

# Healthy Weight Strategy 2023-2028

Blackpool Council



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## Foreword

Blackpool's life expectancy is poor and obesity-related illness and death linked to poor diets and sedentary behaviours continues to increase. We are at the tipping point where we need to take direct action to improve life opportunities for both our current and future generations. If current trends continue more people will die prematurely due to cancer, heart disease, liver disease and ill-health. Obesity also impacts negatively on our mental health, which in many cases starts from a young age and has life-long consequences and impacts. Being a healthy weight is one of the most effective ways to reduce the risk of long-term health conditions such as diabetes, heart disease and cancer.

We know the factors that contribute to weight gain are complex and that every individual is different in how they respond to these factors. Our behaviours and lifestyles are influenced and driven by the environment around us, the culture we live in and our ability to make changes. Over recent years eating out of home has increased significantly, and is unlikely to reduce. Therefore we need to find ways of living with this culture. Being overweight has been normalised and so it can be difficult to recognise being an unhealthy weight, which can make behavioural change difficult. We cannot change habits which have been developed over generations simply by telling people about the problem or by doing what we have always done.

Blackpool was the first local authority to sign up to the Local Authority Declaration on Healthy Weight back in 2016. Since then good progress has been made against the action plan. However, the work in this area slowed down during the pandemic, and so it is timely to reflect on what has been achieved and what actions still need to be taken in order to bring down Blackpool's obesity levels. On 14 November 2022 the Council reaffirmed its commitment to tackling obesity with the re-launch and signing of a new Local Authority Declaration on Healthy Weight.

The strategy is not a short-term fix and change is not going to happen overnight. It will be achieved through a range of approaches, interventions and partners working together to promote healthier lifestyles. This strategy, along with the declaration, provides the foundation for conversations and actions in health, education, business, the voluntary sector and the community. This strategy will build on the progress already achieved in promoting healthier lifestyles.

We will set our course of action and bring people, communities and partner organisations along for the journey.

## Summary

The strategy details Blackpool's obesity issues and provides information about why action is required and explores how different stakeholders and partners can contribute to tackling this agenda. This strategy will set out our five year vision, ambition and priorities. If we are going to take effective action to reverse our population's obesity levels we need to work together with partners in a whole systems approach, creating an environment that supports healthy choices and supports individuals to achieve and maintain a healthy weight and demonstrate a partnership approach to promoting healthy weight and tackling Blackpool's unhealthy weight issues.

Tackling obesity is not straightforward; there are many complex behavioural and societal factors which contribute to it. In recent years being overweight has become an adult norm which needs tackling, in addition to dealing with weight stigma and weight bias. The strategy's key focus will be on healthy weight and nutrition whilst linking with other strategies including Active Lives, Climate Emergency, Active Travel, Highways, Early Years and Infant Feeding etc.

The strategy aims to translate national policies into local action, whilst meeting the local population's needs based on robust evidence. The document will provide details of a whole systems approach to tackle obesity. This approach draws upon the complex behavioural and societal factors that contribute to causing excess weight and recognises the value of engaging with the local community to maximise local assets to achieve better results long-term.

The strategy's long-term ambition is to ensure that Blackpool's population and our future generations have the best start in life and live longer and happier lives. We need to encourage making a healthier choice the easy choice and for individuals to feel enabled to make positive lifestyle choices to sustain or maintain a healthy weight. We will work with partners and sectors to make changes to our food, physical activity and social environment to promote healthy weight.

The priorities are to:

- Support our children and young people in developing and growing to be healthy.
- Promoting healthier food choices.
- Provide food security for all Blackpool residents.
- Provide access to resources and information to help make those healthier choices.
- Promote and support active lifestyles.
- Support employers to encourage active and healthy workforces.

## The Causes and the Complexity of Obesity

Obesity is a major public health issue and the prevalence remains high for England and has been rising sharply over the past 30 years. It is complex, with many behavioural and societal factors that combine as causes of obesity. The government-commissioned Foresight Report, published in 2007<sup>1</sup>, looked in to the reasons for this and concluded that there was a “complex web” of factors at play. These included:

- Unhealthy diets.
- Low physical activity levels.
- Societal influences: media, education, peer pressure and culture.
- Individual psychology.
- Environmental.

The rapid increase in the number of obese people in the UK is a major challenge, with analysis by the government’s Foresight programme showing that over half of the UK adult population could be obese by 2050. The health impact of being overweight or obese on individuals and families in terms of ill-health places a significant burden on NHS resources. The direct cost to the NHS in 2006/07 of people being overweight and obese was £5.1 billion, and is expected to reach £9.7 billion by 2050.

The wider socio-economic impact is also a concern. Obesity impacts on employment opportunities and life chances in general, but employers bear the major cost. There are an estimated 16 million days of certified incapacity per annum directly obesity-related. No one is immune to obesity, but some people are more likely to become overweight or obese. The Marmot Review (January 2010)<sup>2</sup> highlights that income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese. Obesity can harm people’s prospects in life, their self-esteem and their underlying mental health.

Alongside the growing public sector burden there is an impact on local authorities, including the cost to social services for caring for housebound people suffering from obesity-related illness. The estimated annual social care costs to local authorities are an estimated £352 million. The wider indirect costs could be as much as £27 billion by 2025.

Although obesity is complex, it is a preventable condition with serious, far-reaching physical, psychological and social consequences affecting virtually all age and socioeconomic groups, with higher obesity levels found among more deprived groups. We know through the National Child Measurement Programme (NCMP) data that obesity prevalence in children is strongly correlated with deprivation and is highest in the most deprived areas. There is a steady rise in obesity prevalence with increasing deprivation for both Reception and Year 6 children. Key research shows that households/individuals who are in poverty or socially disadvantaged have worse dietary-related outcomes. Food poverty is more likely among those who have a low income, are unemployed, have a disability or are a member of a black or minority ethnic group.

The consequences of being overweight and obese are associated with an increased risk of developing a number of chronic diseases and conditions including type 2 diabetes, coronary heart disease, hypertension, stroke, asthma, depression and more.

Overweight or obese adults are less likely to meet physical activity recommendations. On average, obese people are more likely to take an additional four days sick leave per year compared to a person of a healthy weight.

In 1991 the UK government set the first obesity rate reduction targets for England. Since then, many strategies and policies have been published, yet 30 years later targets continue to be missed and obesity levels continue to rise. The most recent policy set out by the government is Tackling obesity: empowering adults and children to live healthier lives (England 2020). The strategy recognises it is one of the greatest health challenges and that COVID-19 has made

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<sup>1</sup> Foresight Tackling Obesities: Future Choices Project Report; October 2007

<sup>2</sup> Fair Society, healthy lives: the Marmot Review: strategic review of health inequalities in England post 2010: January 2010

this even more important. The paper discusses the need to follow the evidence and consider what more can be done to reduce the levels of obesity in England, but provides little steer as to the actions local authorities need to take.

There is no single solution to tackling such an ingrained problem and local action to promote healthy weight requires a co-ordinated approach to support change. Obesity is impacting on people's lives across the life course in relation to quality of life and risk of developing chronic disease. If action isn't taken the health of individuals will continue to suffer, health inequalities will continue and the socioeconomic costs will escalate.



# Key Principles and Approaches for the Healthy Weight Strategy

## Whole Systems Approach to Obesity

Tackling obesity is everyone's business – there is no one individual, group or organisation that can do this alone. In order to tackle this effectively we need an approach that involves the whole system, with action at an individual, environmental and societal level. There are many different perspectives on what a whole systems approach is. However, for the purposes of this strategy, it is about how we respond to the complexities of obesity through ongoing, dynamic and flexible ways of working. It is about enabling our partners and stakeholders, including the community, to come together, share an understanding of the reality of the challenge, consider how our local system is operating and identify the greatest opportunities for change. Strong communication and partnership working will enable a more comprehensive, holistic, and better co-ordinated approach to be developed and delivered.

We will work with our partners across health, social care, education, departments across the council, voluntary sector and community groups in order to achieve the strategy's ambition. To achieve this we will follow the key principles of our whole system approach:

- Provide strategic leadership and prioritise factors affecting healthy weight.
- Creating sustainable and productive partnerships across Blackpool.

## Local Authority Declaration on Healthy Weight

The Healthy Weight Declaration is a strategic council commitment to reduce unhealthy weight in local communities. It is about promoting healthy weight and improving the health and wellbeing of the local population as well as recognising that we need to exercise our responsibility in developing and implementing policies that can reduce the economic impact to health and social care and the local economy. The declaration was developed in partnership with Food Active and with public health colleagues across the North West. The declaration includes 16 commitments pledging to support improved policy and healthy weight outcomes in relation to specific council work areas. By signing the declaration the council is committing to:

- Keeping healthy weight a high priority.
- Enabling cross-departmental working and partnerships.
- Facilitating system leadership.
- Maintaining accountability.

In January 2016 Blackpool was the first local authority to sign up to a local authority declaration on healthy weight. In November 2022 the council reaffirmed its commitment to the declaration, recognising obesity continues to be a significant issue in Blackpool.

The 16 commitments are broken down into five key areas:

- Strategic/system leadership.
- Commercial determinants.
- Health promoting infrastructure and environments.
- Organisational change/cultural shift.
- Monitoring and evaluation.

## How we Define being Overweight or Obese

Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify being overweight or obese. The WHO definition is:

- A BMI greater than or equal to 25 is overweight.
- A BMI greater than or equal to 30 is obese.

BMI provides the most useful population-level measure of overweight and obesity; however, there are clinical limitations of BMI that should also be considered. BMI is a surrogate measure of body fat because it is a measure of excess weight rather than excess body fat. Factors such as age, sex, ethnicity, and muscle mass can influence the relationship between BMI and body fat. Also, BMI does not distinguish between excess fat, muscle or bone mass and does not provide an indication of the distribution of fat among individuals. Due to this, BMI should only serve as an initial screening tool to determine if someone is overweight or obese and other factors should be taken into consideration such as an individual's fat distribution, genetics, and fitness levels. However, BMI is a reasonable indicator of body fat for both adults and children.

## Food Poverty

Food poverty is a growing problem in the current economic climate. The use of food aid in the UK, particularly in the increased use of food banks has dramatically increased.

It is widely reported that individuals and families who experience food poverty are more likely to eat a diet that is unhealthy, characterised by food that is higher in saturated fat, salt and sugar. Additionally, they are more likely to eat processed foods that are both cheap and energy dense. Poor accessibility to affordable healthy foods, linked to a number of factors makes people who are already vulnerable more susceptible to experiencing food poverty. Factors such as closure of shops in deprived areas, out of town supermarket developments and poor transport links all contribute to poor access and affordability of healthy food.

Across England we know that:

- In 2020/21 7% of households experienced food insecurity. Across the North West it was 8% of households.
- Household food security was lower in households where the head is below the age of 65.
- Households with a gross income of less than £200 per week were least likely to be food secure.
- Single-adult households with children had low rates of household food security.
- Food insecurity is directly associated with poorer diet quality.
- Food insecurity is indirectly associated with a higher BMI via greater distress and eating to cope.

In Blackpool

- A quarter of Blackpool's children (under 16) live in relatively low income families.
- 38.6% are eligible for Free School Meals, significantly higher than the national average of 21%.
- Blackpool's average weekly earnings of £394 is the lowest in the country.
- The proportion of Employment and Support Allowance claimants (12%) is the highest in the country.
- Excess weight in adults and children is significantly higher than national averages.
- Blackpool has the highest density of fast food outlets in the country (outside the City of London).

## Weight Stigma

People who live with being overweight or obese often experience weight stigma – which refers to the discriminatory acts and thoughts targeted towards individuals because of their weight and size. Weight stigma results from weight bias, which refers to the negative ideologies associated with obesity – such as laziness, lack of willpower and unattractiveness<sup>3</sup>. This is sometimes reported in clinical settings; patients have shared experiences of receiving lower standards of care or missed diagnoses when medical professionals have made assumptions based on their physical appearance<sup>4</sup>. Those living with obesity often have limited agency over their weight, due to the large influence of their environment and personal circumstances and deserve equally compassionate and inclusive access to health and care,

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<sup>3</sup> World Obesity. Weight Stigma [online]. Available at: <https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma> [Accessed November 18 2021]

<sup>4</sup> Phelan et al. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity Reviews*, 2015.

as well as being valued equally in wider society. It is important to identify opportunities to eradicate weight stigma; this has been recognised by the Obesity Health Alliance in their Position Statement on Weight Stigma<sup>5</sup>.

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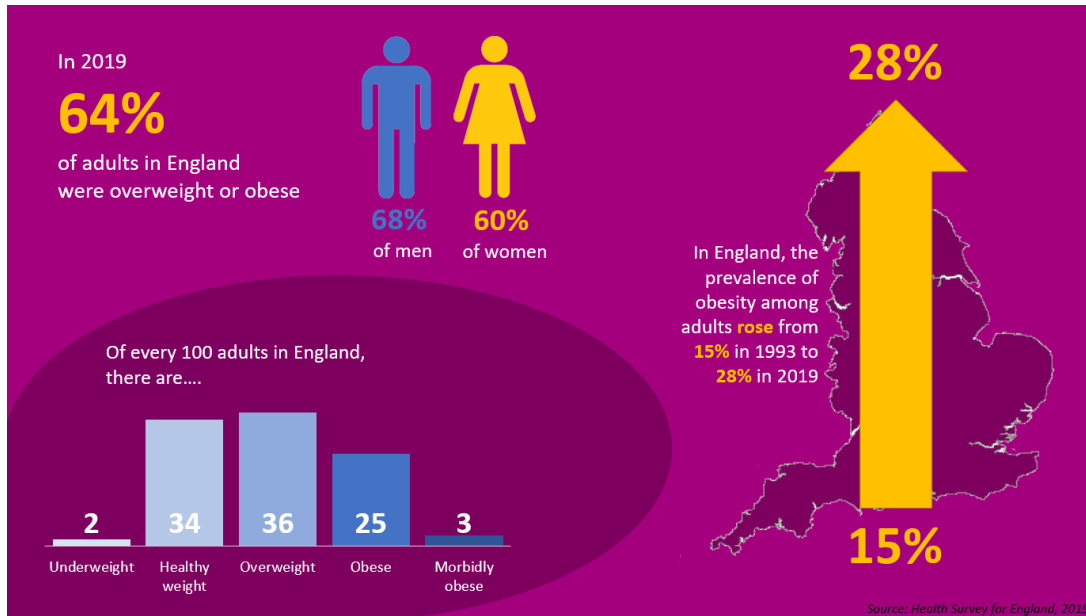
<sup>5</sup> Health Alliance. Weight Stigma – Position Statement [online]. Available at: <http://obesityhealthalliance.org.uk/wpcontent/uploads/2018/10/Weight-Stigma-Position-Statement.pdf> [Accessed 18 November 2021]

# Patterns and Trends of Obesity

## Adults

### Overweight and Obesity

The best indicator of obesity prevalence for adults (16+) comes from the Health Survey for England, which uses measured heights and weights to calculate body mass index (BMI). Data from the 2019 survey shows that out of every 100 adults in England:

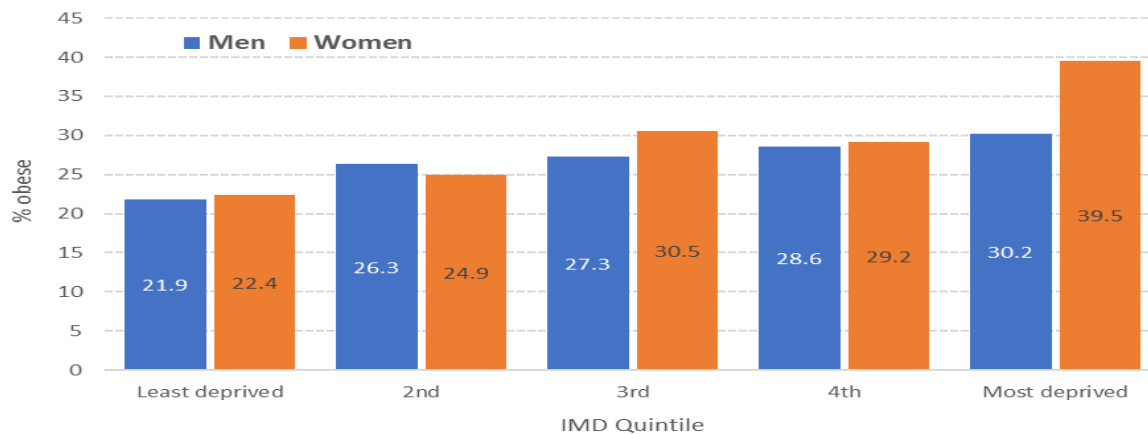


Source: PHE, Health Matters, Obesity and the food environment, 'Scale of the problem' infographic

- In England, obesity prevalence has been gradually increasing and is now almost double the rate it was 25 years ago. 28% of adults were obese in 2019 and obesity levels are similar for men and women.
- The proportion who are overweight has fallen slightly over the same period as more people have become obese. Severe obesity has also increased since 1993, with 2% of men and over 4% of women being morbidly obese in 2019, compared with fewer than 0.5% of men and just over 1% of women in 1993.
- In 2019, 27% of men and 29% of women were obese. Around two-thirds of adults were overweight or obese, this was more prevalent among men (68%) than women (60%).
- Obesity increased with age from just 13% of adults aged between 16 and 24, to 36% of those aged 65 to 74. It was lower among adults aged 75 and over (26%).
- Adults living in the most deprived areas are the most likely to be obese. This difference is particularly pronounced for women, with 39% of women in the most deprived areas being obese, compared with 22% in the least deprived areas.
- There were more than 1 million hospital admissions linked to obesity in England in 2019/20, an increase of 17% compared to 2018/19. Rates of obesity-related hospital admissions in the most deprived parts of the country are 2.4 times higher than in the least deprived areas.<sup>6</sup>

<sup>6</sup> The Kings Fund, Tackling obesity: the role of the NHS in a whole-system approach, July 2021

### Adult Obesity Prevalence by Deprivation Quintile, England, 2019

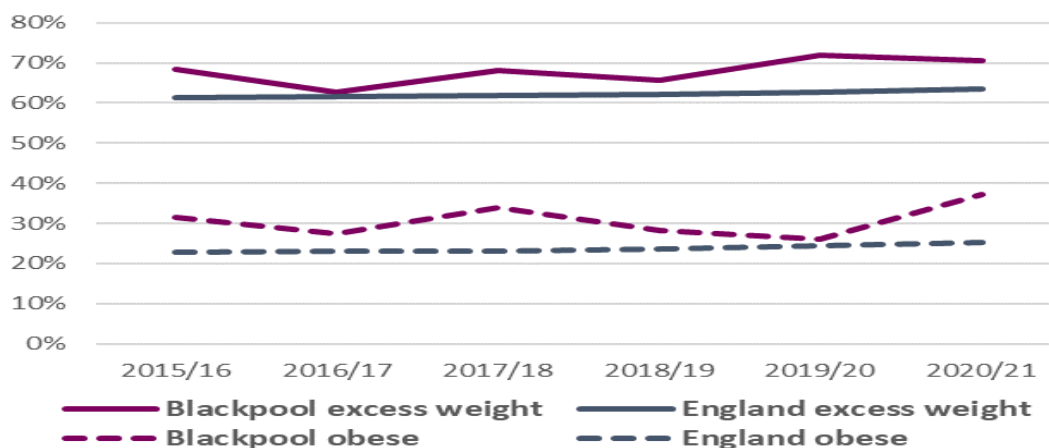


Source: NHS Digital, Health Survey for England 2019: Adult and child overweight and obesity

### Overweight and Obesity in Blackpool

The Sport England Active Lives Survey is the indicator for measuring the population levels of those who are overweight and obese (excess weight). Whilst Blackpool estimates for the periods 2016/17 to 2018/19 were only slightly above national and regional levels, the most recent published data (2020/21) estimates that **70.5%** of adults were overweight or obese; which is significantly higher than the estimated national average of 63.5% and equates to approximately 77,000 residents.

### Trend in Adult Excess Weight and Obesity, Blackpool and England



Source: OHID, Obesity Profile

- Trends in the proportion of obese (rather than overweight) showed a sharp upturn during the COVID-19 period and in 2020/21 over a third (37.2%) of adults in Blackpool were obese, compared to only a quarter nationally. This is approximately 40,600 people.
- Over 11,800 people in Blackpool have been diagnosed with diabetes, 8.2% of the population compared with 7.1% nationally.
- Since 2013/14 hospital admissions where obesity was a factor have been rising steadily across the country and far more quickly in Blackpool<sup>7</sup>. Blackpool recorded 3,620 admissions where obesity was a factor in 2019/20. This compares to 3,300 admissions the previous year. The admission rate was 2,623 per 100,000 population<sup>8</sup>

<sup>7</sup> Some (though not all) of this increase may be due to hospitals being more likely to record obesity as a secondary diagnosis than they were previously.

<sup>8</sup> NHS Digital, Statistics on Obesity, Physical Activity and Diet, 2021

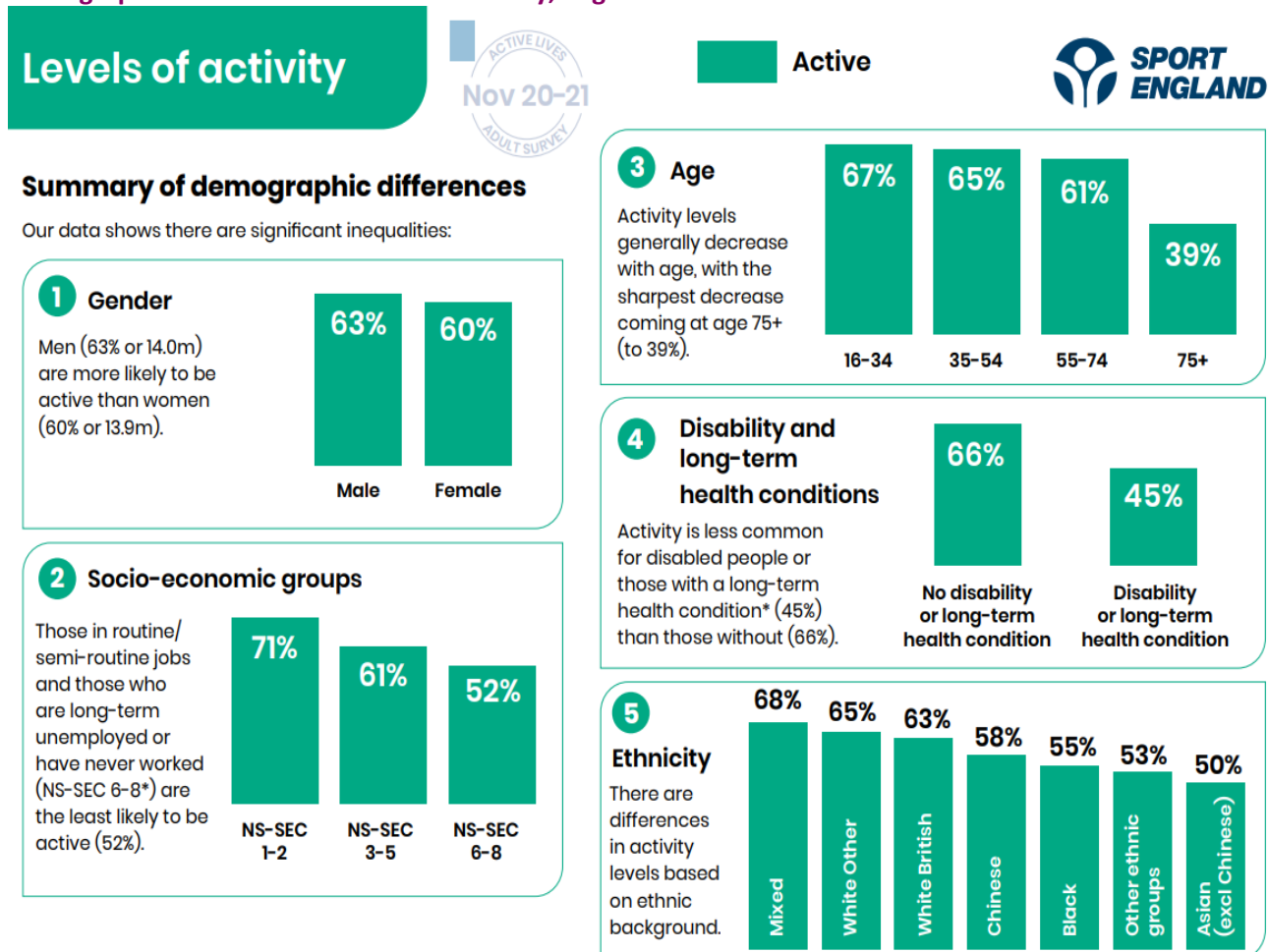
## Physical Activity and Healthy Eating

The coronavirus pandemic, which saw unprecedented restrictions applied to everyday life, has resulted in a clear drop in physical activity levels since 2018/19.

The drop in activity levels during the pandemic reflected the level of restrictions in place at the time. As restrictions eased in 2021 activity levels began to recover, with increases seen across the summer compared to 12 months earlier. Despite this, activity levels still remain below pre-pandemic levels across England.<sup>9</sup>

There are considerable inequalities in the levels of activity within separate groups of the population: females, the elderly, those with a disability or long-term health condition, those in lower paid jobs or unemployed and those in a minority ethnic group are all less likely to be active.

## Demographic Differences in Levels of Activity, England



Source: Sport England, Active Lives Adult Survey November 2020-21 Report, April 2022

From the Active Lives Survey we know that Blackpool has the second lowest level of physically active people in the North West.

<sup>9</sup> Sport England, Active Lives Adult Survey November 2020-21 Report, April 2022



Source: PHE, *Health Matters: getting every adult active every day*, July 2016

Whilst people’s diets may be improving in some areas, two-thirds of the population remain overweight or are living with obesity; poor diets remain one of the leading causes of disease such as cancer, heart disease and type 2 diabetes.



More than half of adults in Blackpool are not meeting the '5-a-day' target

- In 2019/20 just over half of all adults in England were eating the recommended five portions of fruit and vegetables a day.
- Fewer men than women consumed the recommended amount.
- Blackpool has the fourth lowest consumption rate of fruit and vegetables in the North West
- Only 44.7% meet the '5-a-day' target.

## Maternal Obesity

Increasing evidence suggests that maternal obesity is a major determinant of infant health during childhood and later adult life (Godfrey et al., 2017). The link between an overweight parent (particularly the mother) and obesity in children is well documented (Moraeus et al, 2014). It is also well documented that obesity and poverty often go hand in hand, with levels of equity and equality being intertwined – Blackpool is ranked the most deprived local authority in England.

- Obesity has become one of the most commonly occurring risk factors in pregnancy with 21.3% of the antenatal population being obese and less than half of pregnant women (47.3%) having a body mass index within the normal range<sup>10</sup>
- 28.5% of pregnant women in Blackpool are obese at the time of their booking appointment, the second highest rate in the North West and significantly higher than the national average of 22.1%.

Maternal obesity increases the health risks for both the mother and child both during and after pregnancy and it is recognised as a high impact area in tackling obesity nationally. There is a large body of evidence which links maternal obesity to adverse pregnancy outcomes. In the UK, the Centre for Maternal and Child Enquiries (CMACE) summaries the risk as follows:

<sup>10</sup> RCOG, Care of Women with Obesity in Pregnancy, November 2018

- Severe morbidity.
- Miscarriage.
- Cardiac disease.
- Spontaneous first trimester and recurrent miscarriage.
- Pre-eclampsia.
- Gestational diabetes.
- Thromboembolism.
- Post-caesarean wound infection.
- Infection from other causes, postpartum haemorrhage.
- Low breastfeeding rates.

There is little or no data about physical activity for pregnant women and there is a lot of poor advice from professionals and informally from peers about exercise in pregnancy. The NHS advice is the more active and fit you are during pregnancy, the easier it will be for a pregnant woman to adapt to their changing shape and weight gain. It will also help them cope with labour. It is recommended that a pregnant woman keeps their daily physical activity and exercise for as long as it is comfortable. Exercise is not dangerous for the baby and there is evidence that active women are less likely to experience problems in later pregnancy and labour. This chart provides advice to women on what is possible.



### Breastfeeding and Infant Feeding

The World Health Organisation recommends exclusive breastfeeding for the first 6 months of a baby's life, with continued breastfeeding, along with the introduction of appropriate complementary foods, up to 2 years of age and beyond.

The health benefits of breastfeeding for babies include: reduced chance of gastrointestinal, respiratory tract and ear infections; a reduced chance of developing eczema; a reduced chance of developing allergies; and reduced risk of cardiovascular disease in adulthood, as well as less likelihood of becoming obese. The health benefits of breastfeeding babies for mothers included reduced risk of developing certain ovarian and breast cancers, and a lower risk of developing diabetes and osteoporosis in later life<sup>11</sup>.

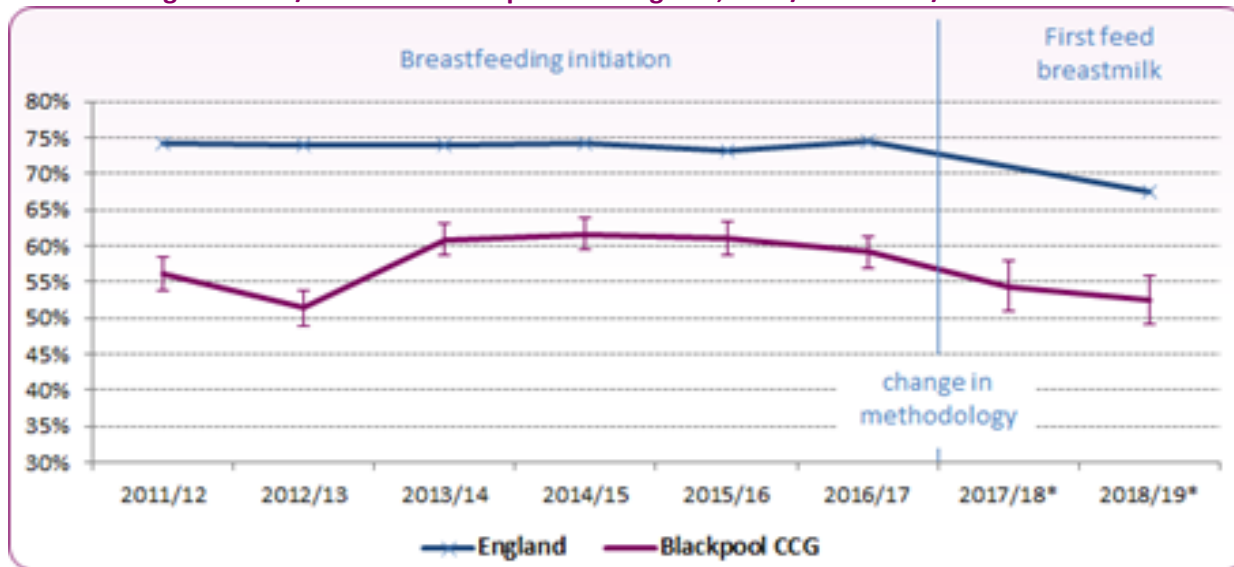
The chart below compares the rate of breastfeeding initiation/first feed in Blackpool and England. The breastfeeding initiation rate was relatively stable between 2013/14 and 2016/17, although significantly lower than the England rate. In Blackpool in 2016/17, 1,068 new mothers began breastfeeding, a rate of 59.1% compared to 74.6% across England as a whole. The new measurement from 2017/18 shows a lower proportion of babies receiving breast milk as their

RCOG, Care of Women with Obesity in Pregnancy, November 2018  
[.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/](https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/)  
<https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/>



first feed both nationally and locally. As of 2018/19, Blackpool's rate remained significantly lower than the England average, with 910 babies in 2018/19 receiving breastmilk as their first feed, a rate of 52.4% compared to 67.4% across England.

### Breastfeeding Initiation/First Feed: Blackpool and England, 2011/12 to 2018/19



Service data from the Better Start Partnership suggests that breastfeeding levels are lower in areas of higher deprivation, with breastfeeding initiation and continuation levels at 6-8 weeks, 3-4 months and 12 months all lower in Better Start target wards<sup>12</sup>.

Weaning, or the introduction of complementary food for babies, is also a concern. Whilst the NHS recommends the introduction of solid food from around six months of age, data collected through health visiting contacts would indicate that around half of parents in Blackpool commence weaning before this point, with around 10% commencing weaning prior to five months.

Breastfeeding and responsive feeding, as well as timely and appropriate introduction of complementary foods, will support the child to establish healthy primary appetite control in their brain, and train dietary habits which will allow individuals to make healthy food choices; these are key determinants of a healthy weight as outlined in the 2007 Foresight report.

## Children

### Overweight and Obesity

Studies tracking childhood obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.<sup>13</sup>

<sup>12</sup> See Blackpool Better Start (2022) Annual Dashboard Report, Year 7. Available at <https://blackpoolbetterstart.org.uk/reports-and-papers/>

<sup>13</sup> OHID, Obesity Profile

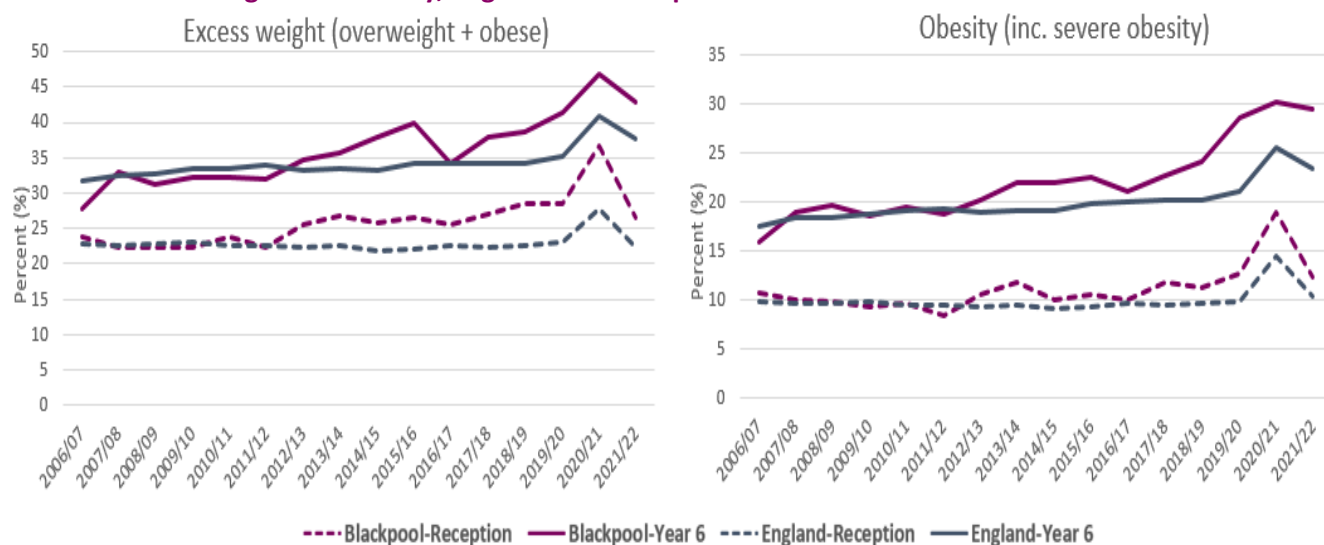
The National Child Measurement Programme (NCMP) collects annual measurements of the height and weight of over one million children in Reception (age 4-5 years) and Year 6 (age 10-11 years) in primary schools across England. NCMP data collected from England’s primary schools in 2021/22, reported by NHS Digital, shows across England<sup>14</sup>:

- In 2021/22, more than 1 in 5 children in Reception (ages 4-5 years) were overweight or obese (excess weight). Boys 23.2%, girls 22.5%, all children 22.9%
- In Year 6 (ages 10-11 years), almost 4 in 10 children were overweight or obese. Boys 40.9%, girls 34.6%, all children 37.8%.
- 1 in 10 children in Reception were obese, this includes 2.9% who were severely obese.
- This increases to almost a quarter of Year 6 children where 23.5% are obese, including 5.8% who are severely obese.
- Obesity rates are similar in both boys and girls at Reception age though slightly more boys are severely obese than girls.
- By Year 6, obesity and severe obesity rates are significantly higher in boys than in girls.

### Overweight and Obesity in Blackpool

The significant single-year increases in childhood obesity seen nationally in 2020/21 are reflected in Blackpool, which already had significantly higher than average levels of overweight and obese children. While rates in Blackpool have fallen back from the highs seen in 2020/21, rates of excess weight and obesity in Year 6 are still showing a rising trend. Rates of excess weight and obesity in Reception age children have fallen back in line with the pre-pandemic trend though are still significantly higher than the England average.

#### Trends in Excess Weight and Obesity, England and Blackpool

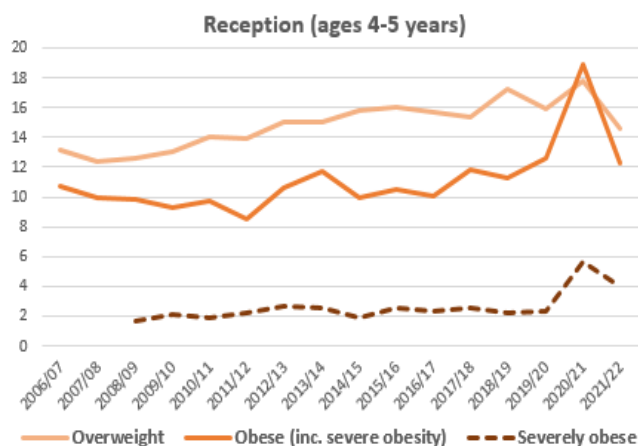


Source: OHID Obesity Profile

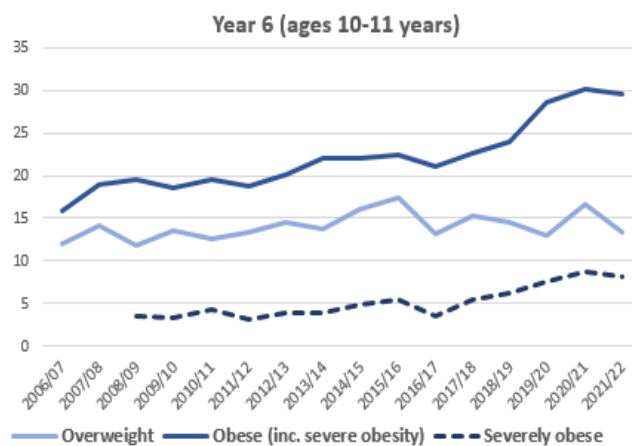
Blackpool has significantly higher rates of obese and severely obese children at both Reception and Year 6 ages. By Year 6 more children are obese than overweight and the proportion who are a healthy weight has dropped to just over half (56% in 2021/22).

<sup>14</sup> NHS Digital National, Child Measurement Programme, Provisional school year outputs, England, 2021/22 school year, May 2022

## Trend by BMI category, Reception and Year 6, Blackpool



Change 2019/20 to 2021/22	
Overweight ↓ 15.9% to 14.6%	Overweight (inc. obese) ↓ 28.6% to 26.5%
Obesity (inc. severe obesity) ↓ 12.6% to 12.3%	Severe obesity ↑ 2.3% to 4.0%



Change 2019/20 to 2021/22	
Overweight ↑ 12.9% to 13.4%	Overweight (inc. obese) ↑ 41.5% to 43.0%
Obesity (inc. severe obesity) ↑ 28.6% to 29.5%	Severe obesity ↑ 7.5% to 8.1%

Source: OHID Obesity Profile

The NCMP data collected from Blackpool primary schools in 2021/22, reported by NHS Digital and compared to pre-pandemic rates of 2019/20 shows:

### Reception:

- 185 (12.3%) children were classed as obese; this was slightly lower than the 2019/20 rate of 12.6%.
- This prevalence rate is significantly higher than the national average of 10.1%.
- 400 (26.5%) of the children measured were either overweight or obese (excess weight). This is a decrease from the 2019/20 rate of 28.6%.
- The prevalence of excess weight is significantly higher than the national average of 22.3%.

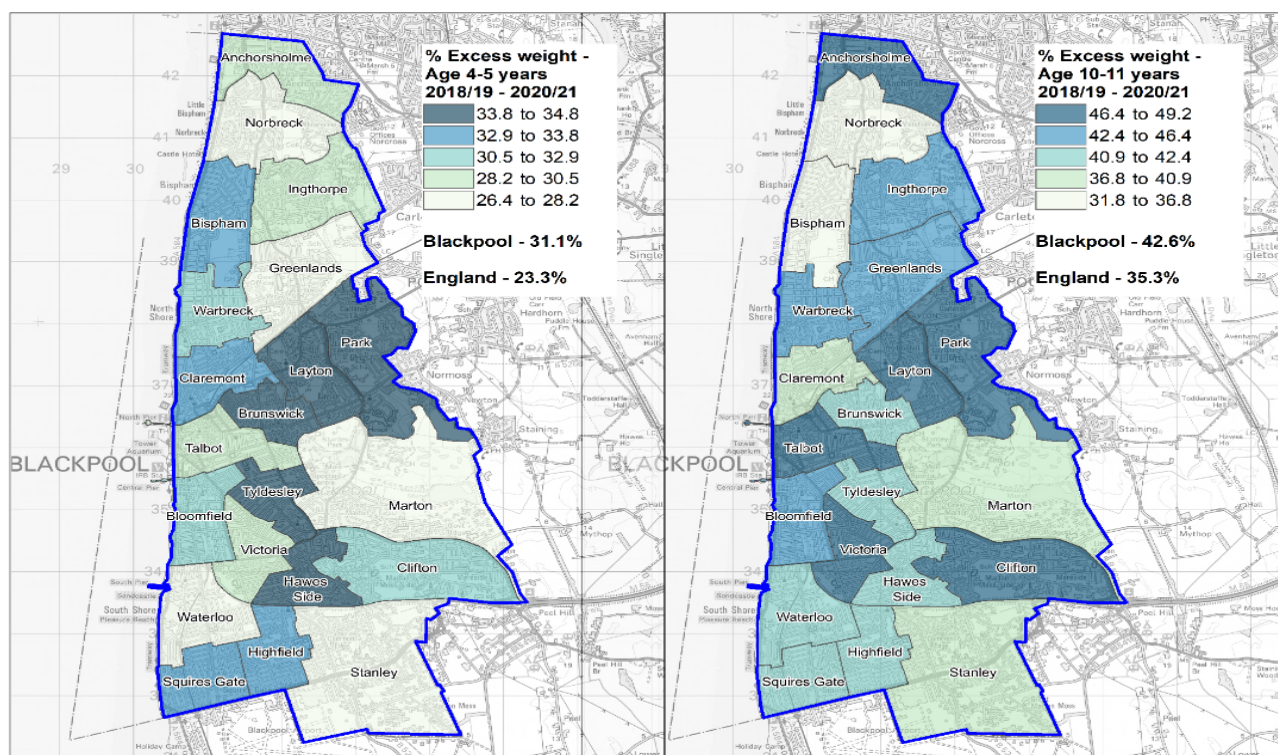
### Year 6:

- 440 children were obese, a prevalence rate of 29.5%, up from 28.1% in 2019/20.
- It is significantly higher than the national average of 23.4%
- Of the children measured, 640 (43.0%) were either overweight or obese. This is higher than the 2019/20 figure of 41.5%.
- Excess weight prevalence is significantly higher than the national average of 37.8%.

Combined data from the NCMP, 2018/19 to 2020/21, shows excess weight across the town does not follow the 'usual' pattern we have come to expect, with those areas in the centre of town having the worst outcomes. By Year 6 some of the highest rates of excess weight are in the more affluent areas.

Excess weight rates range from 26.4% in Norbreck to 34.8% in Tyldesley at age 4-5 years, and obesity rates range from 11.3% in Warbreck to 17.8% in Brunswick. Layton has the highest proportion (49.2%) of children with excess weight at Year 6 while Bispham has the lowest proportion (31.8%).

## Excess Weight in Reception and Year 6 children in Blackpool by Ward, 2018/19-2020/21



Source: PHE, Pupil Enhanced Dataset, Rates calculated locally (Blackpool JSNA)

### Physical Activity and Diet

The [UK Chief Medical Officers' Physical Activity Guidelines](#) for physical activity among under 5s and 5 to 18-year olds were refreshed in 2019, with the target for those aged 5-18 years to be physically active for an average of at least 60 minutes per day across the week. The number of children and young people who were physically active fell during the 2019/20 academic year in England, as the coronavirus (COVID-19) pandemic restricted the activities available.

Data from Sport England shows children and young people were generally successful in adapting their habits to include new forms of exercise. However, the types of activity available changed drastically. Not surprisingly, sporting activities (which include team sports and swimming) were hardest hit, down 16% with just over 1 million fewer children and young people taking part, whilst the biggest gains were found in walking, cycling and fitness.<sup>15</sup>

- Active Lives data for the 2020/21 academic year (which includes the COVID-19 period) suggests that 35.5% of 5-16 year olds in Blackpool met the 60 minutes per day average activity guidelines, significantly lower than the 44.6% national level.
- 40.5% of children and young people in Blackpool were inactive, doing less than 30 minutes per day, compared to 31.3% nationally.
- This equates to approximately 5,900 of the 5-16 year olds in Blackpool meeting CMO-recommended activity levels, with 10,600 below that level (6,600 of whom are active for less than 30 minutes per day).



Only 35.5% of Blackpool's school children meet CMO recommended activity levels

<sup>15</sup> Sport England, Active Lives Children and Young People Survey, January 2021

## Evidence Base for Action

The National Institute for Health and Care Research (NIHR) undertook a themed review in 2022 to look at how local authorities could reduce obesity in the local area. The purpose of the review is to help and support local decision-making by ensuring investment decisions can be based on sound evidence, maximising the impact of stretched resources. The review identified 143 NIHR funded studies on obesity that were relevant to local authorities. The studies that were reviewed were:

- System-wide approaches.
- Weight management programmes.
- Built and natural environments.
- Active travel and public transport.
- Active workplaces.
- Preventing obesity in children and families.
- Healthy Schools.
- Public sports and leisure services.
- What people buy and eat.

The review drew on the breadth of NIHR research relevant to obesity, consultation with staff at local councils and national organisations, as well as feedback from a group of practitioners, researchers and members of the public. Through this work it was possible to identify evidence-based actions that local authorities, working with local partners, could take to reduce obesity in the communities. The key themes were:

- Investing in active travel, infrastructure, community sport and physical activity.
- Influencing behaviour from childhood.
- Supporting people living with obesity.
- Strategies that reflect societal shifts e.g. in the workplace.
- Reducing excess calorie consumption.
- Local actions to support system-wide approaches.

The research concluded that the context in which local authorities operate – levels of deprivation, resources, urban and rural geography, and other competing priorities locally – influences the approaches that can be taken to prevent obesity. National initiatives such as taxes or other regulatory changes are important. Supporting people to maintain a healthy weight requires action on many levels: individual, organisational, across whole systems locally and nationally.

Guidance providing evidence-based recommendations on how to curb the rising tide of obesity is published by The National Institute for Health and Care Excellence (NICE) and has and will continue to be used to inform and plan local services. These guidelines are also supported by other guidance published by NICE which are also relevant to obesity<sup>16</sup>:

- Obesity: working with local communities (PH42).
- Weight management before, during and after pregnancy (PH27).
- Preventing type 2 diabetes – population and community interventions (PH35).
- BMI and waist circumference (PH46).
- Managing overweight and obese adults through lifestyle weight management services (currently in draft format).
- Managing overweight and obese children and young people through lifestyle weight management services (PH47)
- Behaviour change: individual approaches (PH49).

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<sup>16</sup> NICE (2006) Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. December 2006.

## Food Insecurity

The Index of Deprivation (2019) highlights Blackpool in having 8 out of the 10 most deprived wards in the UK, with 7,800 children living in poverty. Unemployment is high and a large percentage of employment is seasonal, meaning people are on minimum wage and/or temporary contracts. The Child Poverty Framework highlights that the seasonal low pay nature of Blackpool's economy exacerbates social deprivation. Fluctuating income levels and a lack of access to affordable credit also increases the day-to-day financial problems of families. The cost of living crisis is hitting homes across the town hard.

During the winter of 2022/23, individuals were making the difficult decision between choosing to keep food on the table or heat their homes. Individuals with children are prioritising their children's health, keeping the house warm and making sure the children eat, whilst skipping meals themselves, simply because they cannot afford the food. The rising cost of living has had a significant impact on the number of people being referred to the services Blackpool Food Bank supports. From all available analysis, this is not expected to end soon. There is a concern from experts that energy costs may not fall to pre-Ukraine war levels until the year 2030. This could potentially have a lingering impact on the communities we serve for some time to come.

As a result, Blackpool Food Bank is experiencing an increasing demand for food. In 2022 there was a 24% increase in demand for crisis family parcels, and an increase of 50% for single crisis parcels. This trend continued into 2023.

In October 2022 Blackpool Food Bank launched The BIG FOOD Pledge, an initiative where there is engagement with local authorities, NHS, businesses, suppliers, manufacturers and wholesalers to access food at the back of the supply chain which would end up in landfill or as animal feed. The latest statistics from WRAP (Waste and Resources Action Programme) state that over 9.5 million tonnes of food are wasted in England each year.

## Climate Change

### Food Security and Climate Change

Climate change and food are connected in a variety of ways, leading to food insecurity threats globally<sup>17</sup>. This is due to rising temperatures leading to increased heat stress which shrinks fresh water supply and changes weather patterns causing crops to fail and allowing for crop-related pests and diseases to persist<sup>18</sup>. These crop failures push up food prices, disproportionately affecting people in deprived living situations. These rises in food costs can be amplified in difficult economic periods, such as the current cost of living crisis. The Intergovernmental Panel on Climate Change (IPCC) found in their climate vulnerability report that; "In the next 30 years, food supply and food security will be severely threatened if little or no action is taken to address climate change and the food system's vulnerability to climate change"<sup>19,20</sup>

### Food Production and Climate Change

All stages of the food production cycle; ranging from growth through to disposal, create emissions that contribute to climate change<sup>21</sup>. A third of all human-caused greenhouse emissions come from food production, second only to the energy sector.<sup>22,23,24</sup> The largest part of these emissions come from agriculture and land use practice, the rest comes from transportation, packaging and wastage of food<sup>25</sup>. Food type bears a huge factor in how many emissions are created and released through its production. Animal based products account for 57% of food production emissions

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<sup>17</sup> Climate Explainer: Food Security and Climate Change (worldbank.org)

<sup>18</sup> The World's Food Supply is Made Insecure by Climate Change | United Nations

<sup>19</sup> IPCC — Intergovernmental Panel on Climate Change

<sup>20</sup> The World's Food Supply is Made Insecure by Climate Change | United Nations

<sup>21</sup> Food and Climate Change: Healthy diets for a healthier planet | United Nations

<sup>22</sup> Climate Explainer: Food Security and Climate Change (worldbank.org)

<sup>23</sup> Food and Climate Change: Healthy diets for a healthier planet | United Nations

<sup>24</sup> <https://wrap.org.uk/taking-action/climate-change/circular-economy>

<sup>25</sup> Food and Climate Change: Healthy diets for a healthier planet | United Nations

and plant based products account for 29%<sup>26</sup>. Food production is also the biggest methane emitter and the largest cause of biodiversity loss in the world<sup>27</sup>.

### **The Health Risks of Climate Impacts on Food Provision**

The Food Standards Agency has noted that climate change is linked to food production in the following ways: food availability and security, food safety risks and for its role in mitigating climate change<sup>28</sup>. They have invested in research surrounding food safety risks caused by climate change<sup>29</sup>. The World Health Organisation also agrees that food security and safety are the biggest direct implications climate change will have on human health through food<sup>30</sup>.

### **Food Production and Climate Adaptation**

The World Business Council for Sustainable Development has the following suggestions for food production to adapt to climate change:<sup>31</sup>

1. Habitat restoration.
2. Agroecological methods.
3. Crop diversification.
4. Reducing food waste.
5. Healthy sustainable diets.

These recommendations can work in a local context to increase food security by:

- Increasing the opportunity to increase community growing schemes, which use sustainable methods to reduce emissions creation and pollutants.
- Increasing access to healthy sustainable diets and opportunity to reduce food waste and increase the efficiency of food dispersal.

This will allow for fresh food to be dispersed to those in food poverty and also increase the independence of growers and access to locally grown healthy food.

### **The Role of Healthy Eating in Reducing Emissions**

For food-created emissions to be reduced, a producer to consumer approach is essential<sup>32</sup>. This can be supported by a shift towards making the provision of plant-based diets easier for the consumers. According to the UN, what you eat is more important than the food miles or packaging, as the higher emissions rates come from agriculture practices<sup>33</sup>. They suggest that eating healthier meals, which contain a higher percentage of vegetables, is the best way consumers can reduce their food emissions, in tandem with reducing food waste and composting<sup>34</sup>. The World Business Council for Sustainable Development also recommends healthy, plant-rich diets as a way to adapt to climate change impacts on food security<sup>35</sup>. Not only would this impact how the agricultural system works it would also have positive impacts for the health care system. According to the UN Environment Programme report, it would make \$1.285 trillion available annually by 2030 and \$1.92 trillion by 2050<sup>36</sup>.

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<sup>26</sup> Here's How Much Food Contributes to Climate Change - Scientific American

<sup>27</sup> Climate Explainer: Food Security and Climate Change (worldbank.org)

<sup>28</sup> Climate change | Food Standards Agency

<sup>29</sup> Climate change | Food Standards Agency

<sup>30</sup> <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

<sup>31</sup> Strengthen global food systems to help climate adaptation - World Business Council for Sustainable Development (WBCSD)

<sup>32</sup> Food and Climate Change: Healthy diets for a healthier planet | United Nations

<sup>33</sup> Food and Climate Change: Healthy diets for a healthier planet | United Nations

<sup>34</sup> Food and Climate Change: Healthy diets for a healthier planet | United Nations

<sup>35</sup> Strengthen global food systems to help climate adaptation - World Business Council for Sustainable Development (WBCSD)

<sup>36</sup> <https://www.undp.org/publications/undp-issues-brief-resilient-food-and-agriculture>

## The Role of the Circular Economy in Increasing Food Security

The Ellen McArthur Foundation states that “Changing our food system is one of the most impactful things we can do to address climate change, create healthy cities, and rebuild biodiversity.”<sup>37</sup> This can be achieved in the following ways<sup>38</sup>:

1. Sourcing food grown regeneratively, and locally, where appropriate.
2. Designing and marketing healthier food products.
3. Making the most of food.

This can be achieved through circular economy thinking, as by nature a circular economy system is waste adverse and regenerative in its approach. Circular food would create a regenerative food cycle which increases food security.

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<sup>37</sup> <https://ellenmacarthurfoundation.org/food-and-the-circular-economy-deep-dive#:~:text=A%20circular%20economy%20for%20food%20mimics%20natural%20systems,the%20soil%20in%20the%20form%20of%20organic%20fertiliser.>

<sup>38</sup> Sourcing food grown regeneratively, and locally where appropriate  
Designing and marketing healthier food products  
Making the most of food



## What is happening in Blackpool (2023)

Blackpool has shown a commitment to tackling obesity through the Local Authority Declaration on Healthy Weight, which was originally signed in January 2016 and re-signed in November 2022. Following the signing of this declaration the council has worked hard to tackle the issue of obesity within the town and a range of activities, interventions and work have been undertaken, which are detailed below:

### Children and Families Weight Management – Making Changes

This service is delivered by Active Blackpool and has run for a number of years to support the findings of the NCMP programme. Its aim is to manage and deliver effective weight management services to those children identified as being overweight or obese by the NCMP and support the families to achieve sustained long-term movement towards a healthier weight. The service aims to improve the knowledge and skills of children and families around healthy eating and physical activity, in order to enable them to use these skills to make and sustain healthy lifestyle choices. The service will use and develop innovative methods to achieve this where appropriate and is aimed at children aged 4-11 years old and their families.

### Tier 2 Adult Weight Management Programme

This service is jointly commissioned between Active Blackpool and Blackpool Football Club Community Trust and aims to manage and deliver effective weight management services to adults in order to enable sustained long-term movement towards healthier weight. The service aims to improve a participant's knowledge and skills around healthy eating and physical activity so that they can use these skills to make and sustain healthy lifestyle choices.

### Healthier Choices Award

This is an award scheme that is available to Blackpool food establishments with a food hygiene rating of 3 or above. The Healthier Choices Award is all about giving customers healthier food options by making simple changes to the way food is prepared and cooked.

### Junior Healthier Choices Award

This is an award scheme which is available to Blackpool food establishments with a food hygiene rating of 3 or above. The award is about local businesses committing to welcoming breastfeeding and bottle feeding on their premises and to offer smaller portions of healthier choice menu items that are appropriate for infants.

### Be Kind to Teeth Campaign

Working in partnership with Food Active and the Blackpool Better Start partnership, this is a campaign for the town to promote healthier drink options for the under 5s. The aim is to encourage parents and carers to give only water and milk to babies and children, as well as raising awareness of the health risks associated with consuming sugary drinks.

### Give Up Loving Pop (GULP)

This campaign was created by Food Active, a collaborative healthy weight programme commissioned by the North West Directors of Public Health and delivered by the Health Equalities Group (HEG), Liverpool. The aim of this campaign was to raise awareness around the health effects of excessive consumption of sugary drinks

### Free School Breakfast

Blackpool Council offers all primary school pupils, from Reception through to Year 6, attending state funded schools in Blackpool a free, healthy breakfast at the start of the school day, compliant with the School Food Guidelines. This scheme is based on the evidence of effectiveness from the US federally assisted School Breakfast Program showing that children who eat a school breakfast are less likely to be underweight, more likely to have improved nutrition, and the program does not contribute to obesity. Local evaluation work has suggested that free school breakfasts are already making a positive difference to Blackpool children's eating habits.

## **Holiday Activities Food Programme (HAF)**

The Blackpool HAF is funded by the Department for Education and provides healthy food and activities for eligible children who receive free school meals. There are a range of providers delivering a wide variety of activities, health and nutrition information, and free healthy meals each day to children and young people during the school holidays.

## **Fit2Go**

Fit2Go is a programme for Year 4 children to increase physical activity and promote healthy lifestyles, including healthy eating.

## **Holistic Infant Feeding Service**

Blackpool will take a whole-system approach to infant feeding. In addition to the existing universal offer and services from Midwifery, Health Visiting, Neonatal and Family Hubs, we currently commission Anya (a digital pregnancy, parenting and infant feeding support mobile phone app) and the HENRY Infant Feeding Team. We currently commission HENRY to run an infant feeding service that supports women who breastfeed, in addition to supporting safe and responsive bottle feeding. The service is funded through Blackpool Better Start and also offers training to inform and improve practice in the workforce. HENRY also run starting solids workshops around the town to encourage a timely and healthy introduction to solid foods when a baby reaches six months of age. We will look to expand this offer with Start for Life funding from 2023, with a concentration on uptake and initiation of breastfeeding by enhancing the infant feeding support in the antenatal period and a Breastfeeding Welcome Scheme across the town.

## **Healthy Start Scheme**

In Blackpool we have a clear strategy to support parents signing up to the Healthy Start Scheme, thus increasing the consumption of healthy foods for our most vulnerable families. Working collectively (Better Start Community Connectors, Midwifery, Family Hubs, Health Visiting) have managed to increase uptake in the year 2022-2023 despite a number of national issues with accessing the benefit. Blackpool currently has the fourth highest uptake in England (February 2023) with 72% of eligible parents accessing the scheme. A continued focus on data and communications will support an increased and sustained access rate over the coming year.

## **Business Health Matters**

The Business Health Matters programme supports local businesses in improving the physical and mental health of their employees so that staff are happier, healthier and more resilient. Healthier working-aged individuals, who are given opportunities to upskill, remain in employment and live longer, happier lives. Businesses benefit from this with increased productivity and sustained workforces, resulting in reduced absence costs and lower staff turnover rates.

The programme breaks down into three main projects:

- Workplace Health Champion training
- Health Checks
- Wellbeing packages

## **Active Travel**

Active Blackpool has encouraged and enabled modal shift by teaming up with Living Streets, Cycling UK, Love to Ride, Blackpool Police, Team Rubicon, and offered grant funding to businesses to buy improved cycle storage to encourage their staff to actively travel to work.

**Living Streets** has been delivering three initiatives in Blackpool; WOW – The Walk to School Challenge for primary schools, Next Steps for post-primary/FE settings and Walking Works for workplaces. WOW is being delivered at 20 schools, and it is anticipated to be implemented in a further 12 subject to further funding. We have launched Next Steps at three secondary schools/further education settings and have recently increased the target from three post primary settings to six. Also, Walking Works has been launched with five workplaces and a 'Pledge event' held at two businesses and three colleges.

**Cycling UK** has provided funding to run 21 'Big Bike Revival Events' consisting of Fix events where people bring their bikes to be repaired and learn how to fix them for future maintenance, as well as Learn to Ride where people learn how to cycle and rides where participants are taken on an LED bike ride.

Funding was secured through Cycle UK to appoint a Cycling Development Officer in December 2021. The purpose of the role is to deliver and monitor Cycling UK Development and Behaviour Change projects to meet the need of the local community. The programmes are designed to reach diverse audiences and include Community Cycling Clubs, Big Bike Revival and Cycle for Health.

**Team Rubicon** - Active Travel has teamed up with Team Rubicon, which delivers skateboarding and scooter coaching sessions in schools. This was rolled out to eight schools and the uptake was good with a lot of children buying skateboards after the sessions to carry on at home. Further funding was secured to run this in a further eight schools in June 2023.

**Sports 4 Champions** - The Active Travel Officer has been going into schools alongside the sports coaches when delivering Sports for Champions. Sports for Champions is a Sport Blackpool initiative aimed at Year 6 children, delivered in primary schools. The six week programme is designed to positively engage children in sport and physical activity opportunities, educating them in the importance of maintaining a healthy lifestyle through diet and physical activity.

**Love to Ride** is the online platform that gets more people cycling. It runs quarterly events to encourage, incentivise and reward riding. They have engaged over 415,000 people and 25,000 workplaces worldwide, helping 73,000 people to get back on their bikes. Active Blackpool has recently started a partnership with Love to Ride to run a local Blackpool initiative.

This is not an exhaustive list of Blackpool activity, but provides an overview of the interventions/actions that are currently taking place. All initiatives are assessed and evaluated to establish if they are achieving the agreed outcomes. If interventions are not working they are reviewed, adapted and, if necessary, cancelled.

### **Active Blackpool Referral Scheme**

The Active Blackpool Referral Scheme is designed to help people with health conditions to start exercising safely. Health professionals can refer suitable patients to the scheme to take part in physical activity sessions to receive advice and support, helping them to overcome barriers to exercise and to improve their health and quality of life.

In addition to the work highlighted here, there are a range of strategies and work in place that supports this agenda, including:

- Active Lives Strategy 2020-2025
- Oral Health Strategy.
- Climate Emergency Action Plan.
- Fylde Coast Local Cycling and Walking Infrastructure Plans (LCWIP).
- Green and Blue Infrastructure Strategy.
- Local Transport Planning.

## The Vision

We want our residents to be able to make healthy choices from pre-birth and throughout life; starting with healthy pregnancy and breastfeeding, and continuing through key life stages to a healthy and active old age.

In order to achieve this, we need to make healthier choices the easy option and for individuals to feel enabled to make positive lifestyle decisions which will help them to sustain or maintain a healthy weight. To achieve this we will work together with a range of partners to ensure that food, physical activity, and the economic, environmental and social environment promote healthy weight.

## The Ambition

Tackling being overweight or obese will require the involvement of a range of partners, including the local authority, NHS, private sector and the voluntary and community sectors. To ensure this strategy's effective delivery, all partners will need to build on the existing work and continue to work as a whole system to affect change. Due to the complex factors at play, the problem will not be reversed by any single approach. The success of this strategy will depend on changing many aspects of our population's lives and the current environment in which we live, work and play, which encourages obesity-related behaviours.

Strong communication and partnership working will enable a more comprehensive, holistic and better co-ordinated approach, which will mean a more proactive and effective approach to tackling this issue. We must ensure that our residents and communities are at the centre of all that we do so that we maximise opportunities to co-produce solutions and identify the reality of any barriers to access to, for example, healthier food choices or physical activity opportunities.

This strategy provides a framework and vision for all partners to contribute and identify their role in the healthy weight agenda.

## Our Priorities

- Supporting our children and young people to develop, grow and to be a healthy weight.
- Promoting healthier food and exercise choices across the town.
- Help to provide food security for all Blackpool residents and enable them to manage and prepare food to provide nutritious meals cost effectively.
- Ensuring people have access to the right information and resources to make healthy choices that support effective weight management.
- Promote and support active lifestyles to encourage the population to move more, including the use of public transport, cycling, and walking.
- Building healthier workplaces that support employees to move more, and to make healthier choices, including active travel, to support employees making healthier choices.

## The Outcomes

- Reduction in health inequalities that arise from being overweight or obese.
- Reduction in demand on health and social care that arise from conditions/issues related to being overweight or obese.
- Fewer people with longer-term conditions as a result of excess weight.
- Changes in the local activity and food-related environment such as changes to travel, town planning etc. to address the obesogenic environment.
- Improved offer of healthy food provision/options in public sector settings.
- Expand the number of local businesses achieving the Healthier Catering Award.
- Reduce the number of children arriving at primary school overweight or obese.

- Reduce the upward trend of overweight and obese children between Reception to Year 6.
- Increased breastfeeding rates, initiation and duration.
- Increased number of babies receiving solid foods at the recommended six months of age.

## Governance and Accountability

We will use the Food Active Healthy Weight Declaration monitoring and evaluation toolkit ([Food Active | Healthy Weight Declaration Support Pack Update](#)) to assess progress against the aims and objectives of the strategy. A Blackpool Healthy Weight Strategy metrics system has also been established so that we can see if what we are doing in the delivery of this strategy is having a positive impact on key performance indicators associated with healthy weight (see Appendix 1).

The Healthy Weight Strategy Group will develop a detailed action plan and agree milestones and timescales for achievement. This will be monitored by the group and progress reported to the Health and Wellbeing Board. Terms of Reference are detailed in Appendix 2 but include key partners across the council, public and voluntary sector.

## The Action

Within each of the priorities there are a number of proposed action areas, which will require a cohesive response from key stakeholders, partners and the community.

### Priority 1: Supporting our children and young people develop, grow and to be a healthy weight

#### Breastfeeding

- Support the development of the Lancashire Infant Feeding Strategy and its implementation in Blackpool.
- Support the work towards the Baby Friendly Initiative Accreditation across the town.
- Support the work to increase the Family Hub team capacity to deliver on infant feeding support and to build a sustainable model.
- Support the expansion of the HENRY programme through Best Start in life and Family Hub programmes.

#### Food provision in schools and early years settings

- Work with schools to ensure they are meeting the School Food Standards and continue to improve the standard of school meals through the effective implementation of the School Food Plan and ensure early years settings are aware of the Early Years guidance.
- Bring Bite Back 2030 to Blackpool schools to give children a voice and create discussion about positive action around good nutrition.
- Ensure the free school breakfast scheme meets the needs of the population and continues to offer a healthy start to the school day.
- Work with schools to understand the dining culture and consider how the grab and go culture could be improved.

#### Food Poverty

- Increase the uptake of the Healthy Start scheme and Healthy Vitamins and encourage parents to take up the offer and identification of Health Champions for Healthy Start across the Community Connectors.
- Work with schools, children and families to increase free school meal uptake, de-stigmatising the initiative and ensuring the process is simple and easy to follow.
- To take opportunities to shape and influence National Policy.

#### Weight Management

- Ensure a proactive approach to the National Child Measurement Programme (NCMP) so parents are supported and know where they can get advice and support for their child/young person.
- Educating families to help break the cycle and set healthy foundations for the next generation.

- Ensure that all health and care professionals are aware of the healthy weight initiatives and are signposting and referring to services.
- Ensure that all schools and associated health professionals are aware of the Active Blackpool Weight Management Programme that are relevant to children and young people.

### **Physical Activity**

- Provide a Holiday Activities Programme (HAF).
- Encourage all schools to work closely with the Blackpool school games organiser and to positively engage in the physical activity opportunities available to them.
- Ensure all early years providers are aware of the physical activity guidelines from birth to five.

## **Priority 2: Promoting Healthier food and exercise choices across the town**

### **Healthier Food Advertising**

- Work with colleagues across the council to explore how we might limit junk food advertising.

### **Healthier Choices Award**

- Promotion of the award schemes to local businesses and encourage existing award holders to continue offering healthy options.
- Consider ways of developing the award to increase the number of premises receiving the award.

### **Sustainable Food**

- Ensure planning policies support the reduction of hot food takeaways.
- Encourage local groups to start community food growing spaces.
- Children and young people and their parents or carers see healthy food and drink choices displayed prominently in local authority and NHS venues.

## **Priority 3: Help to provide food security for all Blackpool residents and enable them to manage and prepare food to provide nutritious meals cost effectively**

### **Food Poverty**

- Increase access to healthier foods in deprived areas by working with smaller corner shops to improve their fresh fruit and vegetables offer.
- To access healthier food through the Big Food Pledge and working with the Blackpool Food Partnership to develop healthier food packs and recipe cards.

### **Community Food Provision**

- Development of food growing communities and cooking classes.
- Encourage eating together as it provides us with more opportunities for social contact through food, building family unity and tackles loneliness by bringing communities together.

## **Priority 4: Ensuring people have access to the right information and resources to make healthy choices that support effective weight management**

### **Campaigns**

- Develop a town-wide approach to local promotions of campaigns such as Give up Loving Pop, Be Kind to Teeth, Change4Life etc.

### **Health Education and Skills**

- Take learning about infant nutrition into schools.
- Continue to offer education in schools on healthy lifestyles such as Fit2Go and Sports for Champions.
- Maximise the opportunity for residents to have access to an expanding set of accredited health apps and digital information services to self-manage their physical activity levels and nutrition.

- Ensure all members of the health, care and social care workforce have the knowledge and skills to embrace the opportunities of evidence-based and approved lifestyle information.
- Maximising the use of social media to share evidence-based and approved information.
- Ensure that all schools and associated health professionals are aware of the Active Blackpool Weight Management Programme that are relevant to children, young people and adults.

### **Service and Community Programmes**

- Increase access to weight management services by offering free access to commercial services to those who cannot afford to access such schemes, running a targeted pilot to evaluate such a scheme's effectiveness.
- Increase access to physical activities and encourage individuals to move more by offering free access to exercise on referral.
- Identify actions needed within the adult social care sector to help with later life healthy weight.
- Ensure that all schools and associated health professionals are aware of the Active Blackpool Weight Management Programme that are relevant to children, young people and adults.
- Development of the health coach role, which will work closely with social prescribers and GPs to support individuals who have been referred to Tier 2 services, providing support to those awaiting specialist weight management services; and supporting individuals with lived experiences on exit from specialist weight management services.

### **Priority 5: Promote and support active lifestyles, encourage the population to move more including using public transport, cycling and walking**

#### **Active Travel**

- Provide appropriate and timely support for those interested in changing their travel behaviour to make small, daily changes through business grants, cycle training and encouragement of Active Travel.
- Ensure walking and cycling programmes form a core part of local transport investment planning on a continuing basis.
- Support schools to implement and review school travel plans to promote safe, sustainable and less car-dependent patterns of travel e.g. Walk to School programme.
- Encourage early years settings to develop a travel plan and promote safe, sustainable and less car-dependent patterns of travel amongst both families and workforce.
- Ensure that the Active Travel Officer is involved in current and future planning and decision-making relating to Active Travel, together with encouraging travel planning within all organisations.
- Raising awareness of opportunities for increased active travel through the Active Travel Officer, such as cycle training, cycle maintenance and walking maps.

#### **Active Lives Exercise Referral**

- Provide support, information and advice to help people at risk or with long-term health conditions to move more to improve their health and wellbeing in a safe and welcoming environment.
- Continue to actively promote to healthcare professionals the opportunity and support to refer into the exercise referral programme.
- Deliver MECC training to staff across health and care, local authority and voluntary sectors to support the concept of 'move a bit more' to be embedded into systems change.

### **Priority 6: Building Healthier workplaces which support employees to move more, and to make healthier choices including active travel to support employees making healthier choices**

#### **Policy and Intervention**

- Key partners and stakeholders to sign up to the strategy and lead by example in providing healthier and more sustainable catering for the workforce and events.
- Support local organisations to meet the government buying standards for food and catering services.

- Ensure workplaces have information available regarding healthy weight and promote this to employees, for example, access to healthy recipes, cooking on a budget information and courses.
- Workplaces to have access to exercises and promote the 'move more' messages, encourage participation in workplace walks and challenges.
- Continue Business Health Matters delivery and empower staff with the skills and knowledge to improve workplace wellbeing from within, and to undertake Health Checks to employees across Blackpool to reduce the risks to staff by detecting signs of poor health early.



# Appendix 1 – Blackpool Healthy Weight Strategy Metrics

## Adults

	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
'5-a-day'						29.1	29.9			
Physically active	60.1	60.4	54.4	63.3	62.0	55.9	59.1			
Excess weight	67.9	62.7	67.3	65.6	71.9	70.2	72.3			

Sources: OHID, Physical Activity Profile / Obesity Profile (fingertips)

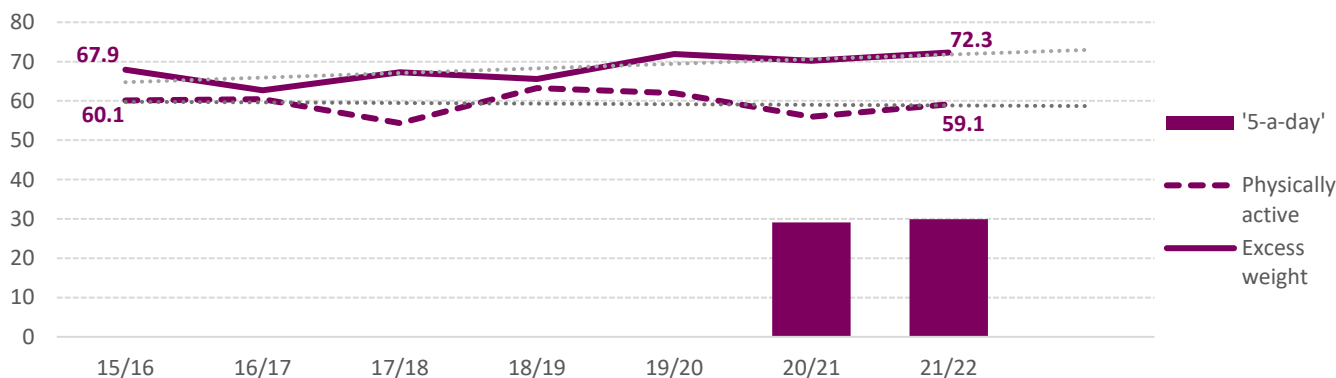
## Children

	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Breastfeeding 6-8 weeks	25.8	22.5	22.4	20.7	22.7	22.2	25.7	24.8		
Reception - overweight	15.9	15.5	15.4	17.2	15.9	17.8	14.6	15.4		
Reception - obesity	10.4	9.9	11.8	11.3	12.6	18.9	12.3	12.0		
Year 6 - overweight	17.5	13.1	15.2	14.4	12.9	16.5	13.4	15.4		
Year 6 - obesity	22.4	21.1	22.4	24.1	28.6	30.2	29.5	26.9		
Physically active cyp			36.0	59.6	36.1	35.5	43.2	40.5		

Sources: OHID, Physical Activity Profile / Obesity Profile (fingertips) and OHID Breastfeeding statistics (www.gov.uk)

[Breastfeeding statistics - GOV.UK \(www.gov.uk\)](http://Breastfeeding statistics - GOV.UK (www.gov.uk))

## Adult Healthy Weight Metrics



## Child Healthy Weight Metrics



### Breastfeeding: 2022/23

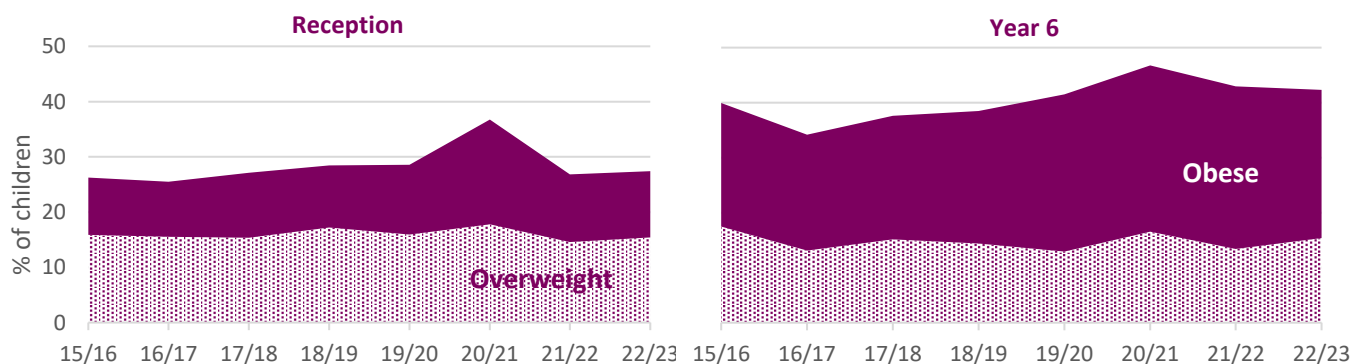
367 (24.8%) infants were breastfeeding at 6-8 weeks. Significantly lower than national average (49.2%) but generally an improving trend since 2018/19.



### Physical activity: 2022/23

40.5% of children and young people aged 5-16 years are meeting CMO physical activity recommendation compared to 47.0% nationally.

## Trend in proportion overweight and obese in Reception and Year 6 in Blackpool



## Appendix 2 – Healthy Weight Strategic Group Terms of Reference

### Purpose

The long-term ambition of the strategy is to ensure the population of Blackpool and our future generations have the best start in life and live longer, happier lives. We need to encourage making healthier choices the easy option, and for individuals to feel enabled to make positive lifestyles choices to sustain or maintain a healthy weight. The strategic group will work together to support the work that will make changes for our food, physical activity and social environment to promote healthy weight.

The purpose of the group is to bring together a range of stakeholders and partners to take a lead role and play a part in delivering the Healthy Weight Strategy and consider what more needs to be done to maximise impact on the town.

### Aims and Objectives

- To develop, review and monitor the Healthy Weight Strategy for improving outcomes associated with healthy weight for the health and wellbeing of the population.
- To encourage and promote integrated working between key departments, and organisations to support the work of the strategy.
- To provide oversight and ownership of the action plan to improve the health and wellbeing of the population.
- To provide appropriate updates on progress against the actions.
- Monitor the progress of the Local Authority Declaration on Healthy Weight and ensure the work of the Healthy Weight Strategy is working towards the 16 commitments.
- Ensure appropriate and timely updates to the Health and Wellbeing Board.
- Improve quality of data including maternity and early years and take action to reduce health inequalities.
- Reducing health inequalities and improving access to physical activity and healthier food choices.

### Accountability

The partnership will report to the Health and Wellbeing Board.

Members are accountable for their own organisations and are expected to update their own individual management teams.

### Membership

The membership of the Healthy Weight Strategic group should consist of:

Blackpool Council Public Health	Lead Public Health Consultant Public Health Specialist – Healthy Weight Lead Public Health Practitioner Public Health Project Officer HAF Programme Manager
NSPCC	Development Support Officer
Voluntary Sector	CEO of the Food Partnership Project Manager Aiming Higher
NHS ICB	Maternity, Children and Young People Population Health Project Officer
Blackpool Council Active Lives Team	Active Travel Officer Active Lives Development Manager Active Communities Service Manager
Blackpool Council Occupational Health	Corporate Health Manager
Blackpool Council Public Protection	Food Control Manager

Blackpool Football Club Community Trust	Deputy CEO
Transport Projects	Group Leader
Blackpool Council Catering Services	Catering Services Manager
Blackpool Council Early Help and Support Service/Family Hub	Service Manager – Start for life Service Manager – Early Years
Primary Care / Primary Care Networks	Social Prescribers
Blackpool Council Adult Learning	Head of Adult Learning
Blackpool Council Adult Services	Operational lead Provider Peer Support and Resilience Team Manager
Blackpool Council Strategy and Research	Strategy and Research Policy Manager Graduate Climate Officer
Representation from Blackpool Schools	Primary, secondary and special
Blackpool Teaching Hospitals NHS Trust	Public Health Consultant Health Visiting -

Membership will be reviewed periodically, and members would be co-opted onto the group as and when required.

#### **Frequency**

The meetings will be held on a quarterly basis once the strategy is in place and the strategic group move to monitoring the actions.

#### **Quoracy**

For the meeting to be quorate there needs to be the chair (or nominated deputy) and a minimum of four departments/organisations represented at the meeting.

If a member is unable to attend they should send a representative wherever possible.

#### **Meeting arrangements**

Agendas will be distributed at least one week in advance of the meeting. It is intended that all decisions made by the partnership will be based on consensus of working. There will be no formal minutes but key actions will be logged and agreements will be maintained.

#### **Meeting location**

As determined on the agenda.

#### **Declarations of interest**

Any declarations of interest will be declared and recorded at the beginning of each meeting.

#### **Review of terms of reference**

The terms of reference for the group will be reviewed on an annual basis.

(Review date Sept 2024)