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The Planning Inspectorate,

20th December 2013.

Dear Sir or Madame,

APP/H6955/A/13/2208713

Comments

Background

The Healthy Eating and Being More Active Outcome Group (HEBMA) is a multiagency group which oversees local initiatives to tackle the rising trends of overweight and obesity within Wrexham County Borough. Obesity and overweight is considered within Wrexham Single Plan as a priority public health issue as a pre-determinant of Coronary Heart Disease, diabetes, cancers and other chronic health conditions with increasing morbidity and mortality. The HEBMA reports through a Public Health Commissioning Group to the Partnership Development Board and as such is a high level strategic group and its membership is drawn from experts in public health, health visiting, school nursing, dieticians, sports professionals, workforce development and community planning and regeneration.

In terms of evidence base, the environment is a powerful determinant of an individual or family's ability to make healthy choices. Cultural and environmental changes over the past decade have led to individuals adopting a sedentary lifestyle centred around car dependency and leisure pursuits such as computer games coupled with a reliance on convenience foods. Much of this is not attributable completely to individual choices, but to environmental factors such as accessibility and availability of unhealthy food locally, hectic lifestyles and busy main roads which can make it very difficult for some to choose active transport and a healthy diet. These effects are magnified in areas of deprivation.

The HEBMA has developed a strategic approach which consists of tackling the obesogenic environment through influence of policy and practice, putting in place a range of interventions across community, workplace and school settings aimed at prevention and a range of secondary and tertiary level clinical and non-clinical interventions to support those already overweight and obese. The Healthy Eating and Being More Active Strategy has already been provided to the Local Planning Authority and we would expect it to be considered as part of this Appeal. We attach it again as Appendix A for ease of reference.

Objection

We strongly object to the variation of opening hours at the relevant premises. The development was contrary to Local Planning Guidance Note 9 Hot Food Takeaways and was rightly refused consent at the stage of planning application P/2012/0490 under delegated powers. I attach a copy of our original

Serving the communities of Wrexham County Borough | Yn Gwasanaethu Cymunedau Bwrdeistref Sirol Wrecsam

objection (Appendix B) which outlines the reasons we objected to the location of the hot food takeaway, and we request that the contents are taken into consideration in determining this application.

Unfortunately at Appeal APP/H6955/A/12/2183661 the application was allowed (our submission is included as Appendix C), however the Inspector imposed conditions related to opening times. The reasons for preventing opening prior to 4pm are detailed under a section entitled "health of local children". We consider that 4pm opening is far too early to prevent the hot food takeaway being a destination of choice on route home from school for secondary school children. Secondary school aged children are more likely to choose unhealthy options, this is compounded by the bus stop for the local secondary schools being directly outside the hot food takeaway. This is also applicable for those primary age children attending after school club. Although limited protection is provided for primary and nursery school children who leave at 3.30pm.

The Appellant submitted a request for variation P/2013/0559 to extend opening hours to which we objected. A copy of our objection is included as Appendix D.

The planning documents state clearly that the change of hours are from 12 noon Mon-Thurs and 1pm Friday, this contrasts with detail on appeal documents which claim the extensions are in the evenings and 1pm Friday only on weekdays. In either scenario the extended opening hours allow for increased opportunity to consume takeaway food for school aged children during the week. This is not conducive to the promotion of an environment which promotes making healthy choices, for a local population which is already at risk of poor health outcomes. If a variation in opening hours were to be granted the appellant would have the opportunity to target those children who are most amenable and vulnerable to marketing of hot food takeaways, these are the very individuals which public policy should be protecting and making it more likely for them to make healthy choices.

The LPA Wrexham County Borough Council has endeavoured to promote healthy public policy through the development and implementation of LPG 9, sadly this was not supported nationally by the Planning Inspectorate when Appeal APP/H6955/A/12/2183661 was granted. If the conditions imposed in that decision are not upheld in determination of this Appeal then it calls into question the value of adopting such policy at local level since implementation is now incurring unnecessary costs for the LPA in defending such Appeals.

We also attach a letter of objection to the variation from Public Health Wales (Appendix E) which also underlines the importance of adopting healthy public policy. The public health implications for this objection are clearly described in NICE (National Institute for Health and Clinical Excellence) Guidance 2010, "Prevention of Cardiovascular Disease at a Population Level". This states that local planning authorities have the powers to control fast-food outlets, which in turn impacts on a community's health and well-being. WCBC have taken the lead in Wales for implementing planning guidance (as have other areas in England) and should be supported in its implementation. Subsequently Public Health Wales fully supports our objection.

We strongly object to this appeal on grounds that increased hours of opening will provide increased availability of hot food takeaways which would have the potential to impact negatively on the health of local school children. In addition it is important to support the adoption of healthy public policy, to allow this appeal would send a message to LPAs that adoption of such local guidance is pointless, as well as setting a negative precedent for other local authorities across Wales who are considering adopting such guidance.

We respectfully request that the Appeal is dismissed.



The Healthy Eating and Being More Active Strategy

Making the Healthy Option the Easy Option

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Foreword

In November 2009 the First Minister for Wales, Rhodri Morgan, emphasised the importance of prioritising action to reduce the burden of chronic disease, such as Coronary Heart Disease (CHD), on the people of Wales. He announced that Wales must address sedentary lifestyles – made up of computer games, remote controls and junk food – if it is to tackle the massive burden of heart disease¹. Speaking on Wales Online he said:

“There’s nothing more toxic to the future of society than to have a combination of playing on the PC or PlayStation and children persuading their parents to get them a Big Mac. This will have horrific consequences for their likelihood of having heart disease or diabetes in the future.”

His sentiments were backed up by a call to action from Dr Mike Knapton, an associate medical director of the British Heart Foundation,

“Physical activity can reduce the risk of having a heart attack by up to half - young people need to switch off their square eyes and get in the habit of exercising now. Mums and dads need to take off the blinkers about how active children need to be in order to keep their hearts healthy”.

Mr Morgan said Wales should follow Finland’s lead in addressing heart disease. Thirty-five years ago the Scandinavian nation had the worst heart health in Europe - today it has one of the best. Making fundamental changes to an individual’s diet have a greater affect than making improvements to existing NHS cardiac services alone, he added.

“Education, exercise, healthy eating and less smoking are absolutely fundamentally important side by side to what happens inside the doors of the NHS. I know how damn difficult it is to get people to amend their lifestyle before they get the shock of a heart problem...”

Although lifestyle changes are an essential part of the solution to tackle the rising incidence and mortality from CHD and Obesity, these important public health issue cannot not be addressed by lifestyle alone; in developing our strategies we must also be mindful of the wider social and environmental determinants of health. Ensuring that for Wrexham residents we make the healthy option the easy option.

We recognise that our vision of reducing deaths through CHD and preventing the rise in obesity is a challenging one and that we will have to prioritise the outcomes we wish to achieve, in light of the resources available to partners over the life time of the Strategy.

Encouraging individuals to adopt a healthier lifestyle has been the objective of a range of programmes within Wrexham County Borough. The MEND programme has been successful in engaging young people and families to adopt healthier behaviours, whilst the Appetite for Life scheme has completely transformed lunchtime at local schools.

¹Rhodri Morgan fears for ‘toxic generation raised on PlayStation and burgers’ Wales On line Nov 27 2009
By Madeleine Brindley Health Editor Comments Rhodri Morgan has launched a scathing attack on “toxic” childhoods which he believes will have an “horrific” effect on our children’s future health.

Exercise on Referral has encouraged people to become more active to benefit their health. Progress has been made in many areas but in future (as a result of the adoption of this strategy) local programmes will be far more co-ordinated and better performance managed to show progress at a population level.

It is important to be clear that the identified outcomes cannot be achieved overnight. To change the culture of a whole community, to bring about the level of behaviour change that is needed to demonstrate the positive impact on individuals' quality of life and health outcomes requires a long term approach. Whilst the current Health, Social Care and Well-being Strategy "Caring for Our Health" is only in force until 2011, it is envisaged that this Healthy Eating and Being More Active Strategy will be incorporated into successive local planning policy and strategy.

Acknowledgements

The Health, Social Care and Well-being Strategy Partnership Board would like to acknowledge the work carried out by a range of stakeholders leading to the development of this strategy. In particular the work undertaken by Lynne Kennedy of the University of Glyndwr Faculty of Public Health and Eveline Hooft Van Huysduynen student of the University of Wageningen , Netherland.

Executive Summary

Overall aim:

To improve the health and well-being of the people of Wrexham by reducing the levels of obese and overweight adults and children through healthy eating and being more active.

Wrexham currently has one of the highest levels of CHD in Wales and therefore Key Aim 1 of *Caring for our Health*², targets reducing Coronary Heart Disease as a major priority. This ***Healthy Eating and Being More Active Strategy (HEBMA)*** has been developed to contribute to reducing CHD in Wrexham through an emphasis on reversing current trends for overweight and obesity - an important but preventable risk factor for CHD - through diet and physical activity.

The health risks associated with overweight and obesity are well documented, and pose significant risks both in terms of individual suffering through increases in levels of morbidity and mortality due to preventable conditions and societal burdens associated with treating and managing chronic conditions and lost economic productivity through absence from work.

Diet and physical activity levels play a significant role in maintenance of a healthy weight, and contribute to the prevention of many chronic conditions. In terms of access to a healthy diet, the recommendations focus on a balanced diet. In Wales, and the UK, current advice recommends a diet that is sufficient in energy intake (to maintain a healthy weight), low in total and saturated fat; low in salt; high in complex carbohydrates (pulses and grains), high in fruits and vegetables; moderate in low fat dairy foods and meat/poultry/fish/eggs. Breastfeeding is important to give infants the best start in life and ensures a lower risk of overweight and obesity later in life. Being physically active is influential in having a positive impact on the risk factors for a range of chronic conditions and maintaining a healthy weight.

Available population data has been analysed to identify current trends in rates of overweight and obesity in Wrexham County Borough. Consideration has also been given to trends in behaviours and lifestyle choices, such as eating five portions of fruit and vegetables per day. There are gaps in data from a local perspective, and in some instances Wales wide or even UK data sets have been utilised to gain a picture of national trends. It is clear that action is needed to reduce the levels of overweight and obesity in both adults and children. With reference to lifestyle choices, there is a need to improve diet and breastfeeding rates, and despite positive indications of levels of physical activity increasing further development is needed with a range of targeted groups. Health inequalities exist, and populations subject to deprivation are more likely to be affected by overweight and obesity and more likely to experience barriers to accessing healthy food and physical activity opportunities.

²The Health Social Care Well-being Strategy; 'Caring For Our Health' 2008-2011, Wrexham County Borough Council. http://www.wrexham.gov.uk/english/council/documents/hscwb_strategy.htm

The scientific model of health focuses very much on the role of the individual and energy balance as the primary explanation for the so-called global 'obesity epidemic'. High fat, energy dense diets and sedentary lifestyles of the last 20 to 30 years, along with economic growth, urbanisation and the globalization of food markets have all contributed to the problem of obesity. In order to halt the rise in levels of obesity and overweight, it is necessary to adopt a multi agency population based³ approach.

The key areas identified for the HEBMA strategy are:

- Tackling the **obesogenic** environment to make the healthy option the easier option.
- Encouraging people to build physical activity into their daily routines.
- Promoting children's health through maternity, parenting, early years and school settings.
- Supporting healthy eating and being more active in the school, home, community and work place.
- Providing more effective treatment and support when people become overweight or obese.

There are a range of interventions and programmes in operation throughout the Wrexham County Borough. The Healthy Eating and Being More Active Programme Group will support the development of and monitor a co-ordinated Action Plan which brings together existing initiatives and allows for more effective and efficient use of resources, highlighting areas of risk. Results Based Accountability⁴ will be used to contribute to monitoring and evaluating the strategy and action plan.

Many current initiatives are provided via time limited grant revenue streams, and in the current economic climate substantial new sources of revenue for this work are not expected to be forthcoming from national government (as has been the case in England) and activities undertaken to meet the intended outcomes will have to be resource neutral. The third sector will be supported to access charitable funds and grants to maximise available resources to deliver in Wrexham.

³Friedman, Mark, Trying Hard Is Not Good Enough, 'How to produce measurable improvements for customers and communities', Trafford Publishing, 2005

⁴Friedman, Mark, Trying Hard Is Not Good Enough, 'How to produce measurable improvements for customers and communities', Trafford Publishing, 2005

Introduction

Major chronic diseases, although largely preventable, are a main cause of premature death and the overall disease burden in western industrialised societies⁵. The UK currently has one of the highest levels of premature or avoidable death (people dying before the age of 65) in Europe⁶. In 2002, the average life expectancy for adults living in Wales was 2 to 3 years lower than the best in Europe and lower than levels in England; today, circulatory diseases (mainly Coronary Heart Disease and stroke) remains the chief cause of premature death in Wales, accounting for approximately 40% of all deaths, followed by cancers and respiratory diseases⁷. Although notable improvements have been made in recent years, heart disease is still Wales' biggest killer, accounting for more than 11,000 deaths each year. Moreover, social and geographic variation in the levels of CHD mortality have increased further; with people living in most socially deprived areas and neighbourhoods affected most⁸.

Chronic disease not only impacts on the individual in terms of suffering, poor quality of life and premature death, it affects families and society at large. The economic burden of diet-related ill health and disease in the UK is estimated to cost the NHS between £4 billion and £6 billion a year; costs to the economy, through working days lost, are also substantial. National and local action to reduce the burden of chronic disease and improve public health is therefore a key priority for government at all levels.

Effective action requires sound knowledge of the causal factors and a robust evidence base. The exact nature and cause of diseases - such as CHD - is complex and multi-factorial. Nonetheless, knowledge of the major risk factors, including biological (hereditary factors), structural (educational attainment, social class) and individual lifestyle (smoking, diet and physical activity for example) is now well established.

Obesity, diet and sedentary lifestyle **are key risk factors for heart disease**. A strategy aimed at prevention of chronic disease, including CHD, through adoption of a healthier diet and being more active is therefore essential. This advice is consistent with international public health policy and guidance. The *World Health Organisation (WHO) Global Strategy on Diet, Physical Activity and Health*⁹, *Food and Health Action Plan for Europe*¹⁰ and the *Countrywide Integrated Non-Communicable Diseases Intervention (CINDI) strategy to prevent chronic disease in Europe*¹¹ all advocate the adoption of **population-wide prevention-based strategies**, to tackle chronic disease as the major causes of premature death and morbidity worldwide.

⁵The World Health Report 2002. Reducing the risks, promoting healthy life. Geneva, World Health Organization, 2002

⁶The European Health Report 2002. Copenhagen, WHO Regional Office for Europe, 2002 (WHO Regional Publications, European Series, No. 97)

⁷Health in Wales The Chief Medical Officers Report 2001/2 (2002) The national Assembly for Wales, Cardiff

⁸Chief Officer for Wales Annual Report 2008 (2009) Welsh Assembly Government, Cardiff

⁹WHO, May 2004. Global strategy on Diet, Physical activity and Health. [pdf] Available at: http://whqlibdoc.who.int/publications/2004/9241592222_eng.pdf

¹⁰WHO, 2004. Food and health in Europe: a new basis for action. [pdf] WHO regional publications. European series; No. 96. Available at: <http://dosei.who.int/uhbincgisirsi/0fF57mm488/295580037/9>

¹¹WHO, 2004. A strategy to prevent chronic disease in Europe: A focus on public health action. [pdf] Denmark: European Regional Office. Available at: <http://www.euro.who.int/document/e83057.pdf>

Part 1: Policy Context and Background

Levels of CHD are unacceptably high in Wales compared with the rest of Europe. In addition as a population people living in Wales are not meeting global recommendations for key risk factors, such as levels of overweight and obesity, dietary fat intake and fruit and vegetable consumption¹².

Wrexham currently has one of the highest levels of CHD in Wales and therefore Key Aim 1 of Caring for our Health, targets reducing Coronary Heart Disease as a major priority¹³.

This *Healthy Eating and Being More Active Strategy* has been developed to contribute to reducing CHD in Wrexham through an emphasis on reversing current trends for overweight and obesity – an important but preventable risk factor for CHD - through diet and physical activity.

The strategy forms part of wider policy initiatives and action under *Caring for Our Health 2008-2011*, the Health, Social Care and Well-being Strategy for Wrexham County Borough and should therefore be viewed in context with the broader health and well-being agenda.

Moreover, the Healthy Eating and Being More Active Strategy represents a broad *partnership approach* to *promote healthy eating* and *being more active* in Wrexham, which, besides tackling the rising problem of obesity the strategy will also provide additional benefits to enable individuals and communities to take greater control over their own health and well-being.

This strategy is informed by **international, national and local policy context** for safeguarding and improving public health and well-being (Box 1).

¹²Health in Wales The Chief Medical Officers Report 2001/2 (2002) The national Assembly for Wales, Cardiff

¹³The Health Social Care Well-being Strategy; 'Caring For Our Health' 2008-2011, Wrexham County Borough Council. http://www.wrexham.gov.uk/english/council/documents/hscwb_strategy.htm

Box 1: Policy drivers of the Wrexham Eating Healthy and Being More Active Strategy

Global:

World Health Organisation Global strategy on diet and physical activity and health¹⁴ identifies a leadership role of government in initiating and developing food and health policy and ensuring its implementation.

*Food and Health in Europe: a new basis for action*¹⁵ highlights need for integrated and multidisciplinary food and nutrition policies; encouraging sustainable food production and the need for affordable and accessible food.

Wales & Wrexham

The diet and nutritional policy context in Wales is outlined in the national strategy *Food and Well-being: The nutrition Strategy for Wales*¹⁶. This sets out the Welsh Assembly Government (WAG) commitment and priorities for achieving a healthier diet for the whole population of Wales, reducing food poverty and inequalities in Health. Besides advocating improvements to diet and nutrition the strategy also addresses overweight and obesity.

Health Challenge Wales- and the local equivalent *Health Challenge Wrexham* - invites all sections of society, including organisations and individuals to take steps to improve health and well-being. Launched in 2004, it provides policy and strategic direction for the drive to improve health, a key theme is tackling obesity.

The WAG *Food and Fitness Task Group* has been responsible for addressing food, nutrition and physical activity.

The Wrexham Breastfeeding Strategy sets out the actions to be implemented locally to improve breastfeeding rates and so provide a better start for infants and young children, with benefits lasting into adulthood.

Creating an Active Wales (2010) is the WAG policy and action plan for physical activity and builds on the previous document *Climbing Higher*. It recognises that physical activity and sport are beneficial to health and that a partnership across WAG, local authorities, the NHS, the third sector and our communities is essential if we are to gain the benefits of an active and healthy Wales.

<http://wales.gov.uk/docs/phhs/publications/activewales/100121activewalesen.pdf>

¹⁴WHO, May 2004. Global strategy on Diet, Physical activity and Health. [pdf] Available at: http://whqlibdoc.who.int/publications/2004/9241592222_eng.pdf

¹⁵WHO, 2004. Food and health in Europe : a new basis for action. [pdf] WHO regional publications. European series; No. 96. Available at: <http://dosei.who.int/uhtbin/cgiisirs/0fF57mm488/295580037/9>

¹⁶Food Standard Agency Wales. February 2003. Food and Well Being Reducing inequalities through a nutrition strategy for Wales. [pdf]. Cardiff. Available at: <http://food.gov.uk/multimedia/pdfs/foodandwellbeing.pdf>

Part 2: Healthy Weight, Eating More Healthily and Being More Active

Being either underweight or overweight increases the risk of ill health, chronic diseases and premature death. Indeed, the importance of maintaining a healthy weight cannot be underestimated. Problems of underweight and related nutritional deficiencies, although not widely publicised have a substantial impact on people's health and quality of life particularly vulnerable groups such as older people or disabled people. As the age profile of the population increases, problems associated with underweight and malnutrition will also become more prevalent and warrants mention in the HEBMA strategy. The primary focus however will be to address the individual and social burden of current public health issues, such as the unacceptably high levels of CHD and obesity in the local population, through immediate action to reduce and prevent further rises in obesity together with a longer term goal of promoting a culture of eating healthily and being more active.

Diet, Eating Healthy and Public Health

The food we eat has a major impact on our health (See Box 2). It is widely reported that diet, physical activity and obesity play an important role in the development - and also in the prevention - of chronic disease and are therefore important public health issues of our time.

Box 2: Evidence linking diet and public health

A diet rich in fruits and vegetables is associated with decreased risk of coronary heart disease¹⁷

A low intake of fruits and vegetables is estimated to cause about 19% of gastrointestinal cancer.¹⁸

Eating just one extra portion of fruit and vegetable a day decreases risk of CHD by 4% and stroke by 6%¹⁹

Between 30% and 40% of all cancers can be prevented through changes in diet and physical activity and maintenance of appropriate body weight²⁰

Reducing our salt intake to no more than 6g / day, can result in a 22% reduction in the incidence of stroke and 8% reduction of CHD²¹

¹⁷National Heart Forum, 1997. Preventing CHD: The role of antioxidants, vegetables and fruit. London: The Stationary Office.

¹⁸WHO, May 2004. Global strategy on Diet, Physical activity and Health. [pdf] Available at: http://whqlibdoc.who.int/publications/2004/9241592222_eng.pdf

¹⁹Joshiyura, J. et al., 2001. The Effect of Fruit and Vegetable Intake on Risk for Coronary Heart Disease. Annals of Internal Medicine, 134, 1106-1114.

²⁰National Public Health Service for Wales, 2005. Framework for Action Nutrition. [doc]. Available at: [http://www2.nphs.wales.nhs.uk:8080/WiderDeterminantsdocs.nsf/61c1e930f9121fd080256f2a004937ed/026565e966c1f4948025708900310ce5/\\$FILE/FrameworkforactionNutrition.pdf](http://www2.nphs.wales.nhs.uk:8080/WiderDeterminantsdocs.nsf/61c1e930f9121fd080256f2a004937ed/026565e966c1f4948025708900310ce5/$FILE/FrameworkforactionNutrition.pdf).

²¹Wanless D., 2004. Securing good health for the whole population –final report. [pdf]. Department of Health. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4074426.

A global consensus on what constitutes a healthy diet now exists based on the premise that eating certain foods may have protective and even beneficial effects on people's health²². In Wales, and the rest of the UK, current advice recommends a diet that is:

- sufficient in energy intake (to maintain a healthy weight)
- low in total and saturated fat
- low in salt
- high in complex carbohydrates (pulses and grains)
- high in fruits and vegetables
- moderate in low fat dairy foods and meat/poultry/fish/eggs.²³

This particular dietary pattern is supported by epidemiological evidence recommending a diet conducive to achieving optimum nutrition and improved public health.²⁴ These recommendations and the scientific basis for eating a healthy diet have also been translated into healthy eating messages for the general public

Box 3: Healthy Eating Advice to the Public

Eating a healthy, balanced diet can help improve our health in both the short and the longer term. A varied and balanced diet is important for good health.



²²James W.P.T. et al., 1988. Healthy nutrition: preventing nutrition-related diseases in Europe. WHO Regional Publications. European series No 24.

²³Committee on Medical Aspects of Food Policy, 1984. Diet and Cardiovascular Disease. Report on Health and Social Subjects Number 28. Department of Health and Social Security. London: MSO.

²⁴WHO, May 2004. Global strategy on Diet, Physical activity and Health. [pdf] Available at: http://whqlibdoc.who.int/publications/2004/9241592222_eng.pdf

Physical Activity and Public Health

The scientific evidence in favour of physical activity and being more active in our daily lives is increasingly compelling (Box 4).

Box 4: Evidence linking physical activity and public health

A lack of physical activity is estimated to contribute to 22-23% of CHD, 15% of Diabetes and 12-13% of stroke in developed countries, such as Wales²⁵

Health benefits of physical activity extend across the life course and relate to cardiovascular disease, diabetes, musculoskeletal health, cancer, mental health and well-being²⁶.

Adults who are physically active have 20-30% reduced risk of premature death and up to 50% reduced risk of developing the major chronic diseases.²⁷

Physical activity can bring benefits to the wider economy, including increased productivity and reduced sickness absence from the workplace.²⁸

Action targeting physical activity promotion can also help create healthier communities (through cycling routes and walk ways) and enhance neighbourhoods through safe roads or clear air²⁹

Active ageing can extend our ability to live independently, reduce falls and improve social engagement, boosting quality of life for individuals and saving on costs of health care³⁰

A 20% increase in cycling by 2015 would result in a decreased mortality rate, valued at £107 million, with potential savings to the NHS of £52 million from reduced illness and a further £87 m saved by employers through reducing absence³¹

International and national guidance for physical activity advise that adults should take part in physical activity for 30 minutes on 5 or more occasions in a week (5 x 30); the recommended amount of physical activity for children is at least 60 minutes on five or more days.³²

²⁵World Health Organisation 2002. World Health Report, 2002: Reducing risks promoting healthy life. Geneva

²⁶Department of Health, 2004. At least 5 a week: evidence on the impact of physical activity and its relationship to health. [pdf] Available at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4080994

²⁷Department of Health, 2004. At least 5 a week: evidence on the impact of physical activity and its relationship to health. [pdf] Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4080994

²⁸WHO (2002) *ibid*

²⁹WHO (2002) *ibid*

³⁰Department of Health, 2009. Be active Be healthy: A plan for getting the nation moving. [pdf]. Available at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094358

³¹Cavill N. and Davis A., 2009. Cycling and Health: What is the evidence? Cycling England. Available at:
http://www.dft.gov.uk/cyclingengland/site/wp-content/uploads/2009/01/cycling_and_health_full_report.pdf

³²NICE, Jan 2009. Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings. [pdf] NICE Public Health Guidance 17. Available at: <http://guidance.nice.org.uk/PH17/Guidance/pdf/English>

Breastfeeding and Public Health

Breastfeeding has been shown to provide health benefits to both infant and mother and more recent claims suggest a protective effect against obesity. According to a recent review, there is a positive relationship between the duration of breastfeeding and a lower risk of becoming overweight as a child³³ regardless of maternal body weight³⁴. This is supported by studies of infants who are not breastfed where evidence suggests that babies who are not breastfed are more likely to become obese in later childhood^{35 36 37}. Mothers who do not breastfeed have been shown to have more problems returning to their pre-pregnancy weight³⁸. Low breastfeeding rates and poor weaning practices are linked to malnutrition and poor cognitive development and digestive and respiratory infections in infants and young children³⁹.

Box 5: Current breastfeeding recommendations⁴⁰

- Breast milk is the best form of nutrition for infants
- Exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life
- Six months is the recommended age for the introduction of solid foods for infants
- Breastfeeding (and/or breast milk substitutes) should continue beyond the first six months, along with appropriate types and amounts of solid foods.

Despite increased preference for bottle feeding over breastfeeding in the current population⁴¹, the evidence unequivocally recommends that exclusive breastfeeding should be maintained for at least the first six months of a babies life (Box 5), and is not only more beneficial but is critical to a healthy start in life⁴² and may help prevent health problems in adulthood⁴³.

³³Harder T, Bergmann R et al (2005) Duration of breastfeeding and risk of overweight: a meta-analysis. *American J of Epidemiology*, 162 (5): 397-403

³⁴Mayer-Davies EJ, Rifas-Shiman SL et al (2006) Breastfeeding and risk for childhood obesity, *Diabetes Care*, 29: 2231-2237

³⁵Department of Health, 2004. Choosing a better diet: a food and health action plan. [pdf.] London: Department of Health. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4082161.

³⁶Li L. et al., 2003. Breast feeding and obesity in childhood: cross sectional study. *British Medical Journal*, 327, pp. 904-905.

³⁷Michels K.B., et al., 2003. A longitudinal study of infant feeding and obesity throughout life course. *International Journal of Obesity*, 31, pp. 1078-1085.

³⁸Department of Health, 2004. Choosing a better diet: a food and health action plan. [pdf.] London: Department of Health. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4082161.

³⁹WHO (2002) *ibid*

⁴⁰Bolling k. et al., 2006. Infant Feeding Survey, 2005. The Information Centre. [pdf] Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005>.

⁴¹Bolling k. et al., 2006. Infant Feeding Survey, 2005. The Information Centre. [pdf] Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005>

⁴²World Health Organisation, July 2009. Ten facts on breastfeeding. [online] Available at: <http://www.who.int/features/factfiles/breastfeeding/en/index.html>.

⁴³Mayer-Davies EJ, Rifas-Shiman SL et al (2006) Breastfeeding and risk for childhood obesity, *Diabetes Care*, 29: 2231-2237

Obesity and Public Health

According to the WHO obesity is now the most widespread nutrition-related disorder in western industrialised countries⁴⁴. It is a disorder in which excess fat has accumulated to an extent that it endangers health⁴⁵. Obesity is commonly measured using Body Mass Index (BMI) defined as a person's weight in kilograms divided by their height in metres squared. Health risks associated with obesity are greater the higher the BMI.

Table 1: Weight categories based on BMI

	BMI (kg/m ²)
Healthy weight	18.5 – 24.9
Overweight	25-29.9
Obesity I	30-34.9
Obesity II	35-39.9
Obesity III	40 or more

The BMI of children is measured against standardised reference tables to provide guidance on recommended BMI according to child's age and sex. Children over the 98th percentile are classified as obese and those over the 91st percentile are classified as overweight⁴⁶.

In the last three decades the rise in numbers of adults and children in the UK classified as either overweight or obese has been dramatic. Most recent figures indicate approximately half the adult population is either overweight or obese; 30% of children (aged 2-15) are overweight whilst 16% are obese⁴⁷. Overweight and obesity are well known risk factors for CHD. Moreover, obesity is also a major contributor to other diet related diseases or conditions, such as high blood pressure, certain cancers, Type 2 Diabetes, musculoskeletal problems and can adversely affect self-confidence, esteem and mental health⁴⁸. (See Box 6)

⁴⁴National Heart Forum, 2007. Lightening the load: tackling overweight and obesity. [pdf]. Department of Health: Available at: http://www.heartforum.org.uk/Publications_NHFreports_Overweightandobesitytool.aspx

⁴⁵National Heart Forum, 2008. Healthy Weight, Healthy Lives: A toolkit for developing local strategies. [pdf]. Department of Health. Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088968

⁴⁶Cole TJ, Freeman JV & Preece MA (1995) Body Mass Index Reference curves for the UK, 1990. Archives of Disease in Children, 73: 25-29

⁴⁷National Heart Forum, 2008. Healthy Weight, Healthy Lives: A toolkit for developing local strategies. [pdf]. Department of Health. Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088968

⁴⁸Health Development Agency, 2003. The management of overweight and obesity- Evidence Briefing. [pdf]. National Public Health Service. Available at: http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/management_of_obesity_and_overweight_evidence_briefing.jsp

Box 6: Health risks associated with obesity.

Obesity has shown to reduce life expectancy by on average 11 years.⁴³ Each year around 28,000 heart attacks in the UK are attributable to obesity.⁵⁰

Research into the effects associated with obesity have proven it is an increased risk factor for diseases such as coronary heart disease (CHD), stroke, type 2 diabetes, osteoarthritis and cancer.⁵¹ If the prevalence of obesity continues to rise at the current rate, we will see a corresponding increase in CHD (20%), stroke (30%) and type 2 Diabetes (70%).⁵²

Increased risk of cancers, particularly post-menopausal breast cancer and endometrial cancer in women, is associated with obesity.⁵³ Children who are overweight or obese are more likely to be obese in adulthood; and the chance of overweight or obese in adulthood increases with the age of the child.⁵⁴

The risk of overweight and obesity in children is considerably higher where one or both parents are already obese.⁵⁵ Obese patients who lose just 10kg of weight have a 20-25% decrease in overall mortality.⁵⁶

The mental health benefits of losing or maintaining a healthy weight are also considerable, with strong links between body weight, mental health and well-being; people who are overweight or obese tend also to suffer from problems associated with poor self-esteem, depression, bullying and social exclusion.⁵⁷ Given current levels of adult obesity, persistence of obesity into adulthood is a major public health concern.⁵⁸

⁴⁹National Heart Forum, 2008. Healthy Weight, Healthy Lives: A toolkit for developing local strategies. [pdf]. Department of Health. Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088968

⁵⁰National Heart Forum, 2008. Healthy Weight, Healthy Lives: A toolkit for developing local strategies. (ibid)

⁵¹National Institute for Health and Clinical excellence, Dec 2006:. Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. [pdf] NICE clinical guidance 43. Available at: <http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf>.

⁵²Foresight, Oct 2007. Foresight Tackling Obesities: Future Choices – Summary of Key messages. Government Office for Science. Available at:<http://www.foresight.gov.uk/Obesity/20.pdf>.

⁵³COMA, 1998. Nutritional aspects of the development of cancer: report of the working group on Diet and Cancer of the Committee on Medical Aspects of Food and Nutrition Policy. Reports on health and social subjects, 48, pp:1 -274.

⁵⁴SEBCHU, 2008. Prevention of childhood obesity: A review of systematic reviews. [pdf] Edinburgh: NHS Scotland. Available at: <http://www.healthscotland.com/uploads/documents/7918-RE049FinalReport0405.pdf>.

⁵⁵National Centre for Social Research, 2006. Obesity among children under 11. [pdf] Department of Epidemiology and Public Health at the Royal Free and University College Medical School. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_065358.pdf.

⁵⁶Health Development Agency, 2003. The management of overweight and obesity- Evidence Briefing. [pdf]. National Public Health Service. Available at: www.hda.nhs.uk/evidence

⁵⁷National Institute for Health and Clinical excellence, Dec 2006:. Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. [pdf] NICE clinical guidance 43. Available at: <http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf>.

⁵⁸National Institute for Health and Clinical excellence, Dec 2006:. Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. [pdf] NICE clinical guidance 43. Available at: <http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf>.

Economic cost of obesity

Obesity places a considerable burden on societies. In the UK the estimated costs associated with treating people who are obese is presented below (Box 7).

Box 7: The cost of obesity⁵⁹:

6% of all deaths in the UK can be attributed to obesity.

Obesity is responsible for more than 9,000 premature deaths per year in England.

The overall cost of obesity (days lost working; NHS costs etc.) is £3.3 million.

The overall cost for overweight and obesity combined is approximately £6.5 billion.

The direct cost to the NHS is at least £1 billion per year – with 80% of the cost arising from CHD, hypertension and type 2 Diabetes – thus action to prevent or reduce these in the population will have financial benefits.

The direct cost of treating obesity related disease and ill health is £17.4 billion.⁶⁰

The wider costs associated with obesity is estimated at £15.8 billion.⁶¹

If current trends persist; these figures will rise to £20.9 billion and £49 billion.⁶²

⁵⁹The National Audit Office (NAO) report on the cost of obesity (2001)

⁶⁰House of Commons Health Committee, 2004. Obesity. London: The stationary Office. Available at: www.parliament.uk/parliamentary_committees/health_committee.cfm.

⁶¹House of Commons Health Committee, 2004. Obesity. London: The stationary Office. Available at: www.parliament.uk/parliamentary_committees/health_committee.cfm.

⁶²Foresight, Oct 2007. Foresight Tackling Obesities: Future Choices – Summary of Key messages. Government Office for Science. Available at: <http://www.foresight.gov.uk/Obesity/20.pdf>. [Accessed September 2009].

Part 3: Causes of Obesity, Factors influencing Diet and Physical Activity

The precise cause of the so called 'obesity epidemic' is widely contested and a single explanation for the causes of overweight and obesity is far from straightforward. Within the medical and public health professions the dominant opinion is the 'scientific' explanation known as 'energy balance'; whereby weight gain is the result of excess calorie consumption (food intake) above the energy (calories) burnt off through physical activity.

'Energy Balance'

High fat, energy dense diets and sedentary lifestyles of the last 20 to 30 years, along with economic growth, urbanisation and the globalization of food markets have all contributed to the problem of obesity. For most individuals, obesity results from excessive calorie intake and or inadequate physical activity⁶³.

In the past Century there has been a dramatic shift in the amount, type and quality of foods eaten in Britain; with a move towards highly refined foods and higher consumption of meat and dairy products, containing high levels of saturated fats, and less emphasise on starchy foods and fruits and vegetables. This, together with marked reductions in energy expenditure, through increased car ownership, poorly planned urban centres or residential areas, lack of recreational and green spaces^{64 66}, and sedentary lifestyles^{66 67} and occupations^{68 69 70}, support the scientific or 'individual' explanation for the dramatic rise in obesity.

'Obesogenic Environment'

Changes in energy intake (food consumption) and energy expenditure (physical activity) however do not fully account for dramatic rise in obesity. Since the 1990's the term '**obesogenic environments**' has been widely used to refer to the broader factors, many of which are outside of the individual's control, and the increase in obesity.

⁶³Garrow J. and Summerbell C., 2000. Obesity. In: Stevens A. et al., 2000. Health Care Needs Assessment: the Epidemiologically Based Needs Assessment Reviews: 3rd Series. Abingdon: Radcliffe Medical Press Ltd.

⁶⁴Boehmer et al., 2006. Perceived and observed neighbourhood indicators of obesity among urban adults. International Journal of Obesity. 31(6), pp. 968-977.

⁶⁵Bjork j et al., 2008. Recreational values of the natural environment in relation to neighbourhood satisfaction, physical activity, obesity and well-being. Journal Epidemiology Community Health, 62.

⁶⁶Shields M. and Tremblay M.S., 2008. Sedentary behaviour and obesity. Statistic Canada Catalogue, Health reports, 19(2).

⁶⁷Stamatakis E et al., 2009. Moderate-to-vigorous physical activity and sedentary behaviours in relation to body mass index-defined and waist circumference-defined obesity. British Journal of Nutrition, 101, pp. 765-773.

⁶⁸Popkin B.M., 2006. Technology, transport, globalization and the nutrition transition food policy. Food Policy, 31, pp. 554-69.

⁶⁹Boyce R.W. et al., 2008. Physical activity, weight gain and occupational health among all call centre employees. Occupational medicine, 58, pp. 238-244.

⁷⁰Mummary W.K. et al., 2005. Occupational sitting time and overweight and obesity in Australian workers. American Journal of Preventive Medicine, 29, pp.91-97.

OBESOGENIC

Likely to cause someone to become excessively fat

obesogen *noun* [C]

'We live in an **obesogenic** environment – a plethora of fast food outlets, reliance on cars, and offers enticing us to eat larger portions ...'

Professor Mike Kelly – as quoted in the Telegraph 8th October 2003

The term '**obesogenic environment**' is now widely used and is defined as 'the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity'⁷¹.

Since the mid 20th Century there has been a global period of rapid societal change. At all levels food systems have changed dramatically as a result of economic growth, urbanisation and the globalisation of food markets⁷². While obesity is influenced by genetic and behavioural factors, the environmental influences have yet to be fully explored and understood⁷³.

One aspect of the obesogenic environment is the built environment. The physical design of a community, the assets and facilities available, and uses of built environment can influence opportunities for physical activity. Evidence of a link between the built environment and physical activity has been established⁷⁴.

In terms of health inequalities, low income groups are thought to be affected more by their built environments because their activity spaces are smaller, they are more constrained by lack of transportation, and opportunities to buy healthy food are generally lacking in areas of deprivation^{75 76 77}. Concerns exist around employment patterns (shift work) and weight gain. Although the evidence is limited, some employment conditions are likely to be related to obesity, for example; sedentary work, disinclination to use active transport, and ready access to energy dense foods.⁷⁸

The difficulties in maintaining an ideal body weight - choosing a healthy diet and being more active – is compounded further by social and structural factors such as income

⁷¹Swinburn Swinburn, B., G. Egger, and F. Raza, (1999). Dissecting Obesogenic Environments: The Development and Application of a Framework for Identifying and Prioritizing Environmental Interventions for Obesity*1. Preventive Medicine, 29(6): p. 563-570.

⁷²Burgoine et al., 2009. Changing foodscapes 1980-2000 using the ASH30 Study. Appetite 53.

⁷³Holsten J., 2008. Obesity and the food environment: a systematic review. Public Health Nutrition, 12(3).

⁷⁴NICE (2008) National Institute for Clinical Excellence (NICE) Promoting and creating built or natural environments that encourage and support physical activity (internet) 2008: Available from: <http://guidance.nice.org.uk/PH8>

⁷⁵Dowler E. and Turner S., 2001. Poverty bites. Food, health and poor families. London: CPAG.

⁷⁶Lawrence M. and Worsley T., 2007. Public health nutrition: From principles to practice. Maidenhead: Open University Press McGraw-Hill.

⁷⁷Papas M.A. et al., 2007. The built environment and obesity. Epidemiology Review, 29, pp. 129-43.

⁷⁸Broom D. and Strazdins L., 2007. The harried environment: is time pressure making us fat? In: Dixon J., Broom D., eds. The 7 deadly sins of obesity. Sydney: University of New South Wales Press, pp. 35-45.

level and car ownership. Having a low income or living in a deprived area can make it more difficult to access a healthy diet. Only 50% of people taking part in the National Diet and Low Income Survey had access to a private car for shopping. Moreover, around 30% of respondents reported that the money available for food was the most important factor determining food choice.⁷⁹

Individuals have control over some but not all of the factors believed to be responsible for the dramatic rise in obesity. Whilst having a significant impact on the rise of obesity in the population, diet and physical activity alone cannot be considered in isolation. Strategies for addressing obesity and improving health and well-being must therefore take into account the effect of wider social determinants of health and the environments in which people live and work. Such complex and multi faceted contexts also warrant a multidisciplinary approach.

Barriers to Dietary Change and Being More Active

We know that diet (including breastfeeding), physical activity and maintenance of an ideal weight are significant factors involved in the prevention of disease and promoting health and well-being. As the previous section illustrates however not everyone follows a healthy diet, meets the physical activity recommendations, or is a healthy weight. Besides individual choice, motivation and genetic factors it is widely acknowledged that some people simply feel unable to adopt guidelines and advice because of social or structural barriers to change, such as income, access to shops or leisure activities.

Interestingly, according to a local survey, Wrexham Voices 2008⁸⁰, when asked about the barriers to maintaining a healthy lifestyle the most common answers from respondents, in no particular order, included:

- Unable to take regular exercise due to disease, work, age, costs and time
- The costs of fruit, vegetables and fish
- Availability of cheap unhealthy foods
- Too few healthy food options in cafés, pubs and restaurants
- Difficulties with balancing time for cooking, work, life and exercise
- Lack of motivation
- Enjoying current lifestyle and wrong food
- Lack of information

As a result respondents were especially interested to receive information on the following topics:

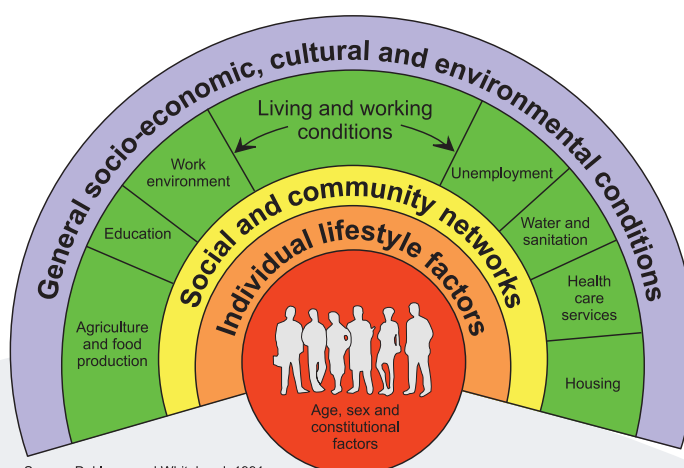
- How to maintain healthy weight (77%)
- Footpaths and walkways (64%)
- Diet and healthy recipes (56%)
- Country parks (47%)
- Leisure activities (48%)

⁷⁹Food Standards Agency, 2007. Low income diet and nutrition survey: summary of key findings. [pdf]. Online: The Stationary Office. Available at: <http://www.food.gov.uk/multimedia/pdfs/lidnssummary.pdf>

⁸⁰Wrexham County Borough Council and Local Health Board, 2009. Wrexham peoples' voice survey 5, 2009. [pdf]. Swansea: Opinion Research Services.

Social Determinants of Health

The broad model of health, promoted by the World Health Organisation (WHO) recognises the limitations of action targeted solely at individuals. It takes into account the **social and environmental determinants of health** (Figure 1) and concern for issues such as sustainability and social inclusion. It also advocates a movement towards action based upon the core principles of the World Health Organisation's framework for Health Promotion: equity, empowerment, community involvement, partnership working and healthy public policy. The latter – basically national or local government policies that support health - is critical to '**make the healthy option the easier option**'. It is this framework that underpins the development process, content and implementation of the present HEBMA Strategy outlined in the next section.



Source: Dahlgren and Whitehead, 1991

Figure 1: Social Determinants of Health. (Dahlgren and Whitehead, 1991)⁸¹

People's behaviour and lifestyles does not take place in a vacuum. Lifestyle choices, like the foods we eat, are more than just a physiological necessity; they are a central part of everyday life. Whereas in the past professionals tended to issue guidance on what was a healthy lifestyle and somewhat naively assumed that people would simply adopt their advice; we now recognise that people are **active consumers** with a choice about the lifestyle they choose and should therefore be actively engaged in any decision making process. The role of the professional is to encourage, inform and enable people in making decisions that may enhance their health and well-being.

As the World Health Organisation (WHO)⁸² advocate that a critical part of this process is to **make the healthy option the easy option**. Professionals need to focus on creating environments and opportunities – through healthy public policy - that support people in

⁸¹Dahlgren G. and Whitehead M., 1991. Policies and strategies to promote social equity in health. Stockholm: Institute of Futures Studies.

⁸²World Health Organisation Ottawa Charter for Health Promotion [internet] In: First International Conference on Health Promotion, Ottawa: WHO; 1986. Available from: http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

making healthy choices; for example the development of active transport (cycle routes) policies or action in settings such as schools, communities and workplaces that encourage people to choose a healthy option.

All these environmental factors can have a significant impact on whether or not individuals and populations become overweight or obese. That is why this Strategy adopts a broader and comprehensive socio-ecological approach to the public health issues associated with obesity. Working across partner organisations is essential to make the healthy option the easier option and encourage healthy eating and physical activity at a population level.

Part 4: Current Trends – Where are we now?

For the purpose of developing any strategy it is necessary to establish a baseline. This section outlines the current picture for the people living in Wrexham in terms of levels of overweight and obesity and patterns of healthy eating and being more active. Although data on local populations is lacking the next best available data sources have been used.

Current trends for overweight and obesity - adults (UK, Wales and Wrexham)

There has been a marked increase in the proportion of obese adults in the UK over the past 20 years. Since 1980 the prevalence (or proportion of the population who are classified as obese) has trebled in the UK. If current trends persist it is claimed that 60% of men and 50% of women will be obese by 2050. Figures for Wrexham (Table 2) are similar to national and UK trends for men and women (Table 3).

Table 2: Percentage overweight and obese adults in **Wrexham** and (Wales)
(WHS 03/05/07)

	2003 / 2004	2005 / 2006	2007	2008
Overweight or Obese	57% (54%)	53% (55%)	52% (56%)	53% (57%)
Obese	-	17% (19%)	20% (20%)	19% (21%)

Table 3: Percentage overweight and obese adults by gender in the UK, Wales and Wrexham

	UK⁸⁶	Wales⁸⁷	Wrexham⁸⁰
Men	65%	62%	58%
Women	56%	52%	48%

In the UK⁸⁸ as in most European countries obesity is more prevalent among those living in socially deprived communities. The relationship between BMI and social class varies with sex and age. BMI tends to be higher amongst women in lower socio-economic groups, whilst in men is less clear. Information on the prevalence of obesity in different

⁸³The availability of data on health indicators such as obesity, dietary and nutritional intakes and physical activity for Wales is limited particularly for local regional (sub-national) or local authority level. A combination of data from the UK and, where available, from national (Wales) and local (Wrexham) data sets has therefore been used.

⁸⁴Health Development Agency, 2003. The management of overweight and obesity- Evidence Briefing. [pdf]. National Public Health Service. Available at: www.hda.nhs.uk/evidence

⁸⁵Foresight, Oct 2007. Foresight Tackling Obesities: Future Choices – Summary of Key messages. Government Office for Science. Available at: <http://www.foresight.gov.uk/Obesity/20.pdf>.

⁸⁶Health Development Agency, 2003. The management of overweight and obesity- Evidence Briefing. [pdf]. National Public Health Service. Available at: www.hda.nhs.uk/evidence

⁸⁷Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. [pdf] Available at: <http://www.adjudicationpanelwales.org.uk/topics/statistics/publications/healthsurvey2008>

⁸⁸Centre for longitudinal studies (2007) Millennium Cohort Study: Second Survey. A user's guide to initial findings London, University of London.

⁸⁹World Health Organisation (2006) Obesity in Europe [Online] www.euro.who.int/obesity

ethnic groups although restricted, indicates the risks are greater amongst people of Asian ethnic origin.

According to the Welsh Health Survey the prevalence of obesity in Wales is higher amongst socially deprived groups.⁹⁰ Thirteen of the 47 Wards in Wrexham - or 26% of Wrexham's population – are included in the category for most deprived fifth of wards in Wales.^{91 92} Health and associated indicators, including obesity, physical activity levels and diet, are all significantly worse in these areas⁹³ and therefore warrants attention.

Key Message

Those Wards in Wrexham falling in the lower fifth of social deprivation in Wrexham (13 Wards) should be identified as priority areas in the strategy

Current trends for overweight and obesity - children

Recent figures indicate a drastic increase in the prevalence of overweight and obese in UK children over the last two decades.⁹⁴ Unless action is taken immediately to halt or reverse current trends, reports predict that two thirds of children aged 2-15 years in the UK will either be overweight or obese by the year 2050.⁹⁵

At present, data relating to children and obesity is only available on an all Wales basis.

Table 4: Overweight and obesity among children (2-15) in Wales⁹⁶

	2003 / 2004	2005 / 2006	2007	2008
Overweight or Obese	57% (54%)	53% (55%)	52% (56%)	53% (57%)
Obese	-	17% (19%)	20% (20%)	19% (21%)

A third of all children (33%) in Wales are currently overweight or obese; 15% of girls and 17% of boys are obese, with an almost equal proportion (16% and 17%) in the overweight category. As the data in Table 4 suggests trends for obesity in children in Wales is rising in line with national trends; action is needed to halt the year on year rise in obesity amongst children.

Key Message

Trends for obesity in children in Wales are rising in line with national trends; action is needed to halt the year on year rise in obesity amongst children.

⁹⁰National Health Service for Wales, 2007. Health Needs Assessment 2006: Nutrition and Obesity. [pdf] Available at: <http://www.wales.nhs.uk>.

⁹¹Ranked according to Townsend Score

⁹²National Public health Service for Wales (2006) Deprivation and Health in Wrexham, pp 1-8

⁹³National Public health Service for Wales (2006) *ibid*

⁹⁴National Institute for Health and Clinical Excellence, Dec 2006: Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. [pdf] NICE clinical guidance 43. Available at: <http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf>.

⁹⁵Foresight, Oct 2007. Foresight Tackling Obesity: Future Choices – Summary of Key messages. Government Office for Science. Available at: <http://www.foresight.gov.uk/Obesity/20.pdf>.

⁹⁶Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. [pdf] Available at: <http://www.adjudicationpanelwales.org.uk/topics/statistics/publications/healthsurvey2008>

Current Trends - Healthy Eating

In essence people wishing to maintain a healthy weight, or who wish to lose weight are advised to follow a diet that is high in fibre and complex carbohydrates (e.g. wholegrain bread, pasta, rice and cereals), low in fat and high in fruits and vegetables.⁹⁷ One key indicator therefore of a healthy diet is fruit and vegetable intake and is measured as part of national surveillance.

Current trends Healthy Eating in Adults: Fruit & Vegetable intake

According to a recent Welsh Consumer Attitudes to Food Survey, the majority (76%) of the public are already aware of the public health message to consume at least five portions of fruit and vegetables each day.⁹⁸ This represents an improvement of almost 30% in the last 7 years. Similar findings have been reported in Wrexham.⁹⁹ The fact that knowledge and awareness of the key messages is high but that this has not yet translated into actual changes in behaviour is however a matter of concern.

The UK guidelines advocate that individuals should consume at least 5 portions of fruit and vegetables per day. According to recent surveys less than one third of all adults in the UK (27 % of men and 31% of women) are currently meeting this recommendation.¹⁰⁰

In Wrexham and Wales less than half the population meet the recommended target of 5 portions of fruit and vegetable a day, with people in Wrexham consuming marginally less fruit and vegetables compared with figures for the rest of Wales¹⁰¹. Individuals living in socially deprived areas are less likely to consume 5 a day than people living in other areas (30% vs. 37%)¹⁰² and this is believed to contribute to the increasing health divide between socio-economic groups in Wales. People living in affluent areas of Wales can expect to live more than five years longer than those in the poorest regions – and the gap is growing.

⁹⁷National Institute for Health and Clinical Excellence, Dec 2006: Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. [pdf] NICE clinical guidance 43. Available at: <http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf>.

⁹⁸Food Standards Agency, 2008. Consumer Attitudes to Food Standards (2007): Wales Summary Report. [pdf] London:TNS. Available at: <http://www.food.gov.uk/multimedia/pdfs/cas2007walesreport.pdf>

⁹⁹Wrexham County Borough Council and Local Health Board, 2009. Wrexham peoples' voice survey 5, 2009. [pdf]. Swansea: Opinion Research Services.

¹⁰⁰The Information Centre for Health and Social Care, 2008. Health Survey for England 2007. Healthy lifestyles: knowledge, attitudes and behaviour. A summary of key findings. [pdf]. Survey carried out on behalf of the NHS. Available at: <http://www.ic.nhs.uk/webfiles/publications/HSE07/HSE07%20Summary.pdf>.

¹⁰¹National Public Health Service for Wales (2007) Health Needs Assessment 2006: Nutrition and Obesity

¹⁰²Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. [pdf] Available at: <http://www.adjudicationpanelwales.org.uk/topics/statistics/publications/healthsurvey2008>

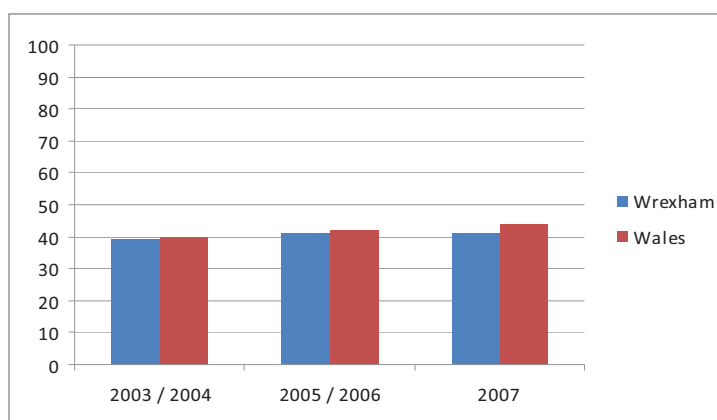


Figure 2: Percentage of adults consuming 5 a day fruit and vegetables

Although intakes have risen slightly over the past 5 years, people in Wrexham have not improved their diet as much as those living in Wales generally (Figure 2). Moreover, the trends data suggests that people know what they should be doing to benefit their health but this does not always result in changes in practice. Possible explanations as to why some people are fully aware of the key messages but do not change their behaviour have been mentioned.

Current trends - Healthy Eating Children: fruit and vegetable consumption

Within the 2008 Welsh Health Survey over half (58%) of the children surveyed reported eating fruit every day and 51% reported eating vegetables every day. In the health survey for England it was found that 21% percent of both boys and girls reached the target of five portions of fruit and vegetables a day with 68% of the boys and 72% of the girls reporting that they consumed fruit the previous day.¹⁰³

Key Message

Both adults and children living in Wrexham would benefit from eating more fruits and vegetables.

The difference in consumption of fruit and vegetables in deprived and non-deprived areas contributes to growing health inequalities.

Eating just one extra portion of fruit and vegetable a day - a modest goal – can decrease risk of CHD by 4% and stroke by 6%¹⁰⁴

¹⁰³The Information Centre for Health and Social Care, 2008. Health Survey for England 2007. Healthy lifestyles: knowledge, attitudes and behaviour. A summary of key findings. [pdf]. Survey carried out on behalf of the NHS. Available at: <http://www.ic.nhs.uk/webfiles/publications/HSE07/HSE07%20Summary.pdf>.

¹⁰⁴Joshiyura, J. et al., 2001. The Effect of Fruit and Vegetable Intake on Risk for Coronary Heart Disease. Annals of Internal Medicine, 134, 1106-1114.

Current Trends - Breastfeeding

As highlighted previously within this Strategy breastfeeding has been shown to provide health benefits to both infant and mother and more recent claims suggest a protective effect against obesity. Current UK policy calls for exclusive breastfeeding for the first 6 months. Thereafter, it recommends that breastfeeding should continue for as long as the mother and baby wish, while gradually introducing a more varied diet.¹⁰⁵

Whilst there has been an increase in the percentage of UK women breast feeding at birth, very few mothers are exclusively breastfeeding their babies at 6 weeks and the number at six months is negligible. The UK infant feeding survey 2005¹⁰⁶ showed that 78% of women in England breastfed their babies after birth but, by 6 weeks, the number had dropped to 50%. Only 26% of babies were breastfed at 6 months. Exclusive breastfeeding was practised by only 45% of women one week after birth and had declined to just 21% at 6 weeks.¹⁰⁷

In Wrexham 57% of women in 2008 breastfed their child at birth although lower than England, is similar to the percentage for Wales as a whole (57%).¹⁰⁸ It is important to note however that these figures indicate that almost half of all mothers in Wrexham are choosing to bottle feed. There is currently no data available on breastfeeding rates at six weeks or six months.

Figures 3: Breastfeeding at birth by maternal age In Wales

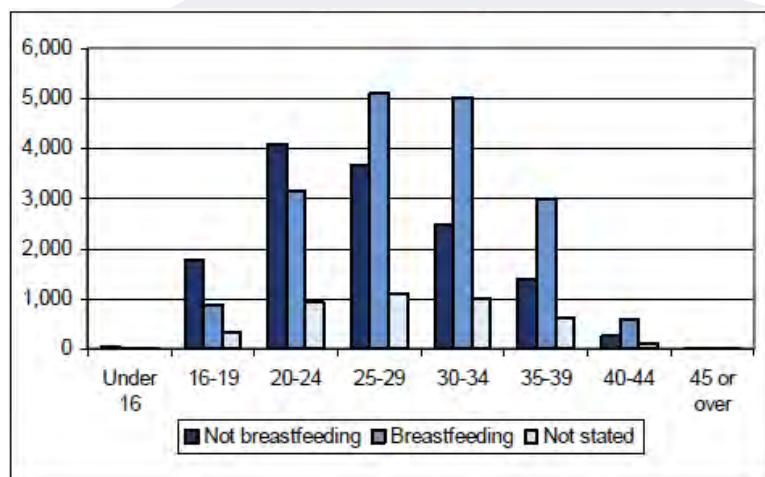


Figure 3 shows that in Wales, babies born to older mothers are more likely to be breastfed than babies from younger mothers whereas younger mothers are more likely

¹⁰⁵Health Development Agency, 2003. The management of overweight and obesity- Evidence Briefing. [pdf]. National Public Health Service. Available at: www.hda.nhs.uk/evidence

¹⁰⁶Bolling k. et al., 2006. Infant Feeding Survey, 2005. The Information Centre. [pdf] Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005>.

¹⁰⁷Bolling k. et al., 2006. Infant Feeding Survey, 2005. The Information Centre. [pdf] Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005>.

¹⁰⁸Welsh Assembly Government, 2009. Births in Wales 2008: Data from the National Community Child Health Database. [pdf]. Available at: <http://wales.gov.uk/topics/statistics/headlines/health2009/hdw200907081/?lang=en>

to bottle feed.¹⁰⁹ This is consistent with trends for the rest of the UK. Surveys have also indicated that mothers from higher socio-economic backgrounds are far more likely to initiate and continue breastfeeding^{110, 111} Why such a large proportion of women are choosing to bottle feed over breast feed is a complex and contentious issue; reasons commonly cited for choosing bottle over breast include convenience and social attitudes towards breastfeeding, particularly in public places.

Key message

Action needs to be targeted at promoting breastfeeding, particularly amongst younger women and those living in the most socially deprived areas of Wrexham. If this is going to be successful action needs to be taken to encourage a positive attitude and breastfeeding culture amongst the general population.

Current Trends - Physical activity

In the past decade there has been a shift away from emphasis on the amount and level of **exercise** people do towards a greater focus on **being more active** (where we are encouraged to build **physical activity** into our everyday lives) through the creation of environments that support active lifestyles, such as walking rather than driving and active transport schemes¹¹².

Physical activity is any form of activity that raises the heart rate above its resting levels. Physical activity is not confined to just sport and exercise but encompasses everyday activities like walking, cycling to work, gardening, dancing, housework and play. (Be active, be healthy: a plan for getting the nation moving, London: Department of Health; 2009) ; **Be active, be healthy**; WAG, 2010: Creating an Active Wales.

The global consensus for physical activity is that adults should take part in physical activity for 30 minutes on 5 or more occasions in a week (5 x 30); the recommended amount of physical activity for children is at least 60 minutes on five or more days.¹¹³

¹⁰⁹Welsh Assembly Government. Births in Wales 20008: Data from the National Community Child Health Database. July 2009.

¹¹⁰Bolling k. et al., 2006. Infant Feeding Survey, 2005. The Information Centre. [pdf] Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005>.

¹¹¹Dykes F, Hall Moran V (2006) Transmitted nutritional deprivation: a socio-biological perspective. In: Hall Moran V and Dykes F (eds) Maternal and infant Nutrition and Nurture: Controversies and challenges, London: Quay Books.

¹¹²Department of Health, 2009. Be active Be healthy: A plan for getting the nation moving. [pdf]. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094358

¹¹³NICE, Jan 2009. Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings. [pdf] NICE Public Health Guidance 17. Available at: <http://guidance.nice.org.uk/PH17/Guidance/pdf/English>

There are currently no national or local datasets that could be used as suitable indicators for monitoring 'being more active' and 'active environments'.

Current trends in physical activity – Adults

In the last five years figures for physical activity in Wrexham have increased above the levels for Wales. Approximately one third (30%) of adults in Wrexham and Wales currently undertake enough physical exercise to meet the recommended guidelines to promote and maintain health¹¹⁴.

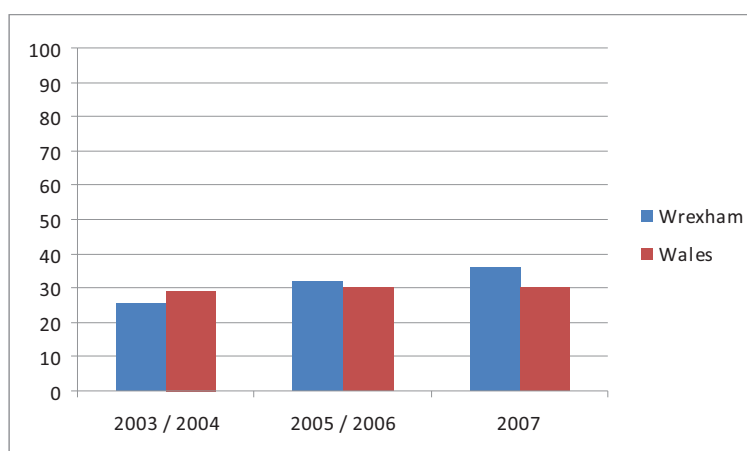


Figure 4: Percentage of adults meeting the physical activity recommendations of 5 times 30 minutes/ a week

Trends show that the levels of those taking part in physical activity decreases with age.¹¹⁵ Small difference was found in overall exercise rates between the least deprived and most deprived wards nationally.¹¹⁶

Current trends in physical activity - Children

Within the 2008 Welsh Health Survey approximately half (53%) of the children surveyed in Wales told researchers that they met the recommended amount of physical activity of at least 60 minutes on five or more days. Of these, 35% reported doing at least 60 minutes every day.

¹¹⁴Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. [pdf] Available at: <http://www.adjudicationpanelwales.org.uk/topics/statistics/publications/healthsurvey2008>

¹¹⁵Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. *ibid*

¹¹⁶Welsh Health Assembly Government, 2009. Welsh Health Survey 2008. *ibid*

Table 5 – Participation and regular participation in extra-curricular activity and in club based activity in Wrexham¹¹⁷.

	Primary schools Any	Primary schools Regularly	Secondary schools Any	Secondary schools Regularly
Extra-curricular activity	86.3%	60.9%	62.9%	42.2%
Club-based activity	82.0%	61.1%	69.0%	50.7%

The 2006 survey from Sports Council Wales reports no significant difference between physical activity between sexes in the 7-11 years age category; however, as children increase in age (11-16 years), boys remain physically active compared to girls. Overall, primary school aged children are more physically active than secondary school aged children.

Although half of children report being active this is self-reported data and may be overestimated. Moreover, this also means that at least half the children were not taking part in the minimum levels of recommended physical activity to benefit their health and help prevent future ill health and disease.

Key Messages

Wrexham adults are engaging in physical activity and this is moving in a positive direction with approximately half of adults claiming to be physically active enough to meet the national guidelines.

At least half of all adults in Wrexham however are failing to meet recommended levels and is a major cause for concern.

At least half all children in Wrexham, but particularly girls and children living in more deprived areas, are failing to meet recommended levels of physical activity

¹¹⁷Sports Council Wales, 2006. Sports Update 58 - Active Young People in Wales. [pdf] Available at: <http://www.sports-council-wales.org.uk/library-services>.

Part 5: An Evidence Based Strategy To Promote Healthy Eating And Being More Active In Wrexham

Our Vision

Healthy Eating and Being More Active Vision

“An active, healthy and inclusive Wrexham, where eating healthily and being more active becomes second nature, the people of Wrexham are healthier as a result of the actions they take and are supported by the environments and organisations to prevent ill health, improve health and promote well-being”

Our strategy has been informed by national and international policy documents acknowledging that wider determinants of health can prevent people from engaging in physical activity and eating a healthy diet. Our values reflect the underpinning philosophy of the World Health Organisation (WHO) and share their aim to improve levels of physical activity and proportion eating a healthy diet in all populations and achieve optimal health for all people. We define ‘health’ holistically using the WHO’s definition of a complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO, 1986)

Overall Strategy Outcome:

The overall desired outcome of the Strategy is that:

‘The People of Wrexham Eat Healthily and are Physically Active’

They will achieve this through having a positive attitude towards healthy eating and being more active and having the opportunities to put this into practise.

The aim of the Strategy is to improve the general health and well-being of the people of Wrexham, by reducing the levels of obese and overweight adults and children and reducing the levels of CHD in the adult population. There is also a need for targeted action among key population groups that stand to gain the most benefit from these improvements to diet, physical activity and healthy weight: children and families from socially deprived communities including vulnerable groups such as the elderly.

Key Indicators (how we will know whether we are achieving the desired outcome):

The HEBMA strategy and Health, Social Care and Well-being Partnership aim to:

- Reduce the levels of obese and overweight adults and children living in Wrexham.
- Increase breastfeeding rates in Wrexham.
- Increase the number of people in Wrexham who report to have consumed 5 portions of fruit and vegetables the previous day.
- Increase the number of people in Wrexham who report to reach the recommended level of physical activity in the previous week.

Achieving this will contribute towards achieving the following HSCWB Strategy objective:

- Reduce Coronary Heart Disease mortality rates (EASR) for residents (<75) with an underlying cause of death of Coronary Heart Disease.

Priority Population Groups

Whilst it is important for the whole population to eat healthy and be more active, there are particular groups within the local population who should be prioritised because either

- They are already at risk of ill health and disease associated with eating a poor diet and physical inactivity or
- Would yield the greatest benefits, in terms of prevention or potential health gain, as a result of modest improvements to lifestyle (diet and physical activity)

1. Infants and Children and Young People

There is strong evidence that good nutrition in infants and children positively affects health in later life, whilst breastfed infants have better health prospects compared to bottle fed infants. The diets of young people are inadequate, with lower than average intakes of fruits and vegetables; only half participate in the recommended weekly physical activity; a third of children in Wrexham are likely to be overweight or obese, with children from lower social groups and teenage girls at higher risk. Healthy eating established at an early age is likely to continue in the long-term, with added health benefits.

2. Deprived Populations and Vulnerable Groups

Socially disadvantaged groups have lower consumption of certain food groups, particularly fruits and vegetables which are essential for protection against chronic disease and promoting health. People living in the most socially deprived areas of Wrexham are at increased risk of developing chronic disease because they have higher risk factors and fewer opportunities for choosing healthy options. Vulnerable groups include the older people, ethnic minority groups, people living in rural areas, disabled people, people with learning disabilities, people with mental health needs and people on a low-income.

3. Adults

We know that more than half the adult population is currently over weight or obese; according to the Welsh Health Survey 2008 adults in the 55 – 64 years age group are particularly at risk: 68% of men and women (combined) are currently overweight/obese; 66% amongst 45-54 years and 65-74 years. This starts to fall from 75yrs+, most likely linked with the concerns related to malnutrition risks in this age group.

Most adults approx (60% men and women) in Wales, and slightly higher for Wrexham, do not consume the recommended 5 a day target for Fruits and vegetables. Adults in socially deprived communities consume even less.

Key Areas

The Healthy Eating and Being More Active strategy has primarily been informed by:

- The national policy context.
- The scientific rationale of the link between public health, obesity, eating healthy and being more active.
- Current trends in obesity, healthy eating and physical activity.
- Local authority targets and priorities

The key areas identified for the Healthy Eating and Being More Active strategy are:

- Tackling the obesogenic environment to make the healthy option the easier option.
- Encouraging people to build physical activity into their daily routines.
- Promoting children's health through maternity, parenting, early years and school settings.
- Supporting healthy eating and being more active in the school, home, community and work place.
- Providing more effective treatment and support when people become overweight or obese.

Strategic Objectives:

The Healthy Eating and Being More Active strategy will achieve its overall aim and key outcomes through the following objectives:

1. Build a multi-agency partnership to develop, implement and monitor the HEBMA strategy.
2. Adopt an evidence-based population approach to promoting healthy eating and being more active
3. Tackling the obesogenic environment to make the healthy option the easy option and create opportunities for people living in Wrexham to eat healthily and be more active.
4. Encourage a cultural shift in the local population to consider healthy eating and being more active as the 'norm'.
5. Provide appropriate information and support to the general population of the importance of maintaining healthy weight, eating healthily and being more active and to relevant organisations, practitioners and providers of this information.
6. Improve services involved in the management of people already overweight and obese.
7. Improve intelligence systems to support identification of need, better targeting of services and interventions and to monitor performance.
8. To effectively commission, implement and evaluate appropriate interventions.
9. To ensure access to interventions and services is equitable across the county.
10. Facilitate the development of third sector organisations and provide support to access appropriate funding opportunities to maximise resources available to deliver the Healthy Eating and Being More Active Strategy.

The Approach:

Three approaches are possible¹¹⁸:

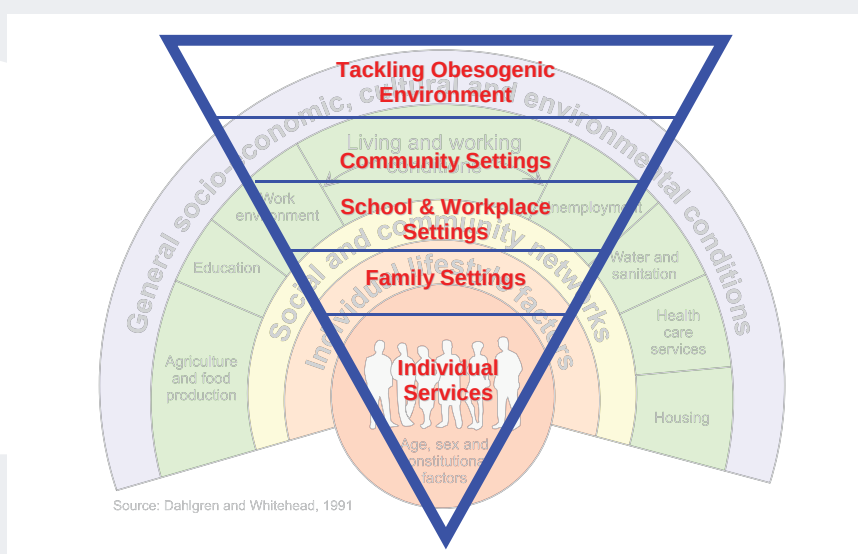
- (a) To focus on the obese to help them reduce weight successfully
- (b) To focus on those at risk of becoming obese (overweight) to help them avoid becoming obese;
- (c) To develop a strategy to prevent the general population becoming overweight.

These approaches are not mutually exclusive and should be addressed concurrently. However, preventive action (b and c) alone will not help the outcomes to be achieved. Treating the obese individual (approach a) has limited success and surgical interventions require significant NHS resources and, in the absence of effective preventive approaches (b and c), would be required for ever increasing numbers.

This strategy does not have the scope to cover clinical interventions and deals principally with the preventive approaches (b and c above) aimed at the general population.

The approach recommended by the HEBMA Strategy is illustrated in Figure 5. The pyramid model is that shown through Wales Health and Social Care policy, where the broadest population based interventions are shown by the wide base. The pyramid is inverted to show that the population based approaches designed to tackle the obesogenic environment corresponds with the Dahlgren and Whitehead model (as seen on page 20). The intensive individual service provision required is shown by the point of the pyramid which corresponds with the central core of the Dahlgren and Whitehead model.

Figure 5.



¹¹⁸Department of Health, 1995. Obesity Reversing the increasing problem of obesity in England. London: Department of health.

This approach will require coordinated action at different levels, involving key organisations and partners with an interest or role in helping people make choices about the foods they eat or to be more physically active and maintain the ideal body weight in order to enhance health and well-being (Figure 6).

Figure 6: Organisations and sectors potentially involved in promoting healthy eating and being more active.



Implementation

The *Healthy Eating and Being More Active Programme Group* has been established to develop and implement this Strategy.

The group has a true multi-agency approach with members from Wrexham County Borough Council, Betsi Cadwaladr University Local Health Board, Public Health Wales, the Third Sector (through AVOV) and Glyndwr University (Appendix 1). Membership of this group builds on previous work undertaken through the Synergistic Action Model¹¹⁹. Details of how a partnership approach will be taken to deliver the outcomes through the use of Results Based Accountability will be detailed in the Action Plan

The *Healthy Eating and Being More Active Programme Group* is accountable, through the *Public Health Commissioning Group*, to the *Health, Social Care and Well-being Partnership Board* which has overall responsibility for ensuring the delivery of *Caring for our Health 2008-2011* and its supporting strategies.

The group will not only target the prevention of obesity and overweight within the population of Wrexham County Borough, it will address this through a broad, integrated action plan providing opportunities for the people, organisations, and communities of Wrexham to eat more healthily and be more active, enabling them to take more control of their own health and well-being.

¹¹⁹The Health Social Care Well-being Strategy; 'Caring For Our Health' 2008-2011, Wrexham County Borough Council. http://www.wrexham.gov.uk/english/council/documents/hscwb_strategy.htm

The Healthy Eating and Being More Active strategy is only the start of the process and work of the partnership group. As listed in Appendix 2 the partnership has several tasks it wishes to achieve in the near future to support the strategy and achievement of its goals. The next major step will be the development and publication of an Action Plan in collaboration with partners.

This will involve:

A review of the current national and international evidence base for action on preventing obesity, promoting a healthy weight, eating healthy and being more active

The use of Results Based Accountability to develop a robust action plan to achieve the identified outcome – involving key partners and stakeholders in highlighting existing relevant activities, through the work of the agencies involved in the partnership, and gaps in provision to “turn the curve” on prevalence of overweight and obesity.

LIST of APPENDICES

Appendix 1 - Healthy Eating and Being More Active Programme Group membership

Appendix 2 - Recommendations for future action for the Healthy Eating and Being More Active Programme Group

APPENDIX 1

Membership of the Healthy Eating and Being More Active Programme Group

Janet Williams – Chair, Health and Social Care Manager, AVOW
Andrea Basu – Community Development Dietician Team Lead, BCUHB
Sarah Hughes - Health and Well-being Development Officer, WCBC
Alison Watkins - Senior Environmental Health Officer, WCBC
Gillian Cowan – HSCWB Strategy Manager, WCBC/BCUHB
Ben Carter – HSCWB Strategy Performance Assurance Manager, WCBC/BCUHB
Chris Fox – Health Programme Manager, Groundwork Wrexham & Flintshire
Sue Aston – Community Service Manager, BCUHB
Jeanette Shenton – C&YP Performance and Development Officer, WCBC
Liz Painter -Advanced Practitioner, Caia Park Health Team
Jo Spooner - Health Improvement Practitioner, Caia Park Health Team
Liz Clynch – Community Midwife, BCUHB
Jonathan Miller – C&YP Health and Well-being Manager, WCBC
Dr Lynne Kennedy – Academic Leader Medicine & Health Sciences, Glyndwr University
Alan Watkin – Vice Chair, Chief of Leisure Libraries and Culture, WCBC
Sylvia Rickard – Senior Health Promotion Specialist, PHS Wales

Agencies and Organisations involved in the production of the Healthy Eating and Being More Active Strategy

National Public Health Service
Wrexham County Borough Council:
Leisure, Libraries and Culture, Parks, Transport, Workplace Health, Healthy Schools,
Economic Development.
Voluntary Sector: Through AVOW
University of Glyndwr Faculty of Public Health
Betsi Cadwaladr University Local Health Board:
Health Professionals, Dieticians, Health Visitors, Primary Care
Communities First

APPENDIX 2

Recommendations for future action for the Healthy Eating and Being More Active Programme Group

As a result of identifying risks, gaps and unequal distribution of resources the following recommendations were made for future consideration and or action:

1. Sustaining and improving existing initiatives:
 - a. There is a need to gather improved data and intelligence on the range of interventions currently in place.
 - b. Where there are risks to continuation of interventions of proven effectiveness and value, efforts need to be concentrating on removing the barriers to continuation through access to different funding streams, improved access to capacity building etc.
2. Developing a strategic approach:
 - a. Develop systematic co-ordination of existing interventions, to improve provision, prevent duplication and to extend or refocus existing provision for additional identified target groups and settings.
 - b. Prioritise targeted groups and settings according to NICE Guidance and risk.
 - c. Focus on developing implementation of NICE Guidance to maximise improvements in local environments to support healthy eating and people being more active.
 - d. Underpin all activities with robust partnership arrangements to ensure co-ordinated approach to Healthy Eating and Being More Active.
 - e. Implement a co-ordinated social marketing campaign to highlight health issues, encourage lifestyle changes and raise awareness of the local interventions.

Mr Lawrence Isted,
Head of Community Wellbeing and Development,
Wrexham County Borough Council,
Guildhall,
Wrexham,
LL11 1AY.

3rd August 2012

Dear Mr Isted,

Application P/2012/0490 Hot Food Takeaway Acrefair

I am writing to make an objection to the above development on behalf of the Healthy Eating and Being More Active Programme Group (HEBMA PG). This is a multi-agency planning group which develops, implements and monitors local activity to reduce levels of obesity in the population and so reduce the risk of Coronary heart Disease, diabetes and other chronic health conditions leading to reduced morbidity and mortality. The group encompasses representatives from a variety of departments of WCBC, Betsi Cadwaladr University Health Board, Public Health Wales, Glyndwr University, Yale College and the third sector who together have expert knowledge and experience. The HEBMA PG has developed a strategic approach, which has a robust evidence base for the prioritised interventions. The HEBMA Strategy points to a range of interventions at a variety of levels with the priority being to prevent people from becoming overweight or obese in the first place : Firstly to develop an approach to tackling the “Obesogenic Environment”, by reducing the factors that encourage people to eat too much and exercise little – we plan to “make the healthy choice the easy choice”. Secondly to provide support for people to adopt a healthy lifestyle through a range of social marketing approaches, creating healthy environments in organisational settings such as schools, and the workplace, and putting in place community schemes. Thirdly we aim to provide support for those already overweight or obese to manage their condition and reduce weight and make sustainable positive lifestyle changes.

The HEBMA PG has worked closely with the WCBC Planning department to develop the LPG Note 9 Hot Food Takeaways which was adopted by the Council’s Executive Board in December 2011. Evidence as to the effectiveness of the adoption of this policy in terms of encouraging health behaviours was presented to Executive Board and will not be repeated here. The work undertaken to develop this policy was presented to Together for Public Health – Wales National Conference (July 2012) as an academic poster and was named as the winning poster by the Chief Medical Officer for Wales and has also been forwarded to an EU conference by the Wales Local Government Association. Wrexham is the first local authority in Wales to adopt such a LPG Note (yet the practice has been in place in a number of English authorities for some time), and other local authorities in Wales are looking to Wrexham as an example of best practice.

LPG 9 states that *“New Hot Food Takeaways should not be located within 400m of the boundaries of a school or a tertiary educational establishment.”* The premises on Llangollen Road, Acrefair is just 100m from the gate of Acrefair Primary School and therefore the application is in direct conflict with the LPG 9.

With respect to current usage of property in the area, there is generally residential use, a public house and another shop. This area is not designated as a District Shopping Centre in the current

UDP, and therefore Policy S6 applies in terms of Local Need Shopping. S6 states that development should be safely accessible on foot, not harm residential amenity or give rise to traffic or parking problems. This location has already got a public house and the provision of a hot food takeaway in the locality would add to potential noise and disturbance for local residents, along with potential for cooking smells. In addition there is no parking on site, customers accessing shops on Llangollen Road frequently park on the road causing obstruction on the busy A539. This in turn poses an additional hazard to pedestrians particularly children, there have been accidents on this road in the recent past despite the presence of a pedestrian crossing nearby. The proposal fails to concord with Policy S6. There are existing Hot Food Takeaways at Bethania Road and Plas Madoc Acrefair, and on Railway Road and Crane Street Cefn Mawr. In total there are 5 premises already trading within neighbouring communities, individuals making a choice to consume hot food takeaways have ample opportunities to do so through existing provision locally and there is no need for an additional outlet.

I would like to formally object to the above proposal. It is the HEBMA Group's intention to have a representative speak at Planning Committee should the application not be refused under delegated powers. I will contact the Planning Department later in August to ascertain if it will be necessary for the application to go to committee and to make arrangements for the representative to be present at the meeting.

Yours sincerely

Janet Radford

Deputy Chief Officer AVOW and Chair of Healthy Eating and Being More Active Programme Group

Comments

Background

The Healthy Eating and Being More Active Programme Group (HEBMAPG) is a multiagency group which oversees local initiatives to tackle the rising trends of overweight and obesity within Wrexham County Borough. Obesity and overweight is considered within Our Joint Plan (the combined local Health, Social Care and Well-being Strategy and Children and Young People's Plan) as the priority public health issue as a pre-determinant of Coronary Heart Disease, diabetes, cancers and other chronic health conditions and resulting mortality. The HEBMAPG reports through a Public Health Commissioning Group to the Health, Social Care and Well-being Partnership Board and as such is a high level strategic group and its membership is drawn from experts in public health, health visiting, school nursing, dieticians, sports professionals, workforce development and community planning and regeneration.

In terms of evidence base, the environment is a powerful determinant of an individual or family's ability to make healthy choices. Cultural and environmental changes over the past decade have led to individuals adopting a sedentary lifestyle centred around car dependency and leisure pursuits such as computer games coupled with a reliance on convenience foods. Much of this is not attributable completely to individual choices, but to environmental factors such as availability of healthy food locally, hectic lifestyles and busy main roads which make it almost impossible for some to choose active transport and a healthy diet. The effects are magnified in areas of deprivation.

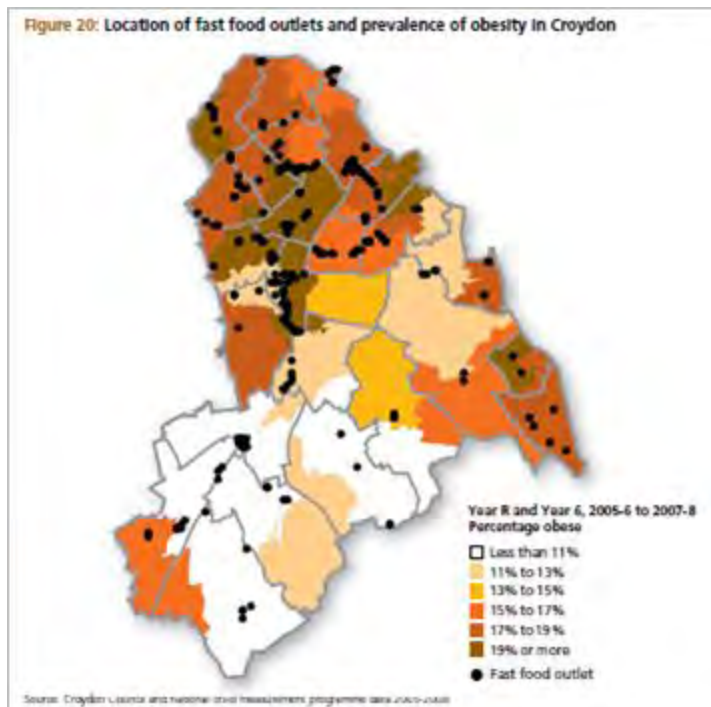
The HEBMAPG has developed a strategic approach which consists of tackling the obesogenic environment through influence of policy and practice, putting in place a range of interventions across community, workplace and school settings aimed at prevention and a range of secondary and tertiary level clinical and non-clinical interventions to support those already overweight and obese. The Healthy Eating and Being More Active Strategy is provided as Appendix A, the evidence base for the approach is clearly referenced within that document and it would only serve as duplication to repeat the same herein.



Appendix A.pdf

In Croydon the local authority had mapped the incidence of childhood obesity against the density of fast food outlets, the diagrams from "Croydon Weights and Measures 2009" are reproduced as Appendices D and E and demonstrate clearly the geographical distribution of overweight and obesity, linked to density of fast food outlets and material deprivation.

Figure 20: Location of fast food outlets and prevalence of obesity in Croydon



 This image cannot currently be displayed.

Healthy Public Policy

As part of the HEBMA PG work to develop healthy public policy, the group researched best practice in other local authority areas across Wales and England. A number of areas had like Wrexham invested significantly in healthy school meals and improving the diet of school aged children, their efforts were undermined the presence of fast food outlets close to the school. A number of authorities particularly in South of England have looked to regulate fast food outlet proliferation close to schools through the introduction of local planning regulations. Some areas have also had their policy tested and upheld through appeals processes. Faced with overwhelming evidence of the

links between availability of fast food and childhood obesity, the expert multiagency group looked to formation of healthy public policy to curb the promotion of obesogenic environments locally.

The HEBMA PG worked closely with the Wrexham County Borough Planning Department to develop Local Planning Guidance Note 9 Hot Food Takeaways which prohibited the development of new hot food takeaways within 200m of a school. LPG Note 9 is included as Appendix C.



Appendix C.pdf

Political Context

The initiative was presented through an academic poster displayed at the Welsh National Public Health Conference 2012 and was judged the best intervention by a panel of leading experts. The prize was presented by the Chief Medical Officer to members of the HEBMA PG at the plenary in front of hundreds of delegates. Many other local authorities across Wales are now considering adoption of similar policy objectives as a result of the publicity. The Welsh Government through the CMO has recognised the value of the adoption of LPG 9 within Wrexham, it is hoped that the WG through the Planning Directorate will uphold these values. The poster is presented as Appendix B.



Appendix B.pdf

Rationale for Objection.

The LPG Note 9 was developed through a multiagency response to the rising levels of overweight and obesity; the approach of using the Planning system to create an environment conducive to supporting individuals to make healthy choices is based on a robust evidence base and the success of cases in other local authority areas.

The LPG Note 9 is clear in that it states that *“New Hot Food Takeaways should not be located within 400m of the boundaries of a school or a tertiary educational establishment.”* The premises on Llangollen Road, Acrefair are just 100m from the gate of Acrefair Primary School and therefore the application is in direct conflict with the LPG 9.

The Appellant asserts that LPG 9 can be complied with by a condition restricting opening hours (Design and Access Statement 5.3). This would not alter the location or the distance from the Acrefair School. In addition consideration should be given to secondary school children accessing public transport to and from both Ysgol Rhiwabon and Ysgol Dinas Bran after 4pm and also for families accessing and leaving nursery and playgroup during the lunchtime period. It is the view of the HEBMA PG that allowing the development subject to opening hour restrictions would undermine the policy advocated through LPG 9 and would do nothing to mitigate the effects of the development.

This area is not designated as a District Shopping Centre in the current UDP, and therefore Policy S6 applies in terms of Local Need Shopping. This location has already got a public house and the

provision of a hot food takeaway in the locality would add to potential noise and disturbance for local residents, along with potential for cooking smells. With respect to current usage of property in the area it is predominantly residential use. There is a potential link between the clients of the public house and using hot food takeaway late at night, this creates a further increase in opportunist consumption of unhealthy food by adults leaving the public house and would not be conducive to supporting healthy choices.

In addition there is no parking on site, customers accessing shops on Llangollen Road frequently park on the road causing obstruction on the busy A539. This in turn poses an additional hazard to pedestrians particularly children; there have been accidents on this road in the recent past despite the presence of a pedestrian crossing nearby. Despite assertions to the contrary (Design and Access Statement 4), the yellow lines do not always deter on road parking and this poses a particular hazard to pedestrians. The proposal fails to concord with Policy S6.

There are existing Hot Food Takeaways at Bethania Road and Plas Madoc Acrefair, and on Railway Road and Crane Street Cefn Mawr. In total there are 5 premises already trading within neighbouring communities, individuals making a choice to consume hot food takeaways have ample opportunities to do so through existing provision locally and there is no need for an additional outlet. The Appellant states in the Design and Access Statement (1.3) that *“other takeaway food establishments currently trade in the adjacent village of Cefn Mawr, however, nothing exists along this stretch of road”* is inaccurate as the takeaway on the junction of Bethania Road is less than ten minutes’ walk away from the proposed development.

UDP S6 states that *“development should be safely accessible on foot, not harm residential amenity or give rise to traffic or parking problems”*. The proposals do not concord with this policy statement.

In conclusion we feel that the Appeal should be dismissed as the proposals are contrary to both the Wrexham UDP and Local Planning Guidance Note 9, as well as being contrary to local strategy and policy.



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FAO Janet Sutherberry,
Planning Dept,
1st Floor,
16 Lord Street,
Wrexham,
LL11 1LG.

16th August 2013

Dear Ms Sutherberry,

**VARIATION OF CONDITION 4 OF P/2012/0490 TO CHANGE OPENING HOURS
THE VILLAGE SHOP, LLANGOLLEN ROAD ACREFAIR WREXHAM**

I am writing to object to the above planning application. The comments contained below and the supporting material attached are submitted on behalf of the Healthy Eating and Being More Active Outcome Group (HEBMA). This is a multiagency group which oversees the implementation of the Wrexham strategy to tackle obesity and associated health problems.

We strongly object to the variation of opening hours at the relevant premises. The development was contrary to Local Planning Guidance Note 9 Hot Food Takeaways and was rightly refused consent at the stage of planning application P/2012/0490 under delegated powers. I attach a copy of our original objection which still applies, and we request that the contents are taken into consideration in determining this application.

The applicant appealed, and the matter was dealt with by way of written responses. The HEBMA Outcome Group objected to the application, and again submitted evidence to support this. I attach a copy of our submission as the contents apply in this case and we request that the contents are taken into consideration in determining this application. The Inspector allowed the Appeal, and said that the public health concerns could be dealt with by way of an appropriate condition to control opening times and thus prevent the Hot Food Takeaway being accessed at times when children and parents would be arriving or leaving the school premises. A copy of the decision is attached. It is our position that whilst we disagreed with the Inspector's Decision, the conditions are clear and designed to mitigate the public health concerns.

We respectfully request that this application is turned down and the conditions imposed by the Inspector remain in force.

Yours sincerely

Janet Radford
Deputy Chief Officer AVOW and Chair of Healthy Eating and Being More Active Outcome Group

Serving the communities of Wrexham County Borough | Yn Gwasanaethu Cymunedau Bwrdeistref Sirol Wrecsam

16 September 2013

FAO Janet Sutherberry
Planning Department
First Floor
16 Lord Street
Wrexham
LL11 1LG

Dear Ms Sutherberry,

**VARIATION OF CONDITION 4 OF P/2012/0490 TO CHANGE OPENING HOURS
THE VILLAGE SHOP, LLANGOLLEN ROAD, ACREFAIR**

On behalf of Public Health Wales (PHW) and Betsi Cadwaladr University Health Board (BCUHB), we write to object to the above application with respect to varying the opening hours of the above premises.

The original planning application was contrary to 'Local Planning Guidance Note 9 Hot Food Takeaways' and was rightly refused consent at the stage of planning application P/2012/0490 under delegated powers. The applicant subsequently appealed and was granted this appeal on the condition that the opening hours were restricted to when children and young people travelling to and from school would have limited access.

The public health implications for this objection are clearly described in NICE (National Institute for Health and Clinical Excellence) Guidance 2010, 'Prevention of Cardiovascular Disease at a population level'. This states that local planning authorities have the powers to control fast-food outlets, which in turn impact on a community's health and well-being.

The lifetime risk of conditions such as cardiovascular disease and obesity is strongly influenced by unhealthy diet and low physical activity levels in childhood. Decreasing children's and young people's access to unhealthy foods will help to;

- prevent and reduce the risk of onset of chronic conditions which may develop later in life
- decrease patterns of unhealthy behaviour that start early in life
- influence positive health behaviour in children and young people

Evidence shows that an increasing number of hot food takeaway shops are operating within easy walking distance of schools. Their low prices, coupled with this close proximity to schools increase the likelihood of over consumption of food that is often a disproportionate amount of their daily nutritional requirements. Those living in areas which are more deprived and disadvantaged and who opt for more unhealthy choices are also at increased risk of becoming ill and developing chronic conditions.

The Welsh Government and its partners in Local Government, the NHS, and the Third Sector have already recognised the importance of a good start to life for children and young people. This is reflected in *Wrexham's Single Integrated Plan*, the *Wrexham Partnership Development Board (1)* and also through *Wrexham HEBMA (Healthy Eating and Being More Active) group*. The aforementioned have reducing childhood obesity in Wrexham as a priority area together with a range of supportive programmes. Therefore consenting to the application would be contrary to the work of existing plans in Wrexham.

There are currently 58% of adults in Wrexham who are overweight or obese, and 28% of reception age boys (age 4 to 5) and 24% of girls of a similar age are overweight or obese. Research indicates that children attending school near to fast food outlets are more likely to be obese.

As Public Health Services we look to local authority planning departments to influence the planning permission for such retail outlets, which could decrease access to unhealthy food available to young people and their families. The restriction of take-away food and other such retail outlets within close proximity to schools will result in health benefits for all.

We therefore request that this application is refused,

Yours sincerely,



Dr Angela Tinkler
Consultant in Public Health



Louise Woodfine
Principal Public Health Specialist/
Wrexham Public Health contact

cc:

Ms Claire Field, Strategic and Performance Director
Mr Phil Walton, Strategic and Performance Director
Mr Andrew Lewis, Chief Housing and Public Protection Officer
Cllr David Griffiths, Lead Member for Health and Adult Social Care
Cllr Michael Williams, Lead Member for Children's Services and Education