TRAFFORD COUNCIL

AGENDA PAPERS MARKED 'TO FOLLOW' FOR

HEALTH AND WELLBEING BOARD

Date: Friday, 24 September 2021

Time: 4.30 p.m.

Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford M32 0TH

	A G E N D A	**PART I**	**Pages**
8.	**RELATIONSHIP BETWEEN THE HEALTH AND WELLBEING BOARD AND ONE SYSTEM BOARD**		1 - 6
	To receive a verbal report from the Director of Public Health.		
9.	**TRAFFORD'S RESPONSE TO GM INEQUALITIES COMMISSION AMD MARMOT REVIEW**		7 - 12
11.	**HEALTHY WEIGHT STRATEGY**		13 - 34
	To receive a report from the Director of Public Health.		

SARA TODD
Chief Executive

Membership of the Committee

Councillors J. E. Brophy, J. Harding, J. Holden, C. Hynes, J. Slater (Chair), C. Davidson, D. Eaton, H. Fairfield, Dr. M. Jarvis, M. Noble, E. Roaf, M. Roe, R. Spearing, A. Worthington, P. Duggan, S. Radcliffe, J. Wareing, Hemingway, S. Donnellan, D. Evans, M. Hill, Pritchard, A. Seabourne, J. McGregor, M. Gallagher, Coulton, Nagra and E. Calder.

Further Information
For help, advice and information about this meeting please contact:

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This agenda was issued on Thursday, **16th September 2021** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

HWBB Survey September 2021

We distributed a survey to discuss the governance arrangements for our emerging integrated care system, including the relationship between the Health & Wellbeing Board (HWBB), with its statutory function, and the One System Board (OSB).

This survey aimed to collect views on the role, impact and effectiveness of our HWBB and how we could work in future.

The survey was distributed to members of the Health and Wellbeing Board (HWBB), the One System Board (OSB) and the Joint Leadership Team (JLT) – approximately 45 people and received 12 responses, 8 of which were from current members of the HWBB. The majority of responses were from CCG staff or Governing Body members.

1. The current HWBB strategy is aimed at increasing healthy life expectancy and reducing inequalities. Is this the right strategy and, if so, should it also be shared by the OSB?

The general opinion from the respondents was a firm ‘yes’ to both points. Some comments were that the strategy needed to have clearer targets and that the role of partnerships and public engagement in delivery could be strengthened.

2. Can you provide examples of how the HWBB has added value in improving health and reducing health inequalities?

Some examples were given regarding specific areas of work (such as suicide prevention) and of raising awareness of health inequalities, but other comments mentioned its apparent lack of impact outside its meetings and a lack of traction with other meetings or programmes of work

3. What do you see as the relationship between the HWBB and the One System Board?

There was a general view that the two must be closely aligned but the danger of duplication of effort was also mentioned. While some felt the two could be merged, others felt that this might be a future arrangement but that there needed to be a better understanding of the OSB before any changes are made. The importance of the HWBB in focussing on inequality was a common theme

4. Should the HWBB set the ambition for improved health outcomes and tracking these, reporting back progress to the One System Board. Do you think this is appropriate and workable? Can you suggest other useful roles for the HWBB?

This question led to many more concerns being raised about duplication of effort between the HWBB and the OSB, with further worries on how the HWBB could hold organisations to account. The skill set within the HWBB (specifically medical professionals and Councillors) was mentioned as a strength in one comment. It was also suggested that the HWBB could become more outcome focussed.

5. What do you see as the advantages of keeping the HWBB and OSB separate?

Responses suggest putting all the effort into the OSB rather than into both Boards; if both were kept, roles need to be more clearly defined and to keep each other to account; there was also a suggestion that the HWBB could focus on improving the wider determinants of health rather than on health and social care, leaving the OSB to focus on 'illness services'

6. What do you see as the disadvantages of keeping the HWBB and OSB separate?

In general there was more consistency in the responses here, with many people citing one or more of the following: Risk of overlap and unnecessary bureaucracy; lack of necessary influence; lack of clarity in the relationship; inefficient use of time and resources

7. If you are unsure what additional information would you like to have to assist your decision

How effective HWBB has been at delivering its objectives in the past; more information on the OSB, an up to date 'map' of Trafford's various partnerships, their purpose and membership, a set of clear strategic objectives owned by all partnerships.

Conclusion and Recommendation

Overall, the responses, while mainly expressing some concern regarding the current impact of the HWBB, and further concerns about duplication of effort with the OSB, were not in favour of making any changes at present, and instead giving more time to understanding the role of the OSB and any further national guidance on the HWBB and its statutory role.
It recommended that the anonymised results are shared with system leaders from the various partnership boards in Trafford, with a request for further responses and reflection on the findings.

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TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **13/09/2021**
Report for: **Information and decision**
Report of: **Helen Gollins, Deputy Director of Public Health**

Report Title

Healthy Weight Strategy

Purpose

This report outlines the final draft of the Healthy Weight Strategy for review, prior to public consultation.

Recommendations

To approve the final draft Healthy Weight Strategy and agree to proceed to public engagement and consultation.

Contact person for access to background papers and further information:

Name: Jane Hynes
Telephone: 07545 920534

1. Introduction

Trafford's Health and Wellbeing Strategy (2019 – 2029) identifies seven priority areas, of which healthy weight is one. The aim is to increase the number of people within Trafford who are a healthy weight, and to improve nutrition and hydration across the borough.

Improved health and wellbeing is one of Trafford Council's corporate priorities, with the specific aim to reduce health inequalities between different communities in the borough. Obesity is strongly linked to deprivation in both adults and children, and the people living in our most deprived communities have significantly shorter healthy life expectancy than those in our least deprived areas.

2. Context

Achieving and maintaining a healthy weight is challenging and complex, with more than 60% of adults in England being overweight or obese. Being overweight can be prevented, but it is a normal reaction to an abnormal environment, where it is very difficult to achieve and maintain a healthy weight given all the external factors and influences on our lives. We therefore need to look at the whole system of social, economic and environmental factors that impact on weight.

Overweight and obesity can have serious implications on health, with increased risk of cardiovascular disease, type 2 diabetes, vascular dementia and cancer and significantly reduces life-expectancy.

Diet and obesity-related ill-health has a huge financial impact on the NHS with estimates that it costs the UK around £6 billion each year, before we consider the economic and societal impacts due to reduced productivity and obesity-related illness that make people unable to work. This brings the wider cost of obesity to society to around £27 billion per year.

In Trafford, an estimated 59% of adults (18+) are overweight or very overweight which equates to approximately 140,000 people. By the age of 11 (Year 6), nearly one third of children are overweight or very overweight, with higher prevalence of excess weight being strongly associated with increasing deprivation.

More recently, it has been shown that obesity increases both severity and likelihood of Covid infection, and the pandemic has had a huge impact on eating and activity habits, as well as food insecurity.

3. Healthy Weight Strategy

A draft Healthy Weight Strategy has been drafted via the multi-agency healthy weight steering group, which identifies the vision:

"We want Trafford to be a place where people are able to achieve or maintain a healthy weight, and where it is easier to do so. We want to engage the whole community in our work to become healthier and stay well."

The strategy sets out the local context and rationale for addressing excess weight, along with the high level ambitions within a whole system approach that will be taken to achieve this, and the priority groups that may need more support.

4. Recommendations

The Board are asked to provide any comments or feedback on the draft strategy, and approve the progression to public engagement and consultation. This consultation will be used to ensure that the vision and aspirations for Trafford reflect the views of our residents,

and will help to form the basis of the resultant co-produced action plan that will be delivered over the next five years.

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Trafford Healthy Weight Strategy – version control

Version number	Author	Description	Date
1.0	Jane Hynes	Document created	18/02/2020
2.0	Jane Hynes	Post-COVID amendments	14/08/2020
2.1	Jane Hynes	Incorporate steering group feedback	28/08/2020
2.2	Jane Hynes	Formatting changes and references	08/09/2020
2.3	Jane Hynes	Incorporate further feedback and Covid recovery additions	21/04/2021
2.4	Jane Hynes	Feedback and update	15/06/2021
3.0	Jane Hynes	Final draft for HWBB	13/09/2021

Trafford Healthy Weight Strategy

Vision

For Trafford to be a place where everyone can more easily achieve or maintain a healthy weight.

What do we want?

We want Trafford to be a place where people are able to achieve or maintain a healthy weight, and where it is easier to do so. We want to engage the whole community in our work to become healthier and stay well.

With this strategy we aim to make Trafford a place where the healthy choice is the easy choice and the cultural norm; where physical activity, healthy eating and positive relationships with food and physical activity are established from the start; where people are connected to the environment and understand where the food they eat comes from; and those people who are already heavier than they should be will be supported to make changes to achieve a healthier weight.

How will we do it?

We will:

- make keeping active and healthy eating the easier choice;
- take action on causes of obesity that put particular communities at higher risk;
- ensure that the built and natural environment support active, healthy lives as the norm;
- enable families and individuals to take control of their health and ensure support to do so is there when it is needed, and accessible to all;
- enable settings and services to contribute to people's ability to achieve and maintain a healthy weight by understanding and developing more effective, evidence-based approaches.

1.0 Background

Achieving and maintaining a healthy weight is harder than it should be, with 63% of adults in England having excess weight[i] (two-thirds of men (67%) and six out of ten women (60%)). Gaining excess weight can be prevented, but it needs to be seen as a normal reaction to an abnormal environment, where it is very difficult to achieve and maintain a healthy weight given all the external factors and influences on our lives[ii]. For many of us, it is much harder to achieve a healthy weight, given our genetic make-up and the obesogenic environment in which we live[iii].

The prevalence of excess weight in Trafford adults is 64% which equates to **around 151,000 adults who are heavier than they should be**[iv]. In children of reception age (age 4-5) one in five (19.6%) are overweight or very overweight, and this increases to almost one in three (31.5%) by year 6 (age 10-11)[v]. In addition, between Reception and Year 6, the prevalence of children who are very ove rweight doubles from 7.7% to 17.7%, and is **more than twice as high for children living in the most deprived decile** compared to the least deprived[vi].

Excess weight can have serious implications for health, with **increased risk of cardiovascular disease, type 2 diabetes, vascular dementia and cancer and significantly reduces life-expectancy**[vii]. In addition, people are likely to experience **stigma** due to their weight, negatively affecting their mental health and wellbeing. More recently, all evidence suggests that **as BMI increases, so does**

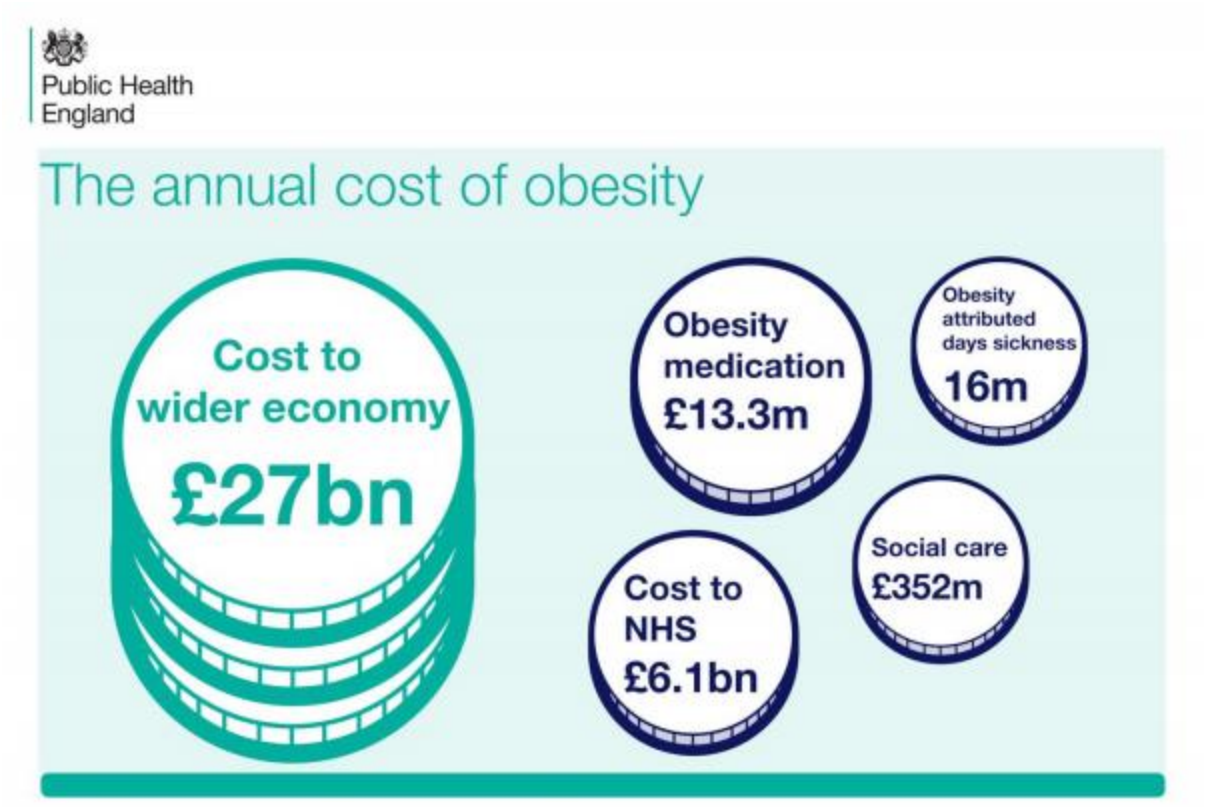
the severity and mortality of COVID-19. People who are overweight and contract COVID-19 are more likely to: be admitted to hospital; be admitted to intensive care; and die from COVID-19 compared to people who are a healthy weight. In addition, obesity increases the risk of type 2 diabetes, heart disease and respiratory disease, which all increase the risk of COVID-19 complications[viii]. There is also some early evidence that suggests that **being underweight may also be linked to an increased risk of severity and mortality of COVID-19**, although this may be linked to other aspects of poor health associated with having a low BMI.[ix]

Excess weight also has a huge impact on **mental health and wellbeing, with weight stigma associated with significant increases in anxiety, depression and decreased self-esteem**. Similarly to disability, evidence indicates that there are bi-directional associations between depression and excess weight – in other words, excess weight can cause mental health problems, and mental health problems can cause excess weight[x].

According to the 2020 policy paper 'Tackling Obesity: empowering adults and children to live healthier lives':

"Helping people to achieve and maintain a healthy weight is one of the most important things we can do to improve our nation's health."[xi]

Diet and obesity-related ill-health has a huge financial impact on the NHS with estimates that it costs the UK around £6 billion each year, before we consider the economic and societal impacts due to reduced productivity and obesity-related illness that make people unable to work. This brings the **wider cost of obesity to society to around £27 billion per year**[xii], estimated to increase to nearly £50 billion in the next 30 years. If everyone who was heavier than they should be lost 2.5kg and maintained that weight loss, it could save the NHS £105 million over the next five years[xiii].



Added to this, the social care requirements for people with a BMI of over 40 are costly, including housing adaptations, specialised equipment and carer provision. It has been estimated [xiv] that the yearly cost of council-funded **social care for an individual with a BMI of 40 or more is nearly double the cost for a person with a BMI of 23** (in the healthy weight range).

There also needs to be consideration given to the human cost of excess weight – people are more likely to be healthier, happier and able to live the life of their choosing if they are a healthy weight.

Improved health and wellbeing is one of Trafford Council's corporate priorities, with the specific aim to reduce health inequalities between different communities in the borough [xv]. **Obesity is strongly linked to deprivation, particularly in children and young people** [xvi], and the people living in our most deprived communities have significantly shorter healthy life expectancy than those in our least deprived areas [xvii]. Children and young people who are heavier than they should be will generally go on to become adults who are heavier than they should be [xviii].

This strategy will reflect the need to take a **whole system approach**, and will focus on key drivers within that system where we can have the greatest impact in order to make it easier for people to achieve and maintain a healthy weight. This approach recognises that obesity is a complex issue with many contributing factors, and therefore to try and tackle this, we need to take a co-ordinated, collaborative approach to support change. Local authorities are in a unique position to work with stakeholders across organisational boundaries to make tackling obesity everybody's business. [xix]

This approach will involve wider stakeholders who have any impact on the obesogenic environment and seek to develop new partnerships and relationships to look at ways to make a positive impact. At the centre of this will be the people who live, work and are educated in Trafford, who will help us to identify and co-produce the principles and actions required to help make the healthy choice the norm.

Through this strategy we aim to make Trafford a place where the healthy choice is the easy choice and the cultural norm; where physical activity, healthy eating and positive relationships with food and physical activity are established from the start; where people are connected to the environment and understand where the food they eat comes from. Those people who are already heavier than they should be will be supported to make changes to achieve a healthier weight.

2.0 Local context

Trafford has health outcomes that are similar to the England average, but this masks steep inequalities between the least and most deprived wards. Healthy life expectancy (HLE) is a good indicator of the population's general health, measuring the number of years people spend in good health. People living in our most deprived wards can expect to experience 16 fewer years of HLE compared to those in the most affluent wards [xx]. Excess weight is linked to higher levels of deprivation, and this is confirmed by data from the National Child Measurement Programme (NCMP) [xxi].

The prevalence of excess weight in Trafford adults is 64% which equates to **around 151,000 adults who are heavier than they should be** [xxii]. Distribution of excess weight in children and young people across Trafford generally follows expected patterns, with higher prevalence in the most deprived wards. In children of reception age (age 4-5) one in five (19.6%) are overweight or very overweight,

and this increases to almost one in three (31.5%) by year 6 (age 10-11)[xxiii]. It is estimated that the increases in excess weight are fairly linear as age increases, and therefore it is likely that by the age of 18 around 45% of young people are overweight or very overweight[xxiv]. This equates to **over 27,000 children and young people who are heavier than they should be**. In addition, between Reception and Year 6, the prevalence of children who are very overweight doubles from 7.7% to 17.7%, and is **more than twice as high for children living in the most deprived decile** compared to the least deprived[xxv].

The impact of excess weight on health and inequalities is also demonstrated by the clear social gradient seen in prevalence of diabetes in Trafford across our neighbourhoods, with the North and West localities having higher prevalence of diabetes. There are over 12,000 people on the diabetes registers of Trafford GPs, and an expected prevalence of diabetes of 8.2%. In addition to prevalence of non-diabetic hyperglycaemia of 10.9%[xxvi], this suggests that nearly 20% of all adults (**over 47,000 people) in Trafford either have diabetes or are at high risk of developing diabetes,** with likely social gradients as seen from GP registers.[xxvii]

In Reception, the prevalence of excess weight is now slightly lower than the 2006/07 baseline, whilst in Year 6, the prevalence of excess weight is similar to the 2006/07 baseline, indicating that current approaches have not made much impact. The UK has some of the highest rates of overweight and very overweight children in Western Europe[xxviii], so there is no reassurance in Trafford having similar levels of childhood excess weight as the England average.

At the other end of the weight spectrum, around 1% of children at Reception and Year 6 are underweight, and if this prevalence is consistent throughout childhood, then around 600 children and young people in Trafford are underweight[xxix]. In older adults, around 10-14% of over 65s will be experiencing malnutrition and dehydration, which in Trafford equates to between 4,000 and 5,700 older people at risk of preventable malnutrition. The projected population increases of people over 65 means that the number of people at risk of malnutrition is set to increase by around 800-1,000 by 2028[xxx].

Around two-thirds of all adults (age 16+) in Trafford are active (undertake at least 150 minutes of moderate to vigorous physical activity per week), but this also masks inequalities, with only just over half (54%) of adults in the most deprived decile being active, compared to 67% in the least deprived decile. There is a similar pattern when looking at inactivity (less than 30 minutes of activity per week) with 35% of people in the most deprived decile being inactive, compared to 19% of those in the least deprived decile.

For children and young people, there are similar patterns, with 34.8% of 5-16 year olds living in the most deprived decile doing less than an average of 30 minutes activity per day compared with 24.1% of those in the least deprived decile.[xxxi]

The COVID-19 pandemic and lockdowns had a profound impact on physical activity levels for adults and children and young people. In the North West of England, 40% of children and 39.8% of adults reported doing less physical activity than they had been doing previously.[xxxii]

2.1 Priority groups

National and local data helps us to identify priority groups where the prevalence of excess weight is highest and the risk to health greatest.

- People of a South Asian origin are at greater risk of obesity-related disease at a lower BMI than white people.[xxxiii]
- Obesity prevalence is over twice as high for children living in the most deprived areas compared to children living in the least deprived areas.[xxxiv]
- Severe obesity prevalence is almost four times as high for children living in the most deprived areas compared to the least deprived.[xxxv]

Ethnicity: In Trafford, 22.2% of children under 18 are from a black, Asian and minority ethnic (BAME) group, while for the population as a whole, 14.5% of Trafford residents belong to a BAME group. (2011 Census). This varies greatly by ward, Clifford in the north having 64.6% BAME population and Flixton in the west only 3.8%.[xxxvi]

Indices of Multiple Deprivation (IMD 2019): In Trafford, seven lower super output areas (LSOAs) are within the most deprived 10% of LSOAs in England whilst 31 LSOAs are within the least deprived 10%. Whilst Trafford ranks 122 out of 151 upper tier local authorities (where 1 is the most deprived and 151 is the least deprived), this masks significant inequalities at ward and LSOA level as described above.[xxxvii]

Disability: There is a two way relationship between obesity and disability in adults – adults with disabilities are at increased risk of obesity compared to adults without disabilities, while adults who are much heavier than they should be may have a disability related to their weight.[xxxviii]

Physical inactivity and muscle atrophy, as well as secondary conditions (such as depression, chronic pain, mobility problems and arthritis) have all been found to contribute to the development of obesity among people with physical disabilities. For those with learning disabilities, excess weight is linked to lower levels of physical activity, poor diet and the side-effects of medication.[xxxix] People with learning disabilities aged 18-35 are twice as likely to be much heavier than they should be compared to people without learning disabilities.[xl]

Looked after children and care leavers: Children in or with experience of the care system have greater health needs (both mental and physical) and are likely to suffer from more chronic health conditions than others of the same age outside the care system. Many children and young people come into care with a poor nutritional status. They often have food anxieties (such as overeating or hoarding food) which can be linked to early experiences of either abuse or neglect.[xli]

Women who are pregnant or planning a pregnancy: Maternal excess weight carries increased risk for both mother and baby, with a number of studies demonstrating a link between increasing maternal BMI and a number of adverse outcomes such as gestational diabetes, pre-eclampsia, post-partum haemorrhage and stillbirth.[xlii] In Trafford, nearly 1 in 5 women are heavier than they should be in early pregnancy.[xliii]

3.0 What is healthy weight?

A healthy weight is defined by looking at the ratio between a person's height and weight, and whether this is beneficial for health, or whether it causes increased risk of certain diseases. People will gain weight if their energy intake (from food and drink) exceeds their energy expenditure (from physical activity and bodily functions), and they will lose weight if their energy expenditure is more than their energy intake.

Adults and children can be categorised as underweight, healthy weight, overweight or obese using a measure known as the body mass index (BMI). In children, this is expressed as a BMI centile as it also takes into account the child's age and gender.[xliv] For the purpose of this strategy, we have asked people who have completed our local specialist weight management service what language they prefer to describe weight status, and where we are talking about people, we will use the phrase "people who are heavier than they should be".[xlv]

The National Institute for Health and Care Excellence (NICE) weight classifications in adults:

Classification	BMI
Underweight	<18.5
Healthy weight	18.5 – 24.9
Overweight	25 – 29.9 (23 for people of South Asian origin)
Obese	30 – 39.9 (27.5 for people of South Asian origin)
Morbidly obese	>40

UK National BMI percentile classification in children:

Classification	BMI centile	
	Clinical	**Population**
Underweight	<2nd	<2nd
Healthy weight	≥2nd to <91st	≥2nd to <85th
Overweight	≥91st to <98th	≥85th to <95th
Obese	≥98th to <99.6th	≥95th to <99.6th
Morbidly obese	≥99.6th	≥99.6th

There are different BMI centile thresholds for population monitoring in children compared to clinical classification in the UK. The use of BMI is an appropriate way to measure excess weight in 95% of the population, with the exceptions being pregnant women and people with very high muscle mass (e.g. elite athletes and body builders).

Overweight and obesity are terms used to describe an excessive fat accumulation that presents a risk to health.[xlvi] Some population groups are more at risk of ill health at lower BMIs, therefore adjusted BMI ranges are used to define overweight and obesity for some people. Most of the research in this area has been on adults, and the guidelines for children currently remain the same for all ethnic backgrounds.

There are also health risks associated with being underweight, however, the prevalence of underweight in the population is extremely small compared to the prevalence of excess weight (155,000 adults and children who are heavier than they should be versus 6,000 underweight adults and children). However, several of the drivers of excess weight are the same for underweight and malnutrition, such as deprivation, poverty and the food environment.

4.0 Benefits of achieving and maintaining a healthy weight

The benefits of achieving a healthy weight are widespread and have a positive impact on an individual's mental and physical health, wellbeing, social inclusion, self-esteem and confidence. Excess weight is linked to a number of medical conditions, as well as increased sickness absence and lower productivity, social isolation – all of which put pressure on the health and social care system and the wider economy.

There must be a focus on prevention when considering health and wellbeing. It will always be more beneficial for individuals and communities to prevent poor health than to try and treat it when it occurs. Poor health should not be an inevitable outcome for individuals from certain communities. This strategy will support people to develop a positive relationship to a preventative approach – both professionals and Trafford residents.

Aside from the positive impact on health and wellbeing, achieving a healthy weight benefits:

- **Social inclusion** – access to nutritious food in schools and communities brings people together; people with fewer health conditions are more active in their community; living in a place where active travel is the norm helps people feel safe when walking in their community; participating in physical activity creates common ground and breaks down social and cultural barriers.
- **Educational attainment** – evidence demonstrates that maintaining a healthy weight has a positive impact on educational attainment in young people.
- **Economic growth** – people who are a healthy weight are more likely to be in employment, take less sick days, and be more productive.
- **Regeneration** – creating an environment that supports access to nutritious food and space in which to be active provides an opportunity for people to take ownership and pride in their communities, with the associated improvements in wellbeing and social inclusion.

5.0 Outcomes

The key outcome from the implementation of this strategy will be for more people in Trafford to achieve and maintain a healthy weight – starting by halting the increase in prevalence of excess weight in adults, and increasing the prevalence of healthy weight in children and young people. Importantly, we will do this by reducing inequalities in excess weight prevalence between the priority groups described above and the rest of the population.

Children and young people:

- Reduce Year 6 excess weight prevalence in most deprived two quintiles (36.6%-41.5%) to below 35% within 10 years.
- Reduce Reception excess weight prevalence in most deprived two quintiles (23.4%-27.2%) to below 23% within 10 years.

Adults:

- Reduce obesity in early pregnancy to below 17% within 5 years, focusing work on most deprived two quintiles.
- Reduce excess weight prevalence to below 55% within 10 years, focusing work on most deprived two quintiles.
- Reduce excess weight prevalence in adults with a disability in line with the rest of the population within 10 years.

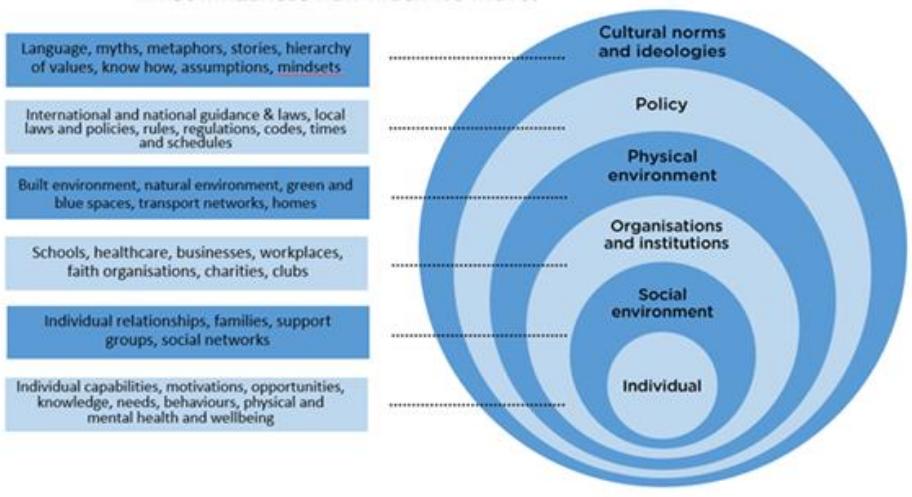
There will be high-level population outcomes which will demonstrate the impact of this strategy including: more people who are a healthy weight (as determined via NCMP and Active Lives data); more people who are active (meeting the Chief Medical Officer (CMO) recommendations for their age group) or fairly active (as determined by Active Lives data). In addition, there will be related outcomes such as improved mental wellbeing, reduced food insecurity, decreased social isolation. There are also some additional/proxy measures which are available on a neighbourhood/ward level which will indicate whether our approach is succeeding:

- Adult and child physical activity levels
- Prevalence of type 2 diabetes
- Patients on the GP obesity register

Population level change requires a whole system approach, looking at the changes to be made at all levels of the system[xlvii xlviii] i.e.

- Cultural norms and ideologies
- Policy
- Physical environment
- Organisations and institutions
- Social environment
- Individual

There are therefore high-level ambitions at every level of the system which we will aim to achieve through this strategy.



[xlix]

Cultural norms and ideologies:

- Trafford Council, partners and residents will work together to challenge, disrupt and change mind-sets, assumptions, ideology, language and myths.

Policy:

- Trafford Council and its partners will take a 'health in all policies' approach and act as leaders and advocates for making Trafford a place where everyone can achieve and maintain a healthy weight.

Physical environment:

- Trafford is a place where the physical environment enables and promotes physical activity and access to a balanced diet.

Organisations and institutions:

- Organisations, institutions, settings and groups enable and support people to be active and eat a balanced diet.

Social environment:

- There is a culture within Trafford where being physically active and eating a balanced diet is the norm and families and communities support one other to do so.

Individual:

People in Trafford have the capability, opportunity and motivation to make changes to their diet and physical activity levels.

6.0 Community engagement and person-centred support

In order to make changes to the local system that influences weight, it is vital to engage with communities and be led by them when it comes to developing action. Most importantly, we need to take responsibility for developing an environment (physical and social) that supports and enables people to make choices that benefit their health.

This will involve:

- Working with communities to identify and utilise their assets
- Working with partners both within and outside the Council, from all sectors, to ensure that health and wellbeing is considered and prioritised within all processes and policies
- Ensuring that the Making Every Contact Count approach is embedded within all services that people access
- Ensuring that changes are sustainable in the long term

Weight is influenced by a hugely complex system of factors and there is no single intervention or approach that will solve this. We need to be guided by local people to identify areas where we can work together to make an impact at different levels within the system and create positive changes within their communities. This may include work to improve practical skills and knowledge around

food, work to support families in food insecurity, work with planners and housing providers to ensure the built environment encourages access to food and physical activity opportunities.

At the same time, we will work with our frontline services in all sectors, to ensure that making every contact count is embedded in the way that we work. This will require some training and support in order to ensure that workers are comfortable and confident in working with people to discuss health messages and offer brief interventions. In addition, we need to ensure that people are able to raise the issue of weight in an understanding and compassionate way that reduces shame and stigma.

7.0 Equality and diversity

Trafford already has significant health inequalities, so one key aim of this strategy is to improve the health and wellbeing of those communities who have the poorest outcomes and ensure that the inequality gap narrows. An Equality Impact Assessment accompanies this strategy and outlines how the diversity within the borough has been considered in its development.

This strategy advocates the need to direct more resource to those neighbourhoods and communities where there is the highest prevalence of excess weight, and where the people with the poorest health outcomes reside.

8.0 Key plans and strategies

This strategy will work alongside and complement the work directed by other national, regional and local strategies. In particular, there are clear synergies with and dependencies on local work that will be directed by the poverty strategy, Trafford Moving sport and physical activity strategy, walking and cycling strategy and the Covid recovery plan.

National	Regional	Local
Tackling Obesity: empowering adults and children to live healthier lives (2020) National Food Strategy: Part One (2020) Care Act (2014) NHS Long Term Plan (2019) Obesity and Inequities (WHO) (2014) Childhood Obesity: a plan for action (2017) What Good 'Healthy Weight for All Ages' Looks Like (PHE) NICE guidelines (various) PHE Whole System Approach Toolkit Social Care & Obesity (LGA) National Audit Office – Childhood Obesity (2020)	GM Population Health Plan GM Moving: The Plan for Physical Activity and Sport 2017-21 Made to Move GM Food Strategy (TBC)	Trafford Locality Plan (2019) Health & Wellbeing Strategy (2019) Trafford Poverty strategy (2021) Trafford Moving Refresh (due 2021) Covid Recovery Plan (2020-21) Walking & Cycling Strategy (due 2021) Leisure Strategy (2021) Corporate Equality Strategy (2021)

9.0 Cross-cutting themes

Covid recovery – we know that Covid-19 has had a huge detrimental effect on many areas of people's lives. This has resulted in widening health inequalities in Trafford, when we already had significant differences in health outcomes between our most and least disadvantaged communities. The pandemic has brought these inequalities into even sharper focus, with the impact of Covid on those with long term conditions bringing an immediacy to the risks posed by conditions such as diabetes and excess weight. We need to use this focus to ensure that we are engaging with decision-makers and directing our valuable resources into reducing inequalities.

As we continue through the recovery phase, we need to take advantage of opportunities brought about by the pandemic (such as active travel opportunities), while also working with communities to address the additional challenges created and exacerbated by Covid.

Environment – in order to take a whole system approach to tackling excess weight, we must consider the environment that we live in and how that influences our lives. We will look at how we change the environment we live in, the information we are given, the choices we are offered and the influences that shape those choices.

In addition, we will ensure that all the positive actions in this strategy are environmentally sustainable and act positively to address the impact of climate change, which in itself will lead to improvements in health and quality of life.

Engagement with wider stakeholders– we will engage and work with local residents, community hubs and VCFSE organisations to ensure that this strategy reflects their aspirations. We will also engage with our local business community, including large corporate organisations who have a Trafford base or presence, and smaller local businesses. The resulting action plan will be co-produced and build on the assets within communities.

Education and training – as part of this approach we will need to support professionals in Trafford to have the confidence to give clear, consistent, evidence-based messages around weight and health. This includes raising the issue of weight and signposting to support mechanisms where required. We will ensure that anyone who may be concerned about the weight of someone they are working with is supported to address this sensitively and positively. There will be training for health professionals to deliver brief interventions, and there will be clear referral pathways for people needing more support.

10.0 Communications plan

As part of this strategy, we will have a clear communications plan to raise awareness of plans and progress. There will be three strands to this – internal communications for employees within the Trafford 'system' who work on the frontline with our residents; internal communications for employees within the 'system' who would like support to achieve a healthy weight themselves; external communications for all our residents.

Appendix 1: Physical Activity and Healthy Eating

Regular physical activity provides a range of physical and mental health benefits. The UK Chief Medical Officers provide recommendations on the frequency, intensity and duration and types of physical activity at different life stages. Although the recommendations are for people to work towards achieving the recommended levels of physical activity, there are benefits achieved at levels below and above the guidelines. In general, the more time spent being physically active, the greater the health benefits.

Healthy eating is defined as eating a wide range of foods to ensure that people get a balanced diet containing all the nutrients that the body needs. The EatWell guide (below) shows the different types of foods and drinks that we should consume (and in what proportions) to have a healthy, balanced diet.

It should be recognised that although excess weight is caused at an individual level by consuming more calories than are expended, there is a complex system of factors in play which influence our eating and physical activity behaviours. This strategy aims to ensure a whole systems approach to enabling healthy weight.

Appendix 2: Priority themes (to form first draft of the action plan)

Achieving our strategic aims will require action across the life course whilst bearing in mind the specific needs of the priority groups identified in section 2 above. Each life stage presents opportunities where support can be tailored and targeted to the different needs of individuals and families at different stages of their lives.

A2.1 Start Well:

- Support parents and carers to establish healthy eating and physical activity habits for their family from a very early age, including promotion of breast-feeding by equipping key professionals to have positive conversations about healthy weight.
- Support early years settings to support children in their care and their families to develop healthy habits.
- Support and deliver the National Child Measurement Programme.
- Enable children and young people to access the support they need to achieve a healthy weight.
- Work with schools around implementing and enhancing the School Food standards.
- Support those working with children, young people and families to embrace the role that active play and physical activity can play in supporting school readiness, physical and mental health and wellbeing.
- Maximise the engagement of young people in sport and physical activity as participants, leaders and volunteers.
- Ensure there are effective pathways and transitions so that children and young people can maintain participation in sport and physical activity in different settings as they move through childhood and adolescence into adulthood.
- Work with children, young people, families and schools to identify the actions which will support them to achieve and maintain a healthy weight.
- Work to challenge the culture whereby food that is high in salt, fat and sugar is used as a reward for good behaviour.
- Work with schools to address obesity stigmatisation

A2.2 Live Well:

- Increase access to NHS health checks for those in areas that have high levels of health inequalities, and improve the quality of support offered following a health check.
- Increase referrals into services that support people to make lifestyle changes, such as the National Diabetes Prevention Programme.
- Prioritise the role of physical activity and sport in prevention and early intervention for people with, or at risk of long term conditions.
- Promote and enable safe and convenient Active Travel.
- Enable people to access the support they need to achieve a healthy weight
- Work with communities to identify the actions which will support them to achieve and maintain a healthy weight.
- Work with our partners to ensure that public spaces and workplaces support people to make the healthy choice more easily.
- Work alongside the actions set out in the poverty strategy to reduce food insecurity.

- Work with partners involved in food insecurity programmes to ensure that food aid and associated messages support a balanced diet.

A2.3 Age Well:

- Enable older people to access the support they need to achieve a healthy weight – for those who are both underweight and overweight.
- Work to reduce social isolation and enable older people to be physically active in their local community.
- Support older adults to be physically active by ensuring the provision and promotion of suitable activities.
- Embed physical activity into care pathways for those with long term conditions.
- Ensure the nutrition and hydration needs of older adults are met, reducing preventable malnutrition and dehydration.

A2.4 People needing additional support:

- Increase the number of people with a **learning disability** who receive an annual health check and ensure that healthy weight is included in health action plans
- Ensure that **children in care and care leavers** have access to and support to eat a balanced, nutritious diet
- Work with people in our most **deprived communities** to co-produce plans for their community to support achieving and maintaining a healthy weight
- Take action on the wider determinants of health that impact on healthy weight, such as **food insecurity**
- Support **pregnant women** to achieve an appropriate weight gain during pregnancy
- Support **pregnant women** to remain physically active during pregnancy, and to build up gradually if they aren't already active.
- Increase the number of **babies** who are breastfed
- Increase the uptake of **Healthy Start** vouchers and vitamins and the range of retailers where they can be redeemed
- Increase the number of **parents** who wait until their baby is 6 months old before introducing solid food

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