivations
There is a cohort of young adults who are at significantly higher risk of health problems related to unhealthy weight. Unless this changes there is a potentially large increase in the number of adults who will develop chronic health conditions. More people in St. Helens report that although health is important, they do not feel empowered to do anything about (41% compared with 25% for England).

These behaviours are often not actively chosen and are influenced by our environment- the social norms in communities, availability and affordability of food, activities and our expectations. In order to see how healthy weight can be modified in our communities we need to look at the evidence for what works.

Case study 4- Healthy Early Years Food Award
Healthy Early Years Food Award was developed in 2009 when the reception obesity and excess weight data was the second highest in the North West. Health improvement, early years and environmental health services worked with early years settings such as private day nurseries, child minders, children centres and play groups to improve nutritional standards. Nursery cooks were trained and provided with a recipe book that shared healthy menus that children enjoyed. The percentage of both overweight and obese children in reception classes dropped considerably in the following few years.
8 Good Practice & Evidence

8.1 Local Successes

There are many initiatives and programmes in place in St Helens that support individuals and the population as a whole to make healthy choices. The Go Active Strategy, the Halton and St Helens healthy weight strategy and healthy schools work all demonstrated achievement in what they set out to do and St Helens has led the way regionally and nationally on many initiatives. All of this has helped to slow the rise in unhealthy weight in adults and children. Some case studies are illustrated throughout the document but do not capture the breadth of work that has been undertaken in this area.

8.2 National resources.

Public Health England have a range of resources to support local areas in the development of plans to address healthy weight. [http://www.noo.org.uk/NOO_about_obesity](http://www.noo.org.uk/NOO_about_obesity)

The National Institute for Clinical and Public Health Evidence has produced a series of guidance on actions to prevent and manage obesity at a community and individual level (NICE PH42). The Local Government Association has produced briefing documents on obesity and action at a local level. [http://www.local.gov.uk/publications/-/journal_content/56/10180/3811831/PUBLICATION](http://www.local.gov.uk/publications/-/journal_content/56/10180/3811831/PUBLICATION)

8.3 Approaches

All of these guidance documents indicate that there is no single cause and no single solution to achieving a healthy weight at a population level. It is a whole system approach to bring about long term sustainable change.

The approaches outlined in the guidance can be grouped into the following areas:

Engaging with people
- Leadership vision and commitment to achieve long term sustainable change
- Engaging local business, communities & voluntary organisations
- Engaging with individuals, families and communities to support them in making healthy choices in the context of social norms on physical activity, diet and weight
- Providing services that make healthy choices easier choices - this includes leisure services, sports clubs and weight management services.

Engaging with the environment
- Improving the physical environment that encourages or discourages physical activity
- Improving the cost and availability of a balance of food
- Services available- this includes leisure services, sports clubs and weight management services.

Ensuring Healthy Public policy- looking at the impacts of wider policies on health- e.g. transport, housing, planning etc.

The St Helens Approach is outlined below.
9 St Helens Approach

Aims

The aim of the strategy is to improve the health of residents in St Helens through increasing the number who maintain a healthy weight. Outcome Objectives include:

- Halt the reduction in % adults having a Healthy Weight in adults by 2017 (household survey)
- Halt the increase in unhealthy weight in children in reception and year 6 by 2017
- Narrowing of the difference in unhealthy weight between children in reception and year 6 by 1 by 2017
- Increase in breastfeeding at 6-8 weeks by 3% by 2017

Each of the actions outlined in section 10 will have output and outcome targets relating to the actions.

10.1 People & Programmes

Engaging leaders throughout our community and organisations in St Helens is essential if we are to strategically address this issue. Research has shown that people’s perceptions of what a normal weight is has changed, being overweight is seen as normal and people think that they are healthier than they really are. We need to mobilise communities and organisations to make changes and to take a social marketing approach to understanding local views and perceptions.

Actions will include:

- Developing a local pledge for organisations to sign up to tackling obesity and promoting a healthy weight similar to the Local Authority Declaration on Tobacco along with a community engagement campaign.
- Engaging local people and exploring ways of changing social norms, developing a health pledge for local people similar to that developed in Coventry, Norwich and elsewhere.
- More fun community participation events with involving physical activity & food- e.g. charity fun runs
- Improved information and support for women in pregnancy with training for midwives
- Exploring different ways of engaging with parents of reception aged children on the results of the National Child measurement programme.
- Increased provision of physical activity opportunities for young people (aged 16-24 years) in the borough to address this gap.
- Review and revise referral pathways for children identified as being underweight so that families receive effective support.
- Work with agencies that provide support for families in crisis, ensuring that maximum nutritional foods are distributed. (High calorie and nutrient high foods for children and families).
- Using NHS health checks and 75+ year annual checks to identify people who are underweight or overweight and refer to services.
- Work with the VCA, sports development and sports councils to support volunteers in the work that they do to promote and engage communities in physical activity.
- Support for families to breastfeed and adopt healthy weaning practices to give their children the best start in life.
• Working with clinical health services to identify people at risk from unhealthy weight and to provide appropriate advice and signposting to services as part of making every contact count.
• Consider the option of offering free swimming for children to encourage activity.

Weight management programmes will be reviewed and a number of changes implemented. These include:

• Increased capacity for preventive programmes, ensuring healthy weight is embedded within existing programmes and services.
• Improved information and support for women in pregnancy to maintain a healthy weight during and after pregnancy with training for midwives & health visitors
• Redesign of the fit for life weight management programmes for families to become more targeted and improve uptake and retention.
• Engaging with providers of informal weight management programmes
• Recommissioning adult weight management services by July 2015 to increase uptake, retention and community engagement with a new care pathway and criteria for referral
• Extend the training on malnutrition for nursing and residential homes to domiciliary care services to ensure that older people at risk of malnutrition are identified and risks minimised.
• Providing preventive programmes for people with a learning disability and their carers on eating well and staying active.
• Review services, pathways and programmes for anorexia and other eating disorders in conjunction with St Helens CCG over time.

10.2 PLACES
Busy lifestyles and 21st century environment often make it hard to make healthy choices and it is important that we tackle the obesogenic environment in St Helens so that it enables healthy lifestyles through improving the built environment. Much of the action will take place in a number of settings including early years, schools and workplaces.

Actions will include

Work with Business to:

• Extend the Healthy Early Years Award to more preschool settings
• Support the work of Environmental Health with the 1300 food businesses in St Helens to encourage them to offer healthy options and reduce saturated fats, portion sizes, sugar content where they can.
• Recommissioning the Workplace Health Improvement service by March 2015.
• Promote the Baby Friendly Award for local businesses & services
• Look at healthy catering and travel policies to encourage physical activity and eating well

Work with schools to:

• Roll out the free school meals to Key stage 1 children, increase uptake, ensuring that this is in line with the new standards from the School Food Plan by January 2015
• Address school food culture & support schools improve food policies -& support schools to implement the findings of the scrutiny review on breakfast clubs
• Map and disseminate good practice in physical activity in schools with a pledge to increase the physical activity offer for all pupils
• Support Change for Life clubs in schools across the borough
Improving the built environment by

- Working closely with Council Planning teams to ensure ‘health by design’ for residential properties and developments.
- Initiating improvements to the town centre to increase usage, physical activity and health benefits.
- Addressing the issues identified in the Open Space Sport and Recreation Assessment (OSRA) recommendations when complete in late 2015.
- Enhancing open spaces such as parks and built environment in outside exercise equipment, ensuring maximum use based on evaluation of other similar regional investments.
- Encouraging and ensuring best use of available assets—e.g. parks & leisure facilities.
- Look at ways to maintain the work undertaken through the Local Sustainable Transport Fund to show strategic gains and health benefits of investment with active travel.
- Explore development and implementation of health related supplementary planning documents e.g. around residential developments.
- Introduce 20mph zones, where appropriate, in the borough to reduce traffic congestion and improve physical activity, road safety and air quality.
- Exploring financially viable options to address the gap in leisure services provision in the South of the Borough exploring community views and public demand.
- Explore introduction of a farmers market to increase town centre usage and promote healthy eating.

10.3 POLICY

The aim is that healthy weight and the health inequalities that it represents will become embedded as a theme within all policies and programmes. This can be achieved through identifying the potential health impacts of policies and programmes across the council and other organisations, making recommendations that would enhance the benefits and minimise the health risks. Refreshing and adding focus to the actions in the child poverty strategy and other across the borough could bring synergy and impetus to the work.

Much of the policy environment that affects healthy weight in a population is national and international. Advocacy can help to ensure healthy public policy to enable local action. St Helens Council commission the Food Active Collaborative across the North West with the remit to identify, build evidence, advocate for and influence implementation of population level interventions to reduce obesity. Priorities for 14/15 include advocacy on price and availability of sugary drinks, advertising of food to children and 20 mph zones. Policies to reduce the levels of alcohol consumption such as minimum unit pricing will have a positive impact on healthy weight within our community.

An investment plan is available. It outlines the current investments, principles for new investment and proposals for investment. It also outlines areas for reframing current investment reinvestment. A detailed implementation plan will be developed to implement these priority areas.

11 Conclusion

Two in three men and one in two women are an unhealthy weight. Healthy weight isn’t an end in itself but unhealthy weight affects people’s quality of life, wellbeing and costs the local economy £45m per year. The problem is increasing year on year despite many excellent services and programmes. Funding for some of the programmes in place previously has been removed nationally.
To address this issue we need strategic commitment from public sector organisations, business, voluntary and community sectors to recognise the impact this has locally, commit to addressing the issues through engaging with people and services, improving the environment and advocating for policy change at local, national and international levels.