

JSNA Healthy Weight December 2011

STOCKPORT
METROPOLITAN BOROUGH COUNCILNHS
Stockport

Stockport JSNA

joint strategic needs assessment

Summary Needs Assessment

What is the issue? What is its relative priority?

Obesity rates are rising in all parts of the population, but it is largely preventable with small but consistent changes in lifestyle. Obesity has a significant effect on health, wellbeing and life expectancy. It is a significant rising lifestyle threat and is recognised within the JSNA as a priority particularly in deprived areas and for children and families.

Key messages for commissioners and practitioners in STOCKPORT

The Healthy Weight Core Strategy Group has considered, in consultation, the data analysis from the JSNA and the wider local and national evidence base. **The following recommendations are made to all colleagues and professional groups working with or for Stockport residents, regardless of their professional background, and apply to policy and strategy development, commissioning and the planning, design and delivery of services.**

5 key areas emerge as **local priorities** which are most likely to promote healthy weight and reduce obesity in the Stockport population, in line with the 10-year vision expressed in the Healthy Weight Strategy:

1. The promotion of **physical activity** is crucial for preventing and reducing overweight and obesity in **all age groups** – but it also has much wider protective benefits for broader health and wellbeing e.g. it links to cardio-vascular health, cancer prevention, good mental health. Physical **inactivity** is also an independent risk factor. Stockport is a green borough, with a very good range of publicly and privately provided play, sports and leisure facilities. There is no *obvious* shortage of opportunity for physical activity in Stockport. Promoting, enabling and encouraging increased physical activity for individuals and communities in Stockport should be a common goal.
2. **ALL** practitioners/workers should actively promote the Change4life campaign and disseminate resources both within the workforce and the wider community. Every contact counts.
3. In Stockport, **deprivation/ multiple disadvantage** is the strongest indicator of obesity, making it an important 'risk factor'. This association is stronger than gender, although women living in deprived circumstances are more likely to be obese. Anyone working with disadvantaged communities should be particularly aware of the increased likelihood of obesity and take informed action to promote activity and healthy weight.
4. Data indicates that our focus in Stockport should be on the following target groups:
 - 4.1. **Early Years** e.g. 0-5 pre-school children and families - to establish positive patterns in food and physical activity early
 - 4.2. **Primary school children** e.g. 5-11 - due to a sharp increase in rates of obesity between the ages of 4/5 and 10/11 of around 9%. Boys are more likely to be overweight and obese at both ages.
 - 4.3. **Adults aged 35-45** - in order to reduce the rise in obesity seen during early middle age (45-59)
5. Interventions / programmes which tackle the problem of overweight and obesity effectively should have a **family focus** and directly involve the main carer in the process. Use should be made of available resources e.g. Change4life.

Much action around food is led at national level e.g. 5 a day, C4Life and there is an emerging Greater Manchester food plan. There is therefore less scope and opportunity to prioritise this locally, however, it is recognised that food consumption / diet remains an important determinant of healthy weight.

With regard to childhood obesity ***“the wider evidence supports the view that prevention strategies***

are more likely to be effective in tackling the problem of increasing overweight and obesity in the population than treatment strategies”

C4EO What works in combating childhood obesity: anthology May 2011.

Note that in assessing interventions it is important to appreciate the scope of our local powers. For best results we need to adopt an integrated approach involving all services working together with interlinking strategies to help create an environment where healthy choices are easier. This will incorporate Government policy, new NICE Guidance and national programmes e.g. Change4life, Olympic Legacy, Responsibility Deal as well as utilising other national initiatives and ‘awareness’ days (e.g. Breastfeeding Week, Wellbeing Week etc) as opportunities to remind and reinforce positive health messages to the public and the workforce.

An awareness of **social marketing** (see pages 16-20) is essential in moving people towards making healthier choices and encouraging them to act in ways which limit damage to their short and long-term health.

What needs to be achieved to make an impact?

Stockport’s Health and Wellbeing Strategy states the following ambitions:

- Promote physical activity to get more Stockport people more active more often, particularly focusing on reducing the numbers of sedentary people in the borough.
- Increase the numbers of families in Stockport signed up to the national Change4Life campaign.
- Increase the awareness and public health skills of those working with people facing multiple disadvantage and deprivation (particularly those in priority areas).
- Increase the number of settings adopting policies to improve physical activity and healthy eating, especially settings affecting children in the early years, of primary school age, and workplaces where adults 35-45 are concentrated.
- Increase the support available to families for improving physical activity and healthy eating where one or more members are overweight or obese.

How can the performance of services be measured consistently for these outcomes?

We will continue to monitor childhood obesity via the National Child Measurement programmes and adult obesity via the triennial Lifestyle Survey and GP registers. We will also use the national Public Health Outcomes Framework where appropriate.

Our aim is primarily to halt the rise in obesity, especially in children, and then to reverse the rising trend. This is a long-term aim against which meaningful interim targets will need to be set.

An appropriate measure for physical activity will be actively sought and used as this is the local priority for action due to the wide-ranging positive and protective effects of increased physical activity.

The Place Board (which oversees the partnership work in Stockport’s most disadvantaged communities – Brinnington, Adswood and Bridgehall, Lancashire Hill, Heaton Norris, the Town Centre, and the Offerton Estate) is however actively monitoring child obesity with an aim: **‘to reduce the rate of increase in the percentage of children in Year 6 recorded as obese by 2014 using combined 3 year figures’**

Summary Needs Assessment

- Obesity is a serious and increasing problem **but it is largely preventable**.
- National estimates from the Health Survey for England suggest that 23% of the adult population are obese, extrapolating this we can estimate that there are around **51,700 obese adults living in Stockport**.
- The 2009 Adult Lifestyle Survey demonstrated that:
 - **Obesity is increasing in Stockport** with 15.8% of adults classed as obese; between 35,500 and 39,500 people; however this is likely to be a significant underestimate.
 - **There is a general rise in the proportion of overweight people between the ages of 18 to 74**, rising from 19.0% to 42.4%. Obesity however peaks in middle age, between the

- ages of 45-59, suggesting that the under 60s have a more obesogenic lifestyle.
- **Those who feel they do not have good health are significantly more likely to be obese.**
- Brinnington & Central and Reddish North have the highest ward rates, both at 24% and Bramhall South has the lowest rate at 8.5% demonstrating the link with **obesity increasing with deprivation.**
- Priority 1 areas show that Adswold & Bridgehall have the highest rate of ADULT obesity at 30%.
- A further 35% of respondents are overweight and have a risk of becoming obese in the future.
- There are only four wards where the majority of the population is of normal weight.
- Obesity does not vary significantly by ethnicity, religion or sexual orientation other than for the White Irish population.
- **Most obese and overweight people know that they are overweight.**
- **Reported levels of physical activity are lower for obese people however reported poor dietary habits are not significantly higher for obese people.**
- Data from GP registers suggest that more than 25,000 adults registered with a Stockport GP (wherever they live) have a BMI greater than 30, 10% of the total list, however, it is not known what the recording rate for BMI is so this figure is also likely to be an underestimation.
- The national Foresight report suggests that by 2050, 60% of males and 50% of females could be obese. Applying these estimates to the projected population of Stockport this would equate to 73,800 obese people aged 18+ in 2015, 99,950 obese people aged 18+ in 2025 and 137,700 obese people aged 18+ in 2050
- It's worth noting however that the most recent Health Survey for England (2009) suggests that the rapid rise in obesity may have begun to flatten out over the second part of the last decade (from 2005 onwards), however it is too soon to say whether the trends are truly altering.
- **12% of the combined Year 6 and Reception population are obese;** a further 11% of children are overweight.
- **Rates of obesity are much higher for year 6 children (age 10-11)** as compared to reception age children where 8% are obese compared to **17% obese at year 6.**
- Ward level analysis should be treated with caution as year on year the trends change; in 2008/09 the highest levels of obesity for both ages combined were found in Reddish North, Bredbury & Woodley and Brinnington & Central.
- Using the information collected in the child height and weight programme we can estimate that there are at least **7,400 obese children aged 0-17** years in the area, using the combined reception and year 6 average of 12%; using the year 6 average of 16.5% we can estimate that there are **9,900 obese children aged 0-17** years in the area.
- Change 4 life modelling suggests that there are potentially 11,700 children aged 0-10 in Stockport living in families with high levels of need relating to obesity, of which approximately 2,300 are ready to change (cluster 2). **'Quick win' actions would focus on these families, with longer term strategies focused on the remaining 9,500 children in high need families (clusters 1 and 3).**
- The Foresight report predicts that in the future the obesity levels for the under 20's will increase to around 15% by 2025, and to approximately 25% by 2050. Extrapolating to Stockport this would equate to 9,700 obese children aged under 20 in 2025 and **17,100 obese children aged under 20 in 2050** (using 2033 population projections).
- The needs of older people, people with disabilities and BME groups are different to that of the

general population and need to be given separate consideration. Needs and preferences also vary considerably by gender.

What additional work is needed to improve Insight and needs assessment in this area of work?

- Full analysis of the child obesity data by ethnic group, to enable effective targeting at any higher risk populations.
- Better estimates of adult obesity, as self-reported measurements are underestimating the issue. A project to assess and make use of Stockport Health Record GP data in 2012 should provide better estimates locally.
- An accurate and reliable measure of levels of physical activity in both adults and children, currently lifestyle surveys which are run infrequently are the only source of data.
- Accurate data at the neighbourhood management area level would support interventions to target disadvantaged areas.

Key Contacts & related links

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<http://www.nhs.uk/Change4Life/Pages/change-for-life.aspx>

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Full Needs Assessment

Introduction

Obesity is responsible for more than 9,000 premature deaths per year in England, is an important risk factor for a number of chronic diseases (such as heart disease, stroke, some cancers, and type 2 diabetes) and is also associated with low self-esteem and social isolation. Levels of obesity are rising at all ages and the current expectation nationally is that they will continue to increase.

A basic definition of obesity is the excess accumulation of body fat which takes time to develop and is caused by a positive energy imbalance, where more energy is consumed than is expended.

Conceptually we can view a person as:

- **overweight** if their weight carries a risk of affecting their long-term health
- **obese** if their weight causes some restriction in their current function
- **very obese** if their weight seriously restricts their day to day life
- **morbidly obese** if their weight causes immediate serious impact on their health and/or life expectancy (for example by restricting respiratory function)

These functional definitions, however, cannot be applied statistically so, for analysis purposes we use a definition based on the Body Mass Index (BMI). The BMI is the ratio of weight to height squared; a BMI of 25–30 is overweight, 30+ is obese, 35+ is very obese and 40+ is morbidly obese. For statistical purposes these definitions are adequate, however, they do not necessarily describe the experience of each individual.

Complex societal and environmental factors have contributed to the rapid increase in the prevalence of obesity in the last 20-30 years. Key determinants of this increase have been analysed by Foresight (Foresight, 2007), and include physiological factors, eating habits, levels of physical activity and inactivity and psychological influences, all at an individual and societal level.

There is particular concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Tackling child obesity now forms part of the key targets for action by local partnerships.

Getting the balance right in children is more complex as growth is only possible if energy intake (food and drink) exceeds energy output (resting metabolic rate and activity), if more is consumed than is required for appropriate growth the excess energy will become excess fat.

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 – including social isolation, low self-esteem, teasing and bullying.

Needs Assessment in Stockport

Current Prevalence - Adults

2009 Stockport Adult Lifestyle Survey

The 2009 Adult Lifestyle Survey asked people to report their height and weight and these measurements were used to calculate the respondents' BMI (Body Mass Index). Self-reporting of height and weight is known to be skewed and inaccurate, but is still valid for comparison purposes between groups with the survey and with other surveys. 97.2% of the respondents provided information from which BMI could be calculated.

Of those responding to questions on height and weight, 15.8% are classed as obese. This is significantly more than the 13.6% in the 2006 Stockport Health Survey which used the same methodology. Rates of overweight have also increased to 35.1%, but this wasn't significantly more than the 34.1% found earlier.

Obesity - Ages 18+ - 2009 Adult Lifestyle Survey

Obesity Prevalence					
	Sample size	Obese	Over - weight	Normal weight	Under - weight
All responses	7282	15.8%	35.1%	47.4%	1.7%

Source: NHS Stockport

Applying this prevalence figure to the Stockport population suggests an estimated 35,500-39,500 obese adults live in Stockport.

Rates of obesity for men and women are not significantly different to the overall rate, suggesting that gender is less of an influence than deprivation. However, a gender pattern is evident for overweight, with females significantly lower at 29.4% and males significantly higher at 41.1% making for a more complex situation.

Obesity - Ages 18+ - 2009 Adult Lifestyle Survey - Gender

Obesity and Gender					
Gender	Sample size	Obese	Over - weight	Normal weight	Under - weight
Female	3740	15.8%	29.4% ^L	52.4% ^H	2.5%
Male	3493	15.7%	41.1% ^H	42.1% ^L	1.0% ^L

Source: NHS Stockport

Obesity peaks between the ages of 45-59, where more than a fifth of the population are obese, while overweight rates are higher for those aged 55-74. After the age of 75 normal weight again becomes the most common category. This suggests the under 60s have a more obesogenic lifestyle than the older generation.

The percentage of people of normal weight decreases from 67.9% in the youngest adult age band to 37.9% by ages 70 to 74. From 45 to 74, there are significantly fewer people classed as normal weight. Ages 75 and over, this trend stops and people are more likely to be of normal weight.

There is a general rise in the per-cent of overweight people as age increases from 18 to 74, rising from 19.0% to 42.4%. From 55 to 74, the rate of overweight is significantly higher than the overall rate, but again for ages 75 and over, the trend stops.

Obesity - Ages 18+ - 2009 Adult Lifestyle Survey - Age

Obesity and Age Band					
Age band	Sample size	Obese	Over - weight	Normal weight	Under - weight
18-24	641	7.0% ^L	19.0% ^L	67.9% ^H	6.1% ^H
25-29	514	12.6%	24.7% ^L	60.1% ^H	2.5%
30-34	705	11.9% ^L	30.9%	54.9% ^H	2.3%
35-39	537	14.7%	33.9%	50.1%	1.3%
40-44	613	14.0%	35.9%	49.3%	0.8%
45-49	625	21.1% ^H	35.8%	42.1% ^L	1.0%
50-54	621	20.5% ^H	37.7%	41.1% ^L	0.8%
55-59	652	20.9% ^H	40.8% ^H	37.9% ^L	0.5% ^L
60-64	664	19.3%	42.0% ^H	37.7% ^L	1.1%
65-69	528	18.2%	43.6% ^H	37.3% ^L	0.9%
70-74	406	18.7%	42.4% ^H	37.9% ^L	1.0%
75-79	371	15.1%	40.7%	42.3%	1.9%
80-84	216	12.5%	31.0%	54.2%	2.3%
85-89	141	7.1% ^L	32.6%	58.9% ^H	1.4%
90+	42	9.5%	28.6%	54.8%	7.1% ^H

Source: NHS Stockport

Respondents who felt they did not have good health are significantly more likely to be obese and less likely to be of normal weight. The reverse is true for those who feel they are in good health. Neither group is significantly different to the overall Stockport figure for overweight or underweight.

Obesity - Ages 18+ - 2009 Adult Lifestyle Survey – General Health

Obesity and Perceived Health Status					
Health Perception	Sample size	Obese	Over - weight	Normal weight	Under - weight
Not Good Health	1879	27.3% ^H	34.6%	36.4% ^L	1.7%
Good Health	5365	11.8% ^L	35.2%	51.2% ^H	1.8%

Source: NHS Stockport

There is a clear deprivation profile for obesity, with the two most deprived quintiles having obesity rates that are significantly higher than the average figure, more than twice that of the least deprived quintile. There is a gender bias within the most deprived quintiles, with women being significantly more likely to be obese than men, while men are not significantly different to the overall rate.

With regard to rates of overweight, the deprivation quintiles are not significantly different from the overall figure. This is the result of the lower rates for women balancing the higher rates for men.

The proportion of people who are underweight does not vary significantly by deprivation.

Note that 11.6% of responses have an unknown geography / deprivation so care should be given to interpretation.

Obesity - Ages 18+ - 2009 Adult Lifestyle Survey - Deprivation

Obesity and Deprivation					
2007 National IMD Quintile	Sample size	Obese	Over - weight	Normal weight	Under - weight
1 – Most deprived	711	24.3% ^H	33.9%	39.7% ^L	2.1%
2	983	21.4% ^H	31.5%	45.9%	1.2%
3	1213	15.2%	35.4%	47.1%	2.3%
4	1462	14.3%	38.4%	46.1%	1.2%
5 – least deprived	2042	11.4% ^L	35.9%	50.7% ^H	2.0%
Unknown	837	16.7%	32.3%	49.5%	1.6%

Obesity - Ages 18+ - 2009 Adult Lifestyle Survey – 2004 Wards & Priority 1 areas

Geography	% of Respondents				Number Surveyed
	Under-weight	Normal Weight	Over-weight Only	Obese	
Stockport	1.7%	47.4%	35.1%	15.8%	7282
2004 Ward*					
Bramhall North	1.5%	53.9% ^H	36.1%	8.5% ^L	330
Bramhall South	2.9%	55.4% ^H	30.3%	11.4%	307
Bredbury and Woodley	0.6%	45.0%	36.7%	17.7%	327
Bredbury Green and Romiley	1.6%	42.3%	37.7%	18.4%	310
Brinnington and Central	3.9% ^H	45.0%	27.5% ^L	23.6% ^H	258
Cheadle and Gatley	1.3%	48.7%	34.6%	15.4%	306
Cheadle Hulme North	1.6%	47.9%	37.1%	13.3%	315
Cheadle Hulme South	0.6%	48.2%	39.4%	11.8%	340
Davenport and Cale Green	1.3%	42.6%	36.0%	20.1%	303
Edgeley and Cheadle Heath	1.7%	49.3%	28.8%	20.2%	302
Hazel Grove	1.3%	47.9%	36.2%	14.6%	309
Heald Green	2.2%	46.6%	39.6%	11.6%	268
Heatons North	2.0%	46.8%	38.1%	13.0%	299
Heatons South	2.3%	46.6%	39.7%	11.4%	343
Manor	3.2%	44.6%	34.5%	17.7%	316
Marple North	2.4%	52.8%	32.2%	12.5%	335
Marple South	2.0%	48.8%	34.8%	14.3%	293
Offerton	2.4%	41.6%	36.8%	19.3%	296
Reddish North	1.5%	42.2%	32.7%	23.6% ^H	275
Reddish South	1.0%	42.4%	35.7%	20.9%	297
Stepping Hill	0.4%	46.5%	39.0%	14.2%	282
Geography Unknown*	1.6%	49.5%	32.3%	16.7%	837
Priority 1 areas					
Adswood and Bridgehall	1.1%	31.6% ^L	36.8%	30.5% ^H	95
Brinnington	3.2%	47.3%	25.8%	23.7%	93
Lancashire Hill and Heaton Norris	2.7%	46.6%	35.6%	15.1%	73
Town Centre	3.8%	35.8%	32.1%	28.3% ^H	53
Stockport	1.7%	47.4%	35.1%	15.8%	7282

Source: NHS Stockport

* 11.6% of responses are missing so care should be given to interpretation.

As a large majority of Stockport residents identify as white British, other ethnic groups are represented in very low numbers in the survey. Considered together, all the other ethnic groups do not have significantly different levels of obesity, overweight or underweight.

However, the white Irish do have a significantly higher level of obesity at 23.4%, though this may be explained by the older age profile of this group.

There is some debate about the applicability of the standard BMI categorisations to non-white ethnic groups, especially Asian groups. Though numbers for the Chinese population are very small, they do stand out as significantly more likely to be normal weight or underweight. However, other Asian groups, considered separately or together, are not significantly different to the overall Stockport figure.

Obesity - Ages 18+ - 2009 Adult Lifestyle Survey – Ethnic Group

Obesity and Ethnic Group					
Ethnic Group	Sample size	Obese	Over-weight	Normal weight	Under-weight
White British	6583	15.5%	35.3%	47.5%	1.7%
White Irish	141	23.4% [†]	39.0%	36.9% ^L	0.7%
White Other	136	16.9%	35.3%	47.8%	0.0%
Asian Pakistani	105	19.0%	33.3%	42.9%	4.8%
Not White	406	16.7%	30.8%	49.0%	3.4%
Not White British	683	18.2%	33.4%	46.3%	2.2%

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

Source: NHS Stockport

The majority of respondents are Christian, and so it is not surprising that Christians are not significantly different to the overall Stockport figure. Those who are of another religion are also not significantly different. Respondents who had no religion are significantly less likely to be obese and significantly more likely to be a normal weight, possibly because this group has a younger age profile.

This survey found no significant differences in obesity, overweight or underweight between non heterosexual groups and the overall Stockport figure, either considered separately or together.

Obesity - Ages 18+ - 2009 Adult Lifestyle Survey – Perception of weight

Obesity and Perception				
BMI Category	Sample size	Overweight	Healthy Weight	Underweight
Obese	1147	93.9%	6.0%	0.1%
Overweight	2540	68.1%	31.7%	0.2%
Normal weight	3423	18.5%	76.0%	5.5%
Underweight	125	4.8%	48.8%	46.4%

Bold = correct assessment

Source: NHS Stockport

The survey also asked people to classify themselves as overweight, a healthy weight or underweight. No separate option for obese was presented, in order to keep the question simple. Most people (75.6%) did classify their weight correctly.

Those classified as obese based on BMI were almost always correctly assessed themselves as overweight. Only 6% classed themselves as a healthy weight. Overweight people were less likely to correctly classify their weight, with just over a third responding that they were a healthy weight.

People classed as having a healthy weight correctly classified themselves in 76.0% of responses. They were more likely to incorrectly classify themselves as overweight than as underweight.

Under half of underweight people classified themselves correctly, with slightly more classifying themselves as a healthy weight. Though the numbers are very small, 4.8% classed themselves as overweight suggesting they may be experiencing an eating disorder.

Links to Food and Physical Activity

The survey asked how often respondents ate five categories of food: sugary snacks, sugary drinks, crisps/salty nuts, takeaways, and meals out at restaurants or cafes. This information was analysed by the respondents' BMI category, and then those of non-healthy weight were compared to those of healthy weight, in order to find any correlation between eating habits and weight category.

The survey's results showed very few significant differences between those of healthy weight and those who were obese or underweight. There were no significant differences with those who were overweight.

The few significant differences found in the survey results are probably contrary to what would generally be expected. The obese people surveyed were significantly less likely to eat sugary snacks frequently. This could be evidence of higher levels of dieting in this group. They are also significantly more likely to never eat out at restaurants or cafes. The underweight people surveyed are significantly more likely to eat crisps and salted nuts at least once a day.

It is possible that the data on eating habits is skewed in the same way as data on weight because of the use of self-reporting. It is also possible that the eating habits of the different weight categories do vary, but by portion size rather than frequency. It's worth noting that the results for physical activity do correlate with BMI categories.

The survey asked how many days a week a respondent took at least moderate physical activity for 30 minutes or more. This information was analysed by the respondent's BMI category, and then those not of healthy weight were compared to those who are of healthy weight in order to find any correlation between BMI category and physical activity.

The results show a clear correlation between BMI category and frequency of physical activity. Respondents who are obese are significantly more likely to be physically active less than once a week or only 1-2 times a week, and are also significantly less likely to be physically active 3-4 times a week or 5 or more times a week. Overweight respondents were significantly more likely to be physically active only 1-2 times a week.

Active People Survey – Stockport results

The active people survey is a national survey conducted by Sports England, it began in October 2005 and is now in its sixth wave. It should be noted that this survey only includes activity gained from sport and recreation and excludes activity relating to work or travel and therefore cannot be seen as a true measure of total physical activity. The results for Stockport are shown below:

Adult participation in sport and active recreation The percentage of the adult (age 16 and over) population in a local area who participate in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last 4 weeks (equivalent to 30 minutes on 3 + days a week).

Stockport trends	%	Base	National %
APS1 (Oct 2005 - Oct 2006)	22.4%	998	21.2%
APS2/3 (Oct 2007 - Oct 2009)	21.0%	1,001	21.8%
APS4/5 (Oct 2009 - Oct 2011)	22.4%	996	22.1%

Sub sets of ASP 4/5 Oct 09 – Oct 11

Gender

MALES		FEMALE	
%	Base	%	Base

23.4%	357	21.5%	639
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Age

16 to 34		35 to 54		55 +	
%	Base	%	Base	%	Base
30.8%	157	27.9%	330	11.1%	509

Limiting illness or disability

Yes		No	
%	Base	%	Base
12.7%	206	24.3%	790

Social class

Managerial and professional		Intermediate		Small employers / own account workers		Lower supervisory / technical / routine / semi-routine / never worked / long term unemployed	
%	Base	%	Base	%	Base	%	Base
24.8%	437	22.9%	119	31.7%	68	15.5%	279

Trends in Stockport are stable and are above the national average; however national averages are rising and the gap is narrowing. On average men are more active than women, younger people are more active than older and people without a disability are more active than those with. Small employers / own account workers are more active than other social classes, the most disadvantaged are the least active, although as this survey only includes information about sport and recreation and doesn't include physical activity gained through work or travel these results may be skewed.

Stockport GP Registers

Data from GP registers suggest that more than 25,000 obese people aged 16+ are registered with a Stockport GP (wherever they live), 10% of the total list, a rate similar to the national QoF Prevalence. Again these figures are likely to be an underestimation, partly due to the low levels of measurement.

QOF Prevalence - Obesity - Ages 16+ - Trend

	2006/07	2007/08	2008/09	2009/10	2010/11
Number on register	21,338	23,306	25,026	25,698	25,037
Proportion of list	8.9%	9.6%	10.3%	10.5%	10.2%
Crude rate per 1,000	88.8	96.4	103.0	105.3	102.4

Source: NHS Stockport

Data by wards again shows the link between obesity and deprivation.

QOF Prevalence - Obesity - Ages 16+ - 2009/10 by ward

2004 Ward	People on Disease Register with Obesity	
	Number	Rate per 1,000 Population
Bramhall North	1,172	117

Bramhall South	835	55
Bredbury and Woodley	1,619	118
Bredbury Green and Romiley	1,305	117
Brinnington and Central	1,574	147
Cheadle and Gatley	1,339	81
Cheadle Hulme North	527	127
Cheadle Hulme South	1,435	76
Davenport and Cale Green	1,555	141
Edgeley and Cheadle Heath	1,025	132
Hazel Grove	1,407	108
Heald Green	992	99
Heatons North	1,669	88
Heatons South	611	93
Manor	2,805	107
Marple North	1,091	91
Marple South	714	78
Offerton	1,756	149
Reddish North	119	71
Reddish South	1,971	137
Stepping Hill	159	106
Stockport	25,680	105

Source: NHS Stockport

Other sources of prevalence information

The Health Survey for England (HSE) 2009 provides the standard figure for obesity rates of 23%, which is far higher than the rate found in this, or other self-reported surveys. The HSE is conducted face to face, with actual measurements taken by a professional. The self-reporting methodology of our survey is more likely to lead to heavier people not giving any information at all, and other respondents underestimating their actual weight. This makes direct comparison between the two surveys impossible.

The demographic variance in the HSE is very similar to that seen in the local lifestyle survey, with rates increasing with age until the 70s when levels start to fall again and similar deprivation profiles.

The North West Lifestyle Survey 2007 used the same methodology as our survey and so is suitable for comparison. That survey found an obesity rate of 15.0% in the northwest with no significant difference between males and females. The North West survey again found a similar age and deprivation profile, with obesity increasing from 10.6% to 18% from the least to most deprived IMD quintile. Our results give a steeper profile starting from a slightly larger 11.4% in the least deprived quintile and rising to 24.3% in the most deprived quintile.

Because our survey results are so close to the North West Lifestyle Survey results, it is reasonable to conclude that Stockport's true obesity rates would be the same as those for the North West as a whole. Returning to the Health Survey for England, the obesity rate for the North West was 23.0%.

Extrapolating 23% of the adult population we can estimate that there are around 51,700 obese adults living in Stockport.

Health Impacts

Perhaps the most dramatic impact has come in the area of diabetes. In 2004/05 there were 9,460 diabetics registered with Stockport GP Practices, by 2010.11 this had grown to 13,100, an increase of 40%. This increase represents a massive and growing threat to public health, given that typically the gap between

onset and diagnosis of the disease is 9-12 years.

Deaths linked to obesity shorten life by on average 9 years; in 1998 an in-depth study found that nationally obesity was responsible for more than 9,000 premature deaths and more than 30,000 deaths in total. In Stockport, applying the national obesity attributable mortality age-sex risk rates, we can estimate that obesity caused 55 premature deaths (11% of the total) in the Borough and 185 (6%) deaths for all ages.

The British Heart Foundation estimates that around 5% of CHD deaths in men and 6% in women are due to obesity, these rates would be even greater if the large number of overweight adults was also considered. Similarly around 14% of cancer deaths in men and 20% in women are attributed to obesity; with breast, endometrial, oesophageal and colonic cancers being especially associated. According to Professor Julian Peto, for the Institute of Cancer Research, obesity is "far and away the most important avoidable cause" of cancer in non-smokers.

Anticipating future needs – adults

Past data shows that levels of obesity are rising rapidly. A recent national study by the Foresight Unit of the Government Science office, 'Tackling Obesities – Future Choices', uses trend data from 1994 to 2004 to predict future levels of obesity.

For adults the foresight report suggests that by 2015, 36% of males and 28% of females will be obese; by 2025, these figures are estimated to rise to 47% and 36% respectively and by 2050, 60% of males and 50% of females could be obese. Applying these estimates to the projected population of Stockport this would equate to 73,800 obese people aged 18+ in 2015, 99,950 obese people aged 18+ in 2025 and 137,700 obese people aged 18+ in 2050 (using 2033 population projections). This means an increase of 22,100 adults between 2010 and 2015, an increase of 26,200 between 2015 and 2025 and an increase of 37,750 between 2025 and 2050.

It's worth noting however that the most recent Health Survey for England (2009) suggests that the rapid rise in obesity may have begun to flatten out over the second part of the last decade (from 2005 onwards), however it is too soon to say whether the trends are truly altering.

Current Prevalence - Children

This data is taken from the annual height and weight measurement programme conducted in schools for reception and year 6 children. This programme has been running from 2004/05 in reception classes and 2005/06 in year 6. Stockport has a fairly low rate of childhood obesity compared to the rest of Greater Manchester and other peers,

Rates of obesity are much higher for year 6 as compared to reception aged children, in the most recent year 16.5% compared to 7.5%. Rates of obesity in reception had been relatively stable between 6-7% over the last four years, however in 2009/10 rates increased to 7.9% and only dropped back to 7.5% in 2010/11. Rates in year 6 have risen steadily over the period to a high of 16.5% in the most recent year.

Boys are more likely to be overweight or obese than girls at both ages. Analysis has also showed that rates are highest in areas ranking in the second most deprived quintile. Ward level analysis should be treated with caution as year on year the trends change; in 2008/09 the highest levels of obesity for both ages combined were found in Reddish North, Bredbury & Woodley and Brinnington & Central.

Using the information collected in the child height and weight programme we can estimate that there are at least **7,400 obese children aged 0-17** years in the area, using the combined reception and year 6 average of 12%; using the year 6 average of 16.5% we can estimate that there are **9,900 obese children aged 0-17** years in the area.

School Nurse Weight – Reception ages 5/6 - trend

Not Over-weight	Overweight	Obese	Overweight and obese
-----------------	------------	-------	----------------------

	/ Obese			
2004/05	75.9%	14.4%	9.8%	24.1%
2005/06	82.9%	10.0%	7.1%	17.1%
2006/07	82.5%	10.6%	7.0%	17.5%
2007/08	83.1%	10.2%	6.7%	16.9%
2008/09	85.0%	8.9%	6.1%	15.0%
2009/10	80.8%	11.3%	7.9%	19.2%
2010/11	81.5%	11.0%	7.5%	18.5%

Source: NHS Stockport

School Nurse Weight – Reception ages 5/6 – trend and gender

	Boys		Girls	
	Obese	Overweight and obese	Obese	Overweight and obese
2004/05	10.6%	25.5%	8.9%	22.5%
2005/06	7.4%	17.5%	6.7%	16.7%
2006/07	8.0%	18.7%	5.9%	16.3%
2007/08	7.5%	19.4%	5.9%	14.3%
2008/09	6.8%	16.0%	5.3%	13.9%
2009/10	8.3%	20.4%	7.5%	17.8%
2010/11	8.2%	18.5%	6.8%	18.5%

Source: NHS Stockport

School Nurse Weight – Reception ages 5/6 - 2008/09 – 2004 Ward

Geography	% of Reception Age Children			Number of Reception Age Children Measured
	Not Over-weight / Obese	Over-weight	Obese	
Stockport	85.0	9.0	6.0	2,559
2004 Ward				
Bramhall North	86.1	10.2	3.7	108
Bramhall South	87.0	7.4	5.6	108
Bredbury and Woodley	83.8	6.1	10.1	99
Bredbury Green and Romiley	74.0	19.1	6.9	131
Brinnington and Central	83.5	9.0	7.5	133
Cheadle and Gatley	89.4	5.7	4.9	123
Cheadle Hulme North	85.5	8.1	6.5	124
Cheadle Hulme South	83.2	12.0	4.8	125
Davenport and Cale Green	76.8	14.7	8.5	177
Edgeley and Cheadle Heath	86.1	7.6	6.3	144
Hazel Grove	85.4	10.8	3.8	130
Heald Green	82.9	9.0	8.1	111
Heatons North	91.5	3.8	4.7	106
Heatons South	94.4	2.8	2.8	142
Manor	87.0	7.6	5.3	131
Marple North	89.7	9.3	1.0	97
Marple South	85.2	8.6	6.2	81
Offerton	85.4	5.1	9.5	137
Reddish North	80.3	12.6	7.1	127
Reddish South	85.3	6.9	7.8	116

Stepping Hill	87.2	5.5	7.3	109
Priority 1 areas				
Adswood and Bridgehall	74.4	14.6	11.0	82
Brinnington	82.9	7.9	9.2	76
Lancashire Hill and Heaton Norris	73.3	16.7	10.0	30
Town Centre	75.0	12.5	12.5	8
Stockport	85.0	9.0	6.0	2,559

Source: NHS Stockport

School Nurse Weight – Year 6 ages 10/11 - trend

	Not Over-weight / Obese	Overweight	Obese	Overweight and obese
2005/06	71.3%	13.7%	15.1%	28.7%
2006/07	74.6%	11.5%	13.8%	25.4%
2007/08	71.4%	14.2%	14.5%	28.6%
2008/09	70.4%	13.5%	16.1%	29.6%
2009/10	68.7%	14.8%	16.5%	31.3%
2010/11	69.4%	14.1%	16.5%	30.6%

Source: NHS Stockport

School Nurse Weight – Year 6 ages 10/11 – trend and gender

	Boys		Girls	
	Obese	Overweight and obese	Obese	Overweight and obese
2005/06	16.6%	31.0%	13.3%	26.2%
2006/07	15.8%	27.1%	11.8%	23.5%
2007/08	18.0%	31.8%	12.7%	26.9%
2008/09	17.5%	32.0%	14.6%	27.1%
2009/10	17.2%	32.0%	15.9%	30.6%
2010/11	17.6%	31.5%	15.4%	29.6%

Source: NHS Stockport

School Nurse Weight – Year 6 ages 10/11 - 2008/09 – 2004 Ward

Geography	% of Year 6 Children			Number of Year 6 Children Measured
	Not Overweight / Obese	Overweight	Obese	
Stockport	71.0	13.0	16.0	2,339
2004 Ward				
Bramhall North	66.4	17.2	16.4	116
Bramhall South	80.7	11.4	7.9	114
Bredbury and Woodley	71.2	12.1	16.7	132
Bredbury Green and Romiley	70.3	9.0	20.7	145
Brinnington and Central	66.7	13.0	20.3	138
Cheadle and Gatley	64.9	22.3	12.8	94
Cheadle Hulme North	71.6	10.5	17.9	95
Cheadle Hulme South	78.4	12.2	9.5	74
Davenport and Cale Green	69.7	13.1	17.2	145

Edgeley and Cheadle Heath	68.1	14.2	17.7	113
Hazel Grove	73.3	12.9	13.9	101
Heald Green	66.7	16.1	17.2	93
Heatons North	71.9	17.5	10.5	114
Heatons South	73.9	14.3	11.8	119
Manor	70.4	14.8	14.8	54
Marple North	78.0	8.0	14.0	100
Marple South	80.9	11.2	7.9	89
Offerton	69.6	12.0	18.4	125
Reddish North	63.9	11.8	24.3	169
Reddish South	75.3	12.4	12.4	97
Stepping Hill	74.1	8.9	17.0	112
Priority 1 areas				
Adswold and Bridgehall	67.6	12.8	12.8	78
Brinnington	64.8	15.1	17.4	86
Lancashire Hill and Heaton Norris	76.5	0.0	8.3	12
Town Centre	37.5	12.5	37.5	8
Stockport	71.0	13.0	16.0	2,339

Source: NHS Stockport

From 2008/09 the ethnicity of pupils has also been recorded, local data has yet to be fully analysed; however initial analysis of year 6 data for the last three years combined suggests that the Asian Pakistani population may have significantly higher levels of child obesity than the general population although sample sizes are small. This trend is also seen nationally. More analysis of this data will be undertaken in the near future.

Families Segmentation of Needs – Change 4 Life Clusters

The Department of Health (DH) has developed Healthy Weight, Healthy Lives, a major programme aimed in the first stage at families with children and those who influence their behaviour including grandparents, carers and teachers. To support the programme DH has developed a segmentation of families with young children through researching attitudes and behaviours in relation to food and physical activity.

This has resulted in the development of six 'clusters', or groups of individuals with similar attitudes and behaviours. A summary of the main characteristics of the different Clusters is shown in the table below. The segmentation can be used to plan strategy for communication and the more effective targeting of interventions.

Local analysis of the national segmentation work has been undertaken, a summary is shown in the table below, and more detailed profiles of each of the clusters is included in the following pages.

In summary there are potentially 11,700 children aged 0-10 in families with high levels of need, of which approximately 2,300 are ready to change (cluster 2). Quick win actions would focus on these families, with longer term strategies focused on the remaining 9,500 children in high need families (clusters 1 and 3).

	Cluster 1:	Cluster 2:	Cluster 3:	Cluster 4:	Cluster 5:	Cluster 6:
Description	Struggling parents who lack confidence, knowledge, time and money	Younger parents who lack the knowledge and parenting skills to implement a healthy lifestyle	Affluent families, who enjoy indulgent food	Already living a healthy lifestyle	Strong family values and parenting skills but need to make changes to their diet and activity levels	Plenty of exercise but potentially too many bad foods
Family diet	Seek convenience, eat for comfort, struggle to cook healthily from scratch	Children fussy eaters, rely on convenience foods	Enjoy food, heavy snackers, parents watching weight	Strong interest in healthy diet	Strong parental control but diet rich in energy-dense foods and portion size an issue	Eating motivated by taste, diet includes both healthy and unhealthy foods
Physical activity	Seen as costly, time- consuming and not enjoyable. High levels of sedentary behaviour	No interest in increasing activity levels because perceive children to be active	Believe family is active, no barriers to child's activity except confidence	Family active although believe children not confident doing exercise	Know they need to do more: time, money, self-confidence seen as barriers	Activity levels are high, particularly among mothers
Weight status	Mothers obese and overweight	Families obese and overweight. Fail to recognise children's weight status	Families obese and overweight. Low recognition of children's weight status	Below average levels of obesity and overweight	Parental obesity levels above average, children below	Low family obesity levels but child overweight levels are a concern
Demographic	Low income, likely to be single parents	Young, single parents, low income	Affluent parents of all ages, households vary in size	Affluent older parents, larger families	Range of parental ages, single parent families	Average incomes, younger mothers, households vary in size
Intent to change	High, but fear of being judged and lack of confidence are powerful barriers	Currently low due to lack of knowledge, but willing to accept help once alerted to risks	Low intent to change and likely to deny that problems exist	Low intent to change but already leading a healthy lifestyle	Low intent on diet but significant intent to change on physical activity	Highest among the clusters for both diet and physical activity, so influencing them is not a priority
Potential task	Build confidence, increase knowledge and provide cheap convenient diet solutions	Increase understanding of risks of current lifestyle and develop parenting skills	Encourage recognition of problem and awareness of true exercise and snacking levels	Learn from successful techniques used by cluster	Focus on increasing activity levels and educate on portion size	Focus on providing cheap, convenient, healthy high energy foods to fuel active lifestyle

Key: Red = High risk, Amber = Medium risk, Green = Low risk

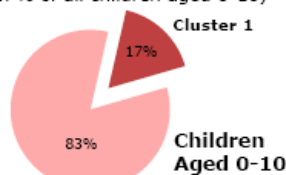
Local estimated data

	Cluster 1:	Cluster 2:	Cluster 3:	Cluster 4:	Cluster 5:	Cluster 6:
Need status:						
Intent to change:						
No and % of families with children aged 0-10	3,045 13%	1,560 7%	3,250 14%	5,905 26%	5,790 25%	3,465 15%
No and % of children aged 0-10 (by actual cluster)	4,620 13%	2,285 6%	4,875 14%	9,665 27%	9,225 26%	5,330 15%
No and % of children aged 0-10 (by dominant cluster)	6,160 17%	- -	7,265 21%	9,410 27%	8,160 23%	4,040 11%
Mothers aged:	25-34	17-24	35-44	45-64	35+	17-24
Geographies:	Brinnington & Central (22%) Reddish North (17%) Davenport & Cale Green (15%) Reddish South (16%)	Offerton (10%) Davenport & Cale Green (8%) Reddish North (8%) Brinnington & Central (7%) Bredbury & Woodley (9%)	Brinnington & Central (16%) Heatons South (16%) Cheadle & Gatley (18%) Davenport & Cale Green (13%) Marple North (20%)	Bramhall North (39%) Cheadle & Gatley (37%) Heatons South (34%) Heatons North (37%) Cheadle Hulme South (31%)	Manor (33%) Reddish North (32%) Reddish South (32%) Brinnington & Central (30%) Davenport & Cale Green (28%)	Davenport & Cale Green (15%) Reddish North (14%) Edgeley & Cheadle Health (16%) Hazel Grove (18%)
Deprivation quintile (2010):						
Most deprived	23.7%	21.1%	12.0%	8.3%	19.5%	12.0%
2nd most deprived	26.9%	23.6%	18.6%	16.4%	25.7%	20.9%
Mid deprived	18.8%	19.2%	20.2%	17.1%	19.5%	19.9%
2nd least deprived	16.3%	18.2%	20.0%	25.0%	18.0%	20.4%
Least deprived	14.3%	17.8%	29.3%	33.2%	17.3%	26.8%

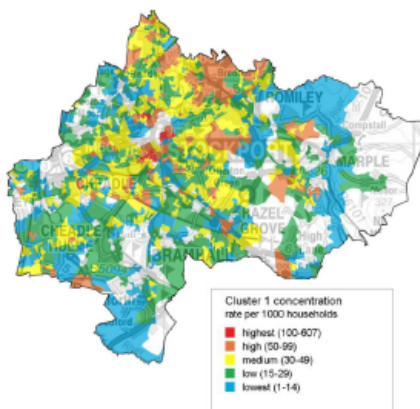
Cluster 1: Struggling parents who lack confidence, knowledge, time and money
Potentially over 3,000 families in Stockport, 13% of families with children aged 0-10

Demographic Profile

- Potentially:
- 6,160 children 0-10 in cluster 1 (17% of all children aged 0-10)



- Typically mothers are aged between 25 and 34
- Average annual income is less than £12,500



Geographic Locations

Wards in Stockport
 Number of families in Cluster 1
 (% of families with children aged 0-10)

- 1) Brinnington and Central - **300 (22%)**
- 2) Reddish North - **236 (17%)**
- 3) Davenport and Cale Green - **219 (15%)**
- 4) Reddish South - **187 (16%)**

These families have obese or overweight mothers, there is high intent to change but a fear of being judged and lack of confidence

Current Needs:

Build Confidence	High
Increase Knowledge	High
Cheap Convenient Diet Solutions	High
Cheap, Safe Exercise Options	Medium

Service Use:

Channel Preferences:



Attitudes and Behaviours:

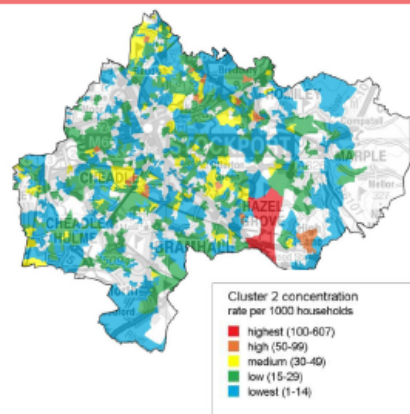
- Eat lots of snack and processed foods, little fruit and vegetables
- Low activity levels, TV watching and computer gaming high
- Find buying, cooking and getting children to eat healthy food difficult
- Believe exercise is costly and time consuming
- Aware of risks of unhealthy living but believe effort to change is too much

Key Indicators:

Cluster 2: Young parents who lack knowledge and parenting skills to implement a healthy lifestyle
Potentially over 1,500 families in Stockport, 7% of families with children aged 0-10

Demographic Profile

- Typically single parent families
- Typically mothers are aged between 17 and 24
- Average annual income is less than £12,500



Geographic Locations

Wards in Stockport
 Number of families in Cluster 2
 (% of families with children aged 0-10)

- 1) Offerton - **125 (10%)**
- 2) Davenport and Cale Green - **120 (8%)**
- 3) Reddish North - **119 (8%)**
- 4) Brinnington and Central - **102 (7%)**
- 5) Bredbury and Woodley - **100 (9%)**

These families are obese and overweight and fail to recognise children's weight status, there is low intent to change due to lack of knowledge but they will accept help once alerted to the risks

Current Needs:

Increase Understanding of Risks	High
Develop Parenting Skills	High

Service Use:

Channel Preferences:



Attitudes and Behaviours:

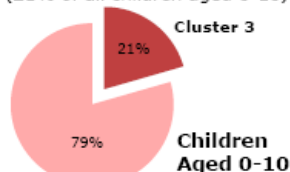
- Consume lots of fizzy drinks and processed foods, little fruit and veg
- Average amounts TV watching and computer gaming
- Try to get children to eat healthy foods but children are fussy
- Struggle to get children to play outside, believe they want to play inside
- Believe their children not confident in physical activity

Key Indicators:

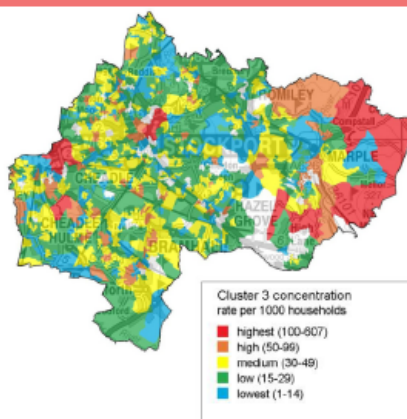
Cluster 3: Affluent families, who enjoy indulgent food Potentially 3,250 families in Stockport, 14% of families with children aged 0-10

Demographic Profile

Potentially:
• 7,265 children 0-10 in cluster 3
(21% of all children aged 0-10)



- Mothers are typically aged between 35 and 44
- 24% of children are obese
- Household incomes are higher



Geographic Locations

Wards in Stockport

Number of families in Cluster 3
(% of families with children aged 0-10)

- 1) Brinnington and Central - **218 (16%)**
- 2) Heaton South - **189 (16%)**
- 3) Cheadle and Gatley - **186 (18%)**
- 4) Davenport and Cale Green - **181 (13%)**
- 5) Marple North - **181 (20%)**

These families are obese and overweight with low recognition of children's weight status, there is low intent to change and often denial that problems exist

Current Needs:

Encourage Recognition of Problems
Encourage Awareness of True Exercise and Activity Levels

High

High

Service Use:

Channel Preferences:



Attitudes and Behaviours:

- Eat lots of fruit, vegetables and snacks but little processed foods
- TV watching and computer gaming levels are low
- Knowledgeable about diet and exercise, enjoy preparing home cooked food
- Believe family undertake physical activity together, don't see cost as a barrier
- Don't believe risks associated with poor diet and activity are relevant to them

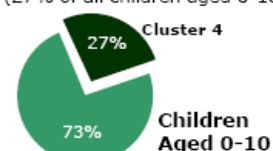
Key Indicators:

Cluster 4: Living Healthily

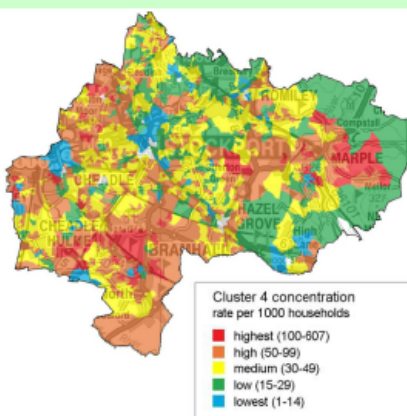
Potentially nearly 6,000 families in Stockport, 26% of families with children aged 0-10

Demographic Profile

Potentially:
• 9,409 children 0-10 in cluster 4
(27% of all children aged 0-10)



- Mothers are typically aged between 45 and 64
- Household incomes are higher than average



Geographic Locations

Wards in Stockport

Number of families in Cluster 4
(% of families with children aged 0-10)

- 1) Bramhall North - **392 (39%)**
- 2) Cheadle and Gatley - **391 (37%)**
- 3) Heaton South - **389 (34%)**
- 4) Heaton North - **345 (37%)**
- 5) Cheadle Hulme South - **333 (31%)**

These families have below average levels of obesity and overweight, there is low intent to change but they are already living a healthy lifestyle

Current Needs:

This cluster is already living healthily, so has little need

Low

Service Use:

Channel Preferences:



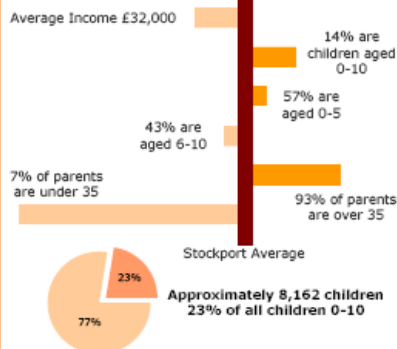
Attitudes and Behaviours:

- Eat lots of fruit, vegetables and home-made foods, few snacks and fizzy drinks
- TV watching and computer gaming levels are low
- Encourage children to eat healthily but will indulge when eating out
- Mothers are keen exercisers, but believe children are not confident
- Constantly looking for new ways to increase activity and improve diet

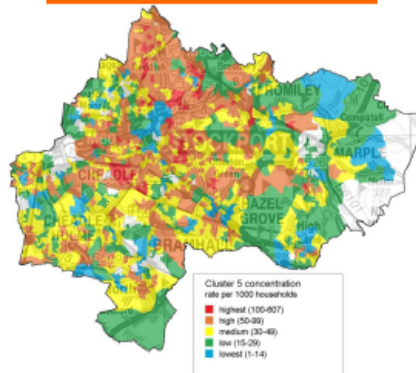
Key Indicators:

Cluster 5: Strong family values and parenting skills but need to make changes to their diet and activity levels
Potentially 5,750 families in Stockport, 25% of families with children aged 0-10

Demographic Profile



Geographical Concentration



Wards with Highest Concentrations

- 1) Manor - 33% (388)
- 2) Reddish North - 32% (463)
- 3) Reddish South - 32% (371)
- 4) Brinnington and Central - 30% (403)
- 5) Davenport and Cale Green - 28% (404)

% of families with children aged 0-10 in cluster 5 (number in cluster 5)

These families have high levels of parental obesity but below average child obesity, there is low intent to change diet but significant intent to change physical activity

Current Needs:

Increase Activity Levels
 Educate About Portion Size
 Encouragement to Change

Medium
 High
 High

* This info is from the ACORN analysis, further local needs data would added here

Current Assets:

Strong Family Values
 Parenting Skills
 Intent to Change

High
 High
 Medium

* Analysis of ACORN data with local needs data would provide info here about the segment's current assets

Service Use:

* Local data about the segment's service use could be added here

Attitudes and Behaviours:

- Eat more snacks, processed foods and fresh meat and fish than average
- Eat less fruit and vegetables, fizzy drinks and diet food than average
- TV and computer gaming levels are high
- Believe children should eat what they are given, are wary of diet 'fads'
- Believe exercise is too expensive but would like the family to be more active

* Other data from local engagement could be added here

Key Indicators:

* Place Survey results for the segment could be added here; average cost, satisfaction with place

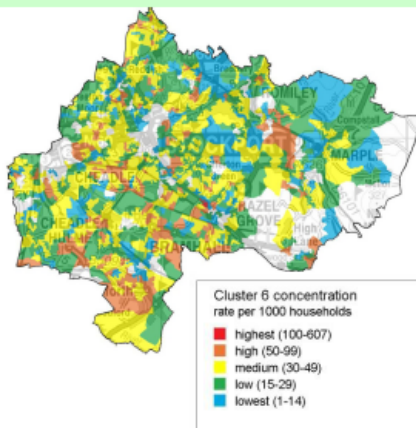
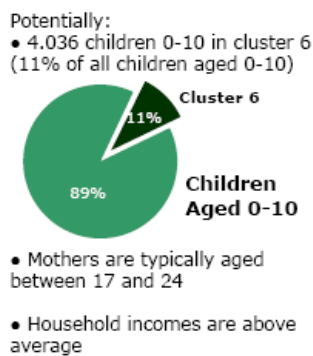
Channel Preferences:



Face to Face Telephone

Cluster 6: Plenty of exercise but potentially too many bad foods
Potentially almost 3,500 families in Stockport, 15% of families with children aged 0-10

Demographic Profile



Geographic Locations

Wards in Stockport
 Number of families in Cluster 6
 (% of families with children aged 0-10)

- 1) Davenport and Cale Green - 213 (15%)
- 2) Reddish North - 203 (14%)
- 3) Edgeley and Cheadle Heath - 197 (16%)
- 4) Hazel Grove - 188 (18%)

These families have low levels of obesity but child overweight levels are a concern, they have a good diet and high levels of physical activity

Current Needs:

Provide cheap, convenient, healthy, high energy foods to fuel active lifestyle

Low

Service Use:

Channel Preferences:



Attitudes and Behaviours:

- Eat more fruit and veg, home-made foods and snack foods than average
- Eat less processed foods, fizzy drinks and fresh meat and fish than average
- TV and computer gaming levels are low and activity is high
- Concerned with taste rather than healthiness, enjoy eating out
- Constantly looking for new ways to increase activity and improve diet

Key Indicators:

Trends in birth weight

Trends in birth weight shows that there has been no change over the last decade, with the proportion underweight (<2500g) remaining around 6%; heavier births (>4000g) remain at 14%.

Birth Weight –trend in live births

Birthweight	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11
< 2500g (underweight)	6.1%	6.0%	6.1%	5.9%	7.1%	6.3%	6.7%	6.2%	5.2%	5.6%
2500 – 2999g	15.0%	13.9%	14.0%	15.7%	14.7%	14.7%	14.1%	15.4%	14.6%	14.9%
3000 – 3499g	34.5%	34.2%	35.4%	33.7%	34.5%	34.6%	33.5%	36.1%	36.4%	35.0%
3500 – 3999g	30.9%	32.0%	30.4%	30.1%	29.9%	31.3%	32.1%	30.2%	30.5%	30.7%
4000g +	13.5%	13.8%	14.1%	14.6%	13.9%	13.0%	13.6%	12.1%	13.4%	13.9%

Source: NHS Stockport

Data shows that the more deprived populations are the most likely to have an underweight birth and the least likely to have a baby >4000g.

Birth Weight –2001/02-2010/11 by deprivation

Birth weight	Most deprived quintile	Second most deprived quintile	Mid deprived quintile	Second least deprived quintile	Least deprived quintile
< 2500g (underweight)	7.5%	6.7%	6.3%	5.4%	4.8%
2500 – 2999g	17.7%	15.0%	14.4%	14.3%	12.7%
3000 – 3499g	36.6%	34.6%	34.6%	34.2%	34.4%
3500 – 3999g	27.4%	30.2%	31.3%	32.4%	32.2%
4000g +	10.8%	13.5%	13.5%	13.7%	16.0%

Source: NHS Stockport

Anticipating future needs – children and young people

The Foresight report predicts that in the future the obesity levels for the under 20's will increase to around 15% by 2025, and to approximately 25% by 2050. Extrapolating to Stockport this would equate to 9,700 obese children aged under 20 in 2025 and 17,100 obese children aged under 20 in 2050 (using 2033 population projections).

National Evidence

From Nottingham JSNA:

Obesity is associated with increased risk of a wide range of chronic diseases (Kopelman, P., 2007) including:

- Type 2 diabetes - 90% of people with type 2 diabetes have a body mass index (BMI) of >23 kg m⁻²
- Hypertension - 5× risk in obesity, 85% associated with a BMI >25 kg m⁻², 66% of linked to excess weight
- Coronary artery disease (CAD) and stroke - 3.6× risk of CAD for each unit change in BMI
- Cancers - 10% of all cancer deaths among non-smokers are related to obesity (30% of endometrial cancers).
- Maternal obesity has been related to higher levels of infant mortality amongst Routine and Manual groups. A reduction in the prevalence of obesity amongst this group to 23% has been modelled as an evidence based intervention to reduce infant mortality (Department of Health, 2007).

A weight reduction of 5-10% from baseline over a 6-12 month period is considered a clinically significant weight loss (NICE, 2006; British Dietetic Association, 2007).

- Diabetes is the condition that is set to increase the most as obesity prevalence increases. The risk of developing type 2 diabetes is 20 to 80 times higher for people who are obese compared with non obese

people .(McPherson et al, 2007).

- Diseases related to overweight and obesity are estimated to cost NHS Nottingham City £88.3M in 2010, and £94.4M by 2015 (Department of Health, 2007).

Knowledge about equity and vulnerable groups

The needs assessment data section above presents data for equity and vulnerable groups where it is available, however statistical evidence is often unavailable or unreliable and the needs of these groups need to be considered in other ways.

As part of the health and Wellbeing Strategy a group has met to consider the needs of vulnerable and equity groups in relation to a number of priority topics, including physical activity. This group identified the following issues:

- Older people who are housebound are more likely to have difficulties accessing fresh fruit and vegetables.
- The current emphasis on sport, rather than alternative forms of activity, makes our services less accessible to older people.
- Obesity levels are higher among people with learning disabilities and some physical disabilities, and very few local services / gyms are accessible to disabled people.
- People with sensory loss will find it extremely difficult to take part in sports or exercise classes.
- Gender-specific changing rooms and open changing / showering areas can make gyms and leisure centres inaccessible for the transgendered population.
- Men are more likely to exercise than women, partly due to the emphasis on sports.
- Women are more likely to heed advice around healthy eating; healthy food promotion for men needs to be developed.
- Healthy weight is an issue for women during pregnancy, being overweight can lead to conditions such as gestational diabetes.
- Some ethnic minority groups exhibit higher rates of obesity yet gyms and leisure centres are not culturally appropriate for all groups.
- Dietary advice does not always apply to BME groups; more culturally specific advice would be beneficial.
- People with English as a second language will find it very difficult to take part in team sports or exercise classes.

Residents Voice

The government are developing a new mechanism for providing local authority-level data on prevalence of overweight and obesity among adults. We have not had any specific consultation with residents regarding what to do about Healthy Weight and Physical Activity but we know this is an important issue since in the JSNA review delegates (part residents/part practitioners) voted Obesity as joint-third highest priority alongside Alcohol. (after Mental Wellbeing and Cancer) Currently we only have national and regional-level data on adults, but look for opportunities to use national data to inform, and are working with the office for National Statistics and sport England to identify the best way of introducing new questions on the height and weight of adults into an established national survey during 2012. This will allow local areas to assess the scale of the issue in the adult population and to prioritise and plan accordingly.

Overview of current best practice and recommendations in tackling childhood obesity

What works – children and young people

‘Tipping the Scales’-Childhood Obesity in London April 2011

Emphasises involving parents, early intervention and deprivation plus importance of integrated programmes e.g. *“walking and cycling measures impact on reduction of traffic congestion, and food growing aims to combat climate change”*

‘What works in combatting Childhood Obesity’ - Anthology on a variety of whole system international approaches C4EO May 2011

Complex system – once weight gained difficult to reverse – emphasis on prevention vital. Successful interventions need to promote both healthy food choices and physical activity. It proposes:

- Reduce screen time.
- Reduce consumption of high energy food and drinks
- Increase moderate to vigorous PA
- Measure behaviour change?
- Important to combine all these early for most impact: set positive patterns and involve parents

Change4life 3 year Marketing Strategy Oct 2011 –

Relaunching with ‘whole family’ approach highlighting:

- Health related areas of interest to families and adults in mid-life e.g. providing pedometers or organising charity supported alcohol-free months in addition to tackling drinking and smoking in pregnancy under Start4life.
- 3 Major campaigns per year: The Great Swapathon in the New Year; a summer activity; and physical activity-themed messages building on Walk4life campaigns in the autumn.
- LAZYTOWN – links to popular TV programme – to be developed for use in Children’s Centres.

Local supporters are divided into groups according to the setting that they work in, so that resources can provide each group with the most relevant tools. There are case studies for each group. The aim is to inspire and enthuse to try the resources in your setting and with each audience.

The toolkits are full of advice, fun activities, posters and editorial, or you might just want to view the huge range of leaflets and posters. Use these toolkits to talk to people and communities you work with:

[For NHS staff who work with children aged 5-11 and adults](#)

[For teachers of Key Stages 1-4](#)

[For local authority employees working with children aged 5-11 and adults](#)

[For people working in early years settings \(children aged 0-4\)](#)

[For charity managers or staff who work with children aged 5-11 and adults](#)

[For those working with children aged 5-11 and adults in a community setting](#)

[For owners or managers of local convenience stores](#)

[For owners or employees of local businesses working with children aged 5-11 and adults](#)

2011 Cochrane Review for Childhood Obesity

<http://www.bmj.com/content/343/bmj.d8014?etoc> (password needed) but in the summary it says:

The review’s lead author, Professor Elizabeth Waters, the Jack Brockhoff chair of child public health at the University of Melbourne, told the *BMJ* that the most effective interventions sought to change social and physical environments and norms, rather than just individual behaviour.

EPODE(Together Let’s Prevent Childhood Obesity)

Whole community approach - addresses multiple contributory factors simultaneously, designed to involve

all relevant local stakeholders in an integrated prevention program aimed at facilitating the adoption of healthier lifestyles in the everyday life. The programmes developed on the basis of the EPODE framework are long term, aimed at changing the environment and thereby supporting healthy behaviours.

The controversial side of the EPODE programme is that it is partly funded by stakeholders from industry. But according to the programme co-ordinators this is also one of the strengths and a key component of the programme. The sponsors keep the public costs down and they are restricted by the ethical charter, making sure that economic interests don't affect the programme.

- actions should aim to address the root causes of the health-related risks. The actions set out in the strategy should contribute to reducing all risks associated with poor diet and limited physical activity including, but not limited to, that associated with excess weight.
- the actions are intended to work across policy areas and at different levels of government using a range of instruments including legislation, networking, public-private approaches and to engage the private sector and civil society.
- for the sake of efficiency, the strategy will require action from a wide range of private actors, such as the food industry and civil society, and actors at local level, such as schools and community organisations.

Finally, and perhaps most importantly, the programme emphasises monitoring and evaluation as essential over the coming years.

What works – Adults

Less research is available for adults but an interesting overview of findings (and indeed development of the Change4life approach) can be found in the Dept of Health report: **'Summary of insight research with Middle Aged Adults' 1st Feb 2010**

Change4life Three year marketing Strategy mentioned above (Oct 11) contains details also.

Despite their scepticism and ineffective experiences of engaging with the world of health or adopting healthy behaviours, the campaign target audience were motivated by a desire to improve their health. Critically, they shared awareness that improving their diet and activity levels were a key means achieving better health. However, by their own admission they lacked two things: the motivation required to engage with behaviour change and a detailed understanding for how to go about making behaviour changes. The research indicated that there were 3 key hooks which appeared to engage the core target in the idea of changing their diet and activity levels to improve their overall health:

- Promising holistic, 'feel good' benefits that cover psychological and emotional benefits like greater self-esteem and physical benefits like better mobility and agility as well as specific health benefits like better digestion
- Promising short-term benefits that can be experienced relatively quickly following behaviour change but that cumulatively are able to add up to better overall health that may lead to longer term health benefits like better ability to fight off long term diseases (i.e. heart disease and diabetes)
- Promising weight loss as this was the most clear and unifying benefit sought from a campaign aimed at changing diet and activity levels although it was felt important that the promise of weight loss did not stand alone and was supported by other short term health benefits to ensure the campaign was not seen as a 'diet' or 'slimming' campaign.
- The preference of this group is making small changes or 'swaps' leading to an incremental change and benefit. This appears to trigger a reconsideration of current diet and activity.

Services

Following NICE guidance CG43 there is:

- an **Adult Weight Management Care Pathway** is a non-surgical care pathway aimed at reducing a patient's BMI. It follows a staged approach with four intervention levels based on clinical risk. Once a patient's risk level has been assessed, the resultant score becomes their intervention level and is used to identify the products and services available to them
- an adult **Specialist Weight Management Service** is run by Community Health Stockport for patients with BMI ≥ 40 with co-morbidities or patients BMI ≥ 50 without co-morbidity. Access is via GP referral and patients are assessed by the Weight Management Coordinator for referral onto approved weight management activities in Stockport, including **Change Your Life** a free 10 week weight loss course

There is also a range of other services for overweight people including:

- **Life Leisure** (formerly Stockport Sports Trust) which runs Stockport's Leisure Centre's has a new developing specialist weight management facility at Avondale
- The Community Health Stockport Lifestyle Service offers '**Keep it off for good**' for people with a BMI ≥ 30 or an at risk waist measurement. It is a 12 week weight management course set up as alternative to slimming clubs. Not a diet, it encourages a long-term approach to changing your lifestyle. This service is soon to come under the integrated Lifestyle service which will be a holistic service and also offer alcohol and physical activity support too.
- **PARiS** – Physical Activity on Referral in Stockport, commissioned by NHS Stockport and run by Life Leisure. It provides 6 month specialist support and physical activity for people with chronic medical conditions such as obesity, available borough wide. Referral is by health professionals. Eligibility and exclusion criteria apply.
- '**in2shape**' offshoot of PARiS run by Life Leisure. This is a weight loss course for over 16s, focussing on physical activity and sensible eating, for people with a BMI ≥ 30 or weight circumference (32" for Women, 37" for men) by self-referral.
- **Weight Watchers Vouchers (12 weeks)**
Free for over 18s who have BMI ≥ 30 / BMI ≥ 25 with a high waist circumference (F>88cm, M>102cm) / BMI ≥ 25 with a significant co morbidity (type 2 diabetes mellitus, hypertension, cardiovascular disease, dyslipidaemia, osteoarthritis, sleep apnoea)
- **Health Trainers** provide one to one healthier lifestyle support for people over 18 in a holistic way and delivered by peers – available to residents in eligible post code areas or registered with eligible general practices This service is soon to come under the integrated Lifestyle Service.
- **Cook Your Weight to Health** is a free 6 week weight management / cookery course for Brinnington and Offerton parents with a BMI ≥ 28 +
- **Food and Fitness for Families** – an obesity project which includes cookery, physical activity and growing projects; it is delivered in Brinnington and Offerton, primarily for local residents and tackles obesity in adults and children.
- **One weight loss drug is currently available on prescription.** Xenical is on the grey list which means it cannot be prescribed first line for weight loss. It can be prescribed for patients once they have tried lifestyle changes and other schemes designed to help with weight loss but still need additional help.
- **Weight Management advice** in general practice is given on a 1:1 basis by members of the primary care team; this is usually the practice nurse. Training has been provided and advice given on suitable support literature for patients. A series of appointments may be offered and patients will be directed to other services for additional help. Very occasionally practices will run group sessions for their patients.
- **Dieticians** see patients with BMI ≥ 30 referred by GPs at clinics throughout Stockport. These are usually patients with co-morbidities such as diabetes, heart disease, COPD, etc.
- **Postnatal Weight Watchers Referral Scheme** is a free supported 12 week Weight Watchers programme for postnatal mothers with a BMI ≥ 30 or over who have a baby over 3 months old, they course also involves attendance at the Abacus Children's Centre in Adswold once a month for the 3 'Cook and Taste' sessions.
- **Ready Steady Go & Cook** is an eight week weight management, cooking and keep fit course. For adults with a BMI ≥ 28 there is a nominal charge of £1 per session
- Many people **use private weight management providers** such as Weightwatchers, Slimming World, personal trainers and other commercial organisations to help them lose or manage their weight.

There are also limited opportunities for children's weight management:

- **All Together Active (A2A)** for 5-13 year olds and their carer. A 12 month behaviour change support programme targeted at the upper most percentiles of obese young people in Stockport (BMI $\geq 98^{\text{th}}$ centile). Small fee.
- **Be Active** for 5-12 year olds are fun physical activity sessions for overweight / inactive 5-12 year olds. Held at Heroes Gym at Target Life Hazel Grove

Areas of unmet Need

- At any one time approximately 10% of people with a lifestyle issue are ready to change, in Stockport this could equate to more than 5,000 adults and between 700-900 children. It is unlikely that there is sufficient capacity in services, other than prescribing and private providers, to meet this level of demand.
- Change4Life predicts that there are 11,700 children aged 0-10 living in families at high level of need for obesity. Approximately 2,300 of these are in families who are ready to change.

Recommendations for Commissioning

See “key messages” in summary needs assessment

Clinical Commissioning Group and others – base commissioning on latest evidence and local needs.

Additionally:

Children and Young People

- Interlink agendas and address multiple contributory factors simultaneously e.g. ‘EPODE’ type ‘whole community’ integrated approach – evidence shows this DOES lower obesity rates
- Strengthen integration in local networks for action e.g. Link up strategies and business plans to support holistic approach. e.g. Neighbourhood Management Boards, Child Poverty Strategy, Healthy Child Programme, Act Family Supporting Families Pathway etc.
- Aim for a Breastfeeding , Physical Activity and Healthy Weight ‘champion’ in each NMB
- Widely distribute new PA guidelines
- Thread C4Life calendar events in to already existing plans e.g. after Xmas food campaign, Feb alcohol awareness campaign, Summer activities and Autumn walks campaigns
- Promote evidence-based training for Early Years staff e.g. HENRY
- BFI ‘Community’ – Stockport only GM borough not to have yet signed up
- Conduct research project: ‘Why breastfeeding not taken up in Brinnington’
- Move towards electronic records system for school nurses and health visitors so we can capture and utilise information gleaned from the 2 year check for toddlers.
- Health Visitor HENRY evidence –based training opportunities. HV plan – move from signposting towards brief interventions and more closely integrate into Children’s Centre work
- Play strategy should be extended – with an Early Years and Priority Areas focus.
- Develop an agreed local pathway? Targeted Healthy Child Pathway links to Child Poverty Strategy
- A2A to continue
- Address training issues (see chart) ‘making every contact count’ impact on Public Health essentials
- Play Streets – events?

Adults

- Swap it don’t stop it campaigns – also remind re calories in alcohol - suggest reductions in alcohol consumption are best accompanied by other lifestyle improvements
- Widely distribute PA guidelines
- Aim for a Breastfeeding , Physical Activity and Healthy Weight ‘champion’ in each Neighbourhood Management Board
- Develop mass participation events in parks etc as part of the Olympic legacy.
- Develop Cluster maps to incorporate Key indicators, channel preferences and service use
- Healthy Stockport- links with C4L as well as Workplace wellbeing.
- Wellbeing Champion at the Chamber of Commerce
- Allotments development/school ‘grow your own’ programmes to facilitate intergenerational activity
- Weightwatchers to be targeted on P1 areas

Outcomes and measures for Commissioning

This is to be confirmed; at the moment indicator and performance are in a state of flux pending the release of the Public Health Outcome Framework. We will continue to monitor child obesity via the National Child Measurement programmes and adult obesity via the triennial Lifestyle Survey and GP registers.

Our aim is to first to halt the rise in obesity, especially in children, and then to reverse the rising trend; but specific targets have yet to be set.

An appropriate measure for physical activity will be actively sought and used as this is the priority for action.

Deprivation

Following discussion with PCT & SMBC colleagues, we are proposing the following trend target for Y6 obesity for the neighbourhood management areas:

‘to reduce the rate of increase in the percentage of children in Year 6 recorded as obese within all NMAs by 2014 using combined 3 year figures’

The rationale for this, rather than setting annual targets, being:

When considering the volatile nature of the data around childhood obesity within neighbourhood areas as a result of the small cohort sizes (even when considering 3 year data), setting specific annual targets would be neither accurate nor informative. By setting a challenging direction of travel trend, it not only fits with the national ambition to have ‘a sustained downward trend in the level of excess weight in children by 2020’ but provides more valid & intelligent data to inform planning.

Recommendations for further Needs Assessment

- Full analysis of the child obesity data by ethnic group, to enable effective targeting at any higher risk populations.
- Better estimates of adult obesity, as self-reported measurements are underestimating the issue. A project to assess and make use of Stockport Health Record GP data in 2012 should provide better estimates locally.
- An accurate and reliable measure of levels of activity in both adults and children, currently lifestyle surveys which are run infrequently are the only source of data.
- Accurate data at the neighbourhood management area level would support interventions to target disadvantaged areas.
- Capacity modelling of current services, compared to anticipated need.

Other sources of data and information:

National Child Measurement Programme As part of the programme, children in Reception Year (ages four and five) and Year 6 (ages 10 and 11) are weighed and measured at school (Stockport data is presented above)

Health Survey for England

The Health Survey for England (HSE) is an annual report that presents information on child BMI and obesity for children in England aged 2 to 15. Information is presented at England level and in some years by Strategic Health Authority. The HSE 2010 published by the NHS Information Centre on December 2011. <http://www.ic.nhs.uk/pubs/hse10report>

Health Survey for England trend tables

The HSE trend tables are published alongside the HSE main report and provide time series data on child height, weight, Body Mass Index (BMI) and obesity for children aged 2 to 15. Information is available for 1995 to 2009, with trend tables updated for 2010 published alongside the main report in December 2011. The HSE publications can be accessed from the following link: www.ic.nhs.uk/hse

National Obesity Observatory (NOO)

The National Obesity Observatory (NOO) provides a number of resources relating to the NCMP and child obesity in general. NCMP resources include the child e-Atlas (a data visualisation tool contain NCMP data at PCT and LA level for all years of the NCMP), guidance for analysis of NCMP data, and a variety of

reports providing detailed analysis of NCMP data. Resources relating to child obesity in general include a slide set which presents key data and information on child obesity and a simple guide to classifying body mass index in children.

***A Key resource we recommend** is the **Evaluation Data Collection Tool** which is recommended for use to collect standardised summary data from any weight management, diet or Physical Activity intervention. All NOO resources can be accessed via the NOO website: www.noo.org.uk

Statistics on Obesity, Physical Activity and Diet: England 2011

This compendium report brings together a wide range of information on child obesity, diet and physical activity, along with information on obesity in adults and health outcomes associated with obesity.

<http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/obesity/statistics-on-obesity-physical-activity-and-diet-england-2011>

NEW Physical Activity guidelines for different ages available on:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127931

School Food Trust

School Food Trust - New guidelines launched on food and drink in early years Jan 2012

<http://www.schoolfoodtrust.org.uk/news-events/news/new-guidelines-launched-on-food-and-drink-in-early-years>

Healthy lives, healthy people: a call to action on obesity in England Oct 2011 Sets out how the new approach to public health encourages new national obesity ambitions and a wide range of partners to play their part. <http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm>

Change4Life three year social marketing strategy

Sets out a new strategy (2011–14) for the Change4Life programme. Published as a companion to Healthy Lives, Healthy People: describes how the Change4Life will support lifestyle changes.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130475

Public Health Responsibility Deal: What we eat, how much we drink and how active we are is heavily shaped by our environment. Creating the right environment can empower people to take responsibility for their health and make healthy choices. Established to tap into the potential for businesses and other organisations to improve public health and tackle health inequalities through their influence over food, alcohol, physical activity and health in the workplace. March 2011.

<http://www.dh.gov.uk/en/Publichealth/Publichealthresponsibilitydeal/index.htm>