City of Bradford MDC
www.bradford.gov.uk

Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on the 17th November 2016

Q

Subject:

Obesity in Bradford

Summary statement:

This report briefs Health & Social Care Overview & Scrutiny Committee Members on the issue of obesity across the district.

The aim of this report is to inform the committee of the threat to the publics' health due to the issue of obesity/overweight within the Bradford population. The objective of this report is to provide factual and relevant information, in order for members to have better knowledge and understanding of the issue. The Public Health Directorate request support from the committee to tackle the issue of employing a whole system approach.

Bev Maybury
Director of Health and Wellbeing

Report Contact: **Alison Moore**
Senior Public Health Manager
Phone: (01274) 435387
07582103406
E-mail:
alison.moore@bradford.gov.uk

Portfolio: Val Slater

Overview & Scrutiny Area:
Health & Social Care

1. SUMMARY

This report outlines the rising level of obesity in the Bradford District and considers what we can do to address this, one of the major barriers to achieving good health and wellbeing in our local population. The report focuses on what the evidence suggests we can and should do about it to prevent more people becoming overweight or obese, and to support people who are already overweight or obese to reach and maintain a healthy weight.

2. BACKGROUND

- Almost ¾ of the adult population in Bradford (67.9%) are overweight/obese. In Bradford's child population some of our schools have 50-60% of pupils in Year 6 (10-11 year olds) overweight/obese

- Overweight and obesity is detrimental to our health in many ways, causing problems to our; musculoskeletal system, circulatory system, metabolic and endocrine systems, reproductive and urological problems, respiratory problems, psychological and social problems, most significantly causing cancers, heart disease, non-alcoholic fatty liver disease, gastrointestinal disease.

- There is a clear and significant link with deprivation and ethnicity, presenting a difficult challenge in terms of engagement, behaviour change and lifestyle culture.

- The costs to the system are substantial, in particular in terms of health and social care.

- In Bradford, there is a need to co-ordinate our approach to the issue of rising levels of obesity to ensure that the population are given opportunities to reduce weight and prevent excess weight where possible.

- CBMDC commission and develop services that contribute to the prevention and management of obesity. These include work on maternal obesity, breastfeeding, Early Years, School food/nutrition, physical activity/play and active travel, weight management, exercise referral, food issues; high number of takeaways, food poverty and local authority procurement, active transport, cooking skills.

2.1. CAUSES OF OBESITY

- Obesity/overweight occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. However there are many complex behavioural and societal factors that combine to contribute to the causes of obesity.
- See Appendix A for more details

2.2. Health Risks:

Adults

- Musculoskeletal system
- Circulatory system
- Metabolic and endocrine systems
- Cancers
- Reproductive and urological problems
- Respiratory problems
- Non-alcoholic fatty liver disease
- Gastrointestinal disease
- Psychological and social problems

Children

Being overweight or obese in childhood has consequences for health in both the short term and the longer term. Once established, obesity is notoriously difficult to treat, so prevention and early intervention are very important. Obese children and young people are more likely to become obese adults and have a higher risk of morbidity, disability and premature mortality in adulthood.

- Emotional and psychological effects; low self-esteem; anxiety and depression
- Disturbed sleep and fatigue
- Raised blood pressure
- Type 2 diabetes
- Raised cholesterol and metabolic syndrome
- Early puberty
- Eating disorders; anorexia and bulimia
- Skin infections
- Asthma and other respiratory problems

2.3. Prevalence:

Adults

In adults, overweight is defined as a BMI 25-30 and obesity is commonly defined as a body mass index (BMI) of 30 or more.

Data on overweight and obesity among adults (defined as people aged 16 and over) are mainly from the Health Survey for England (HSE) which is a self-reported survey. Results for 2014 showed that in England 61.7% of adults were overweight or obese (65.3% of men and 58.1% of women). The prevalence of obesity is similar among men and women, but men are more likely to be overweight.

In **Bradford 67.9% of adults are overweight/obese**. The rapid increase in the prevalence of overweight and obesity has meant that the proportion of adults in England with a healthy BMI (18.5 - 24.9) decreased between 1993 and 2014 from 41.0% to 32.7% among men, and 49.5% to 40.4% among women. By 2050 obesity is predicted to affect 60% of adult men, 50% of adult women and 25% of children (Foresight 2007).

Children

The National Child Measurement Programme (NCMP) measures the height and weight of around one million school children in England every year, providing a detailed picture of the prevalence of child obesity. In the district, weight and height measurements from 95% of Reception year and Year 6 children taken through the National Child Measurement Programme. As such it is an extremely robust which allows us to gain a comprehensive picture of children's weight across the district.

The latest figures, for 2014/15, show that 14.2% of children in Year 6 (aged 10-11) were obese and a further 21.5% were overweight. Of children in Reception (aged 4-5), 8.5% were obese and another 11.1% were overweight. This means a third of 10-11 year olds and over a fifth of 4-5 year olds were overweight or obese.

Nationally and locally

- more than 1 in 5 children are overweight or obese when they begin school
- almost 1 in 3 children are overweight or obese by the time they leave primary school
- obesity rates are highest in the most deprived 10% of the population - approximately twice that of the least deprived 10%
- obesity rates are higher in some ethnic minority groups of children (particularly Black African and Bangladeshi ethnicities) and for children with disabilities (particularly those with learning difficulties)

2.4. Economic Costs

In 2006/07, obesity and obesity-related illness was estimated to have cost £148 million in inpatient stays in England (Dr Foster, 2010). It is estimated that overweight and obesity overall costs the NHS £5.1 billion per year (Scarborough et al. 2011). However, if current trends continue, these costs will increase by an additional £1.9 billion per year by 2030 (Wang et al. 2011). In 2007, the cost to the wider economy was £16 billion – predicted to rise to £50 billion a year (at today's prices) by 2050 if left unchecked (Foresight 2007)

2.5. National Policy & Local Drivers

- Healthy Lives, Health People – a call for action on obesity in England (2011)

- Everybody Active, everyday (Public Health England)

- UK Government Childhood Obesity Plan August 2016

- NICE Guidance for the management and treatment of obesity

Regionally – West Yorkshire Transport Plan, West Yorkshire Cycling Strategy, PHE Regional Network for Healthy Weight

In Bradford:

- Bradford and Airedale Joint Health and Wellbeing Strategy (JHWS)

- Priority 5 'Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people';
- Priority 17 'Reduce harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse'.

- Public Health Outcome Framework – specific indicators

PHOF Indicator 2.06	Excess weight in 4-5 and 10-11 year olds
PHOF Indicator 2.11	Diet
PHOF Indicator 2.12.	Excess weight in adults
PHOF Indicator 2.13.	Percentage of physically active and inactive adults

- Five Year Forward View for the Bradford and Craven health economy 2014-19
- 'To create a sustainable health and care economy that supports people to be healthy, well and independent'
- Reduction in rates of smoking, **obesity** and alcohol related conditions

2.6. Local Data

Obesity is related to social disadvantage with marked trends, especially in children, by area of residence (The Marmot Review 2010). Proportions of children with excess weight are higher in the Bradford District than nationally in both Reception and Year 6 with levels of obesity higher in Year 6 than in Reception. The prevalence of obesity is closely linked with socioeconomic deprivation. In Bradford, in 2014-15 9.6% of reception children in the most deprived quintile were obese, compared with 3.7% in the least deprived quintile. In Year 6, 25.2% of children in the most deprived quintile were obese, compared with 8.5% in the least deprived quintile. There is also a close link to ethnicity. In Bradford District obesity is higher among BME children with 19.2% obese/overweight in reception and 39.4% in year 6.

More males than females are obese in both reception and year 6, with 9.1% of males obese in reception compared to 7.9% of females, with 22.9% of males being obese compared to 20% of females in year 6.

Children - based on the National Child Measurement Programme

Chart 1: Proportion of pupils who are obese by school year 2014-15

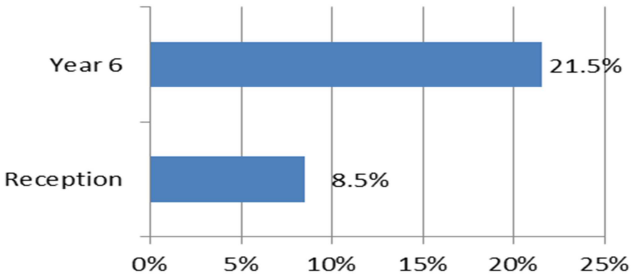


Chart 2: Proportion of pupils who are overweight by school year 2014-15

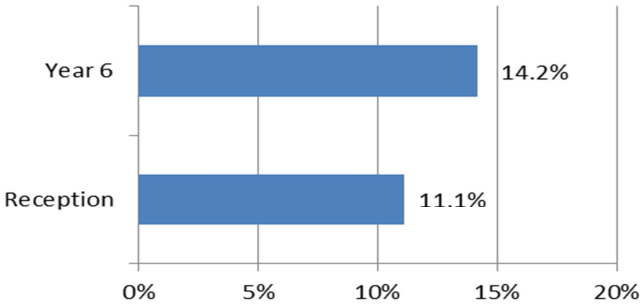
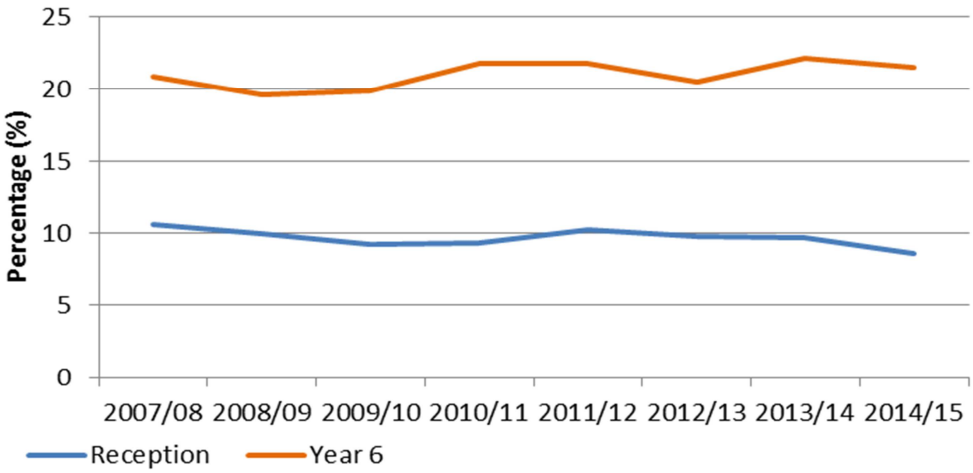


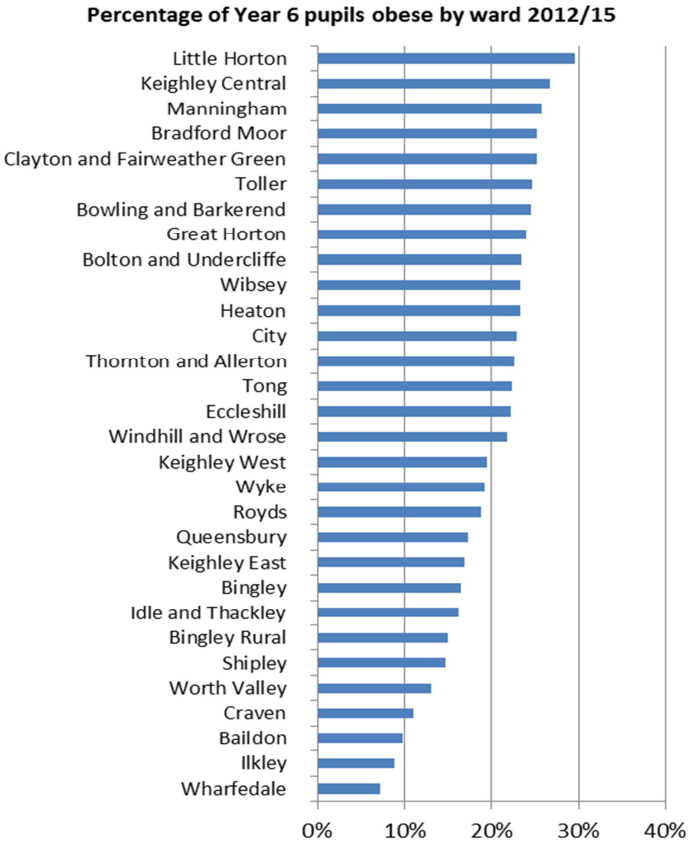
Chart 3: proportion of pupils obese over time by school year



The gap between those obese in reception and year 6 is increasing, so despite the fact that the number of pupils in reception who are obese is decreasing, more pupils are

becoming obese by year 6.

Chart 4: Percentage of Year 6 pupils who are obese - by ward



2.7. What are the local authority currently doing about the issue

CBMDC commission and develop services that contribute to the prevention and management of obesity. We take a life course approach and within the current finance envelop try to address all ages, have both a universal offer and a targeted approach. We invest in both prevention/early intervention and treatment programmes. The programmes are developed using the latest evidence of good practice and could be scaled up to reach more residents.

Population Group	Action	HWB Priority	PHOF
Maternal obesity	Currently working with midwifery to ensure the issue is raised with pregnant women and access to weight management is offered. Midwives are equipped with the appropriate messages and advice	Priority 5 – Reduce childhood obesity	2.06 Excess weight in 4-5 & 10-11 year olds
Early Years Health Professionals	Commission Dietetics to deliver a training programme for professional and carry out work on Public Health Nutrition; Healthy Start, Vitamin D, Resources, Advice	Priority 5 – Reduce childhood obesity	2.06 Excess weight in 4-5 & 10-11 year olds
Breastfeeding	Commission a breastfeeding co-ordinator to facilitate achievement of Baby Friendly Accreditation, that ensures organisational best practice Commission Peer Support programme – Bradford and Keighley – provided by NCT and Keighley Healthy Living Centre	Priority 2 – Reduce infant mortality Priority 5 – Reduce childhood obesity	2.02 Increase breastfeeding rates
Early Years (0-5 year old)	Invest in HENRY – Health Exercise Nutrition for the Really Young. This is a training programme for practitioners and a parent intervention. Proving very successful. Currently available in all Children's Centres	Priority 5 – Reduce childhood obesity	2.06 Excess weight in 4-5 & 10-11 year olds
Work in Children's Centres	Contractual target to reduce obesity – driven by • Integrated Early Years Strategy • Integrated Care Pathway	Priority 5 – Reduce childhood obesity	2.02 Increase breastfeeding rates 2.06 Excess weight in 4-5 & 10-11 year olds
Children	• Children's Health Weight Strategy • Weight Management – provided by ABL Health • High School Programme – delivered by Public Health, plus capacity building • Active Travel – provided by Sustrans • School Cooks Training – to ensure healthy meals and potentially cooker clubs for children • Bikeability and balanceability • Cycling proficency training • NCMP – manage the local programme, feeding back to parents and referral programmes • Link closely with Oral Health promotion team re key messages and commission nutrition programme First Steps	Priority 5 – Reduce childhood obesity	2.06 Excess weight in 4-5 & 10-11 year olds

	• Work with County Sport partnership on increasing school physical activity • Commission the Healthy Active Play Partners Programme internally – intensive family intervention programme to encourage play and healthy eating		
Adults	• Weight management – provided by ABL Health • Exercise on Referral – referral from health professional into exercise programme • Walking programmes x 3 • Commission VCS provision of nutrition/food and physical activity work in areas of deprivation • Food Strategy – work programme on addressing food poverty, food procurement and school food	Priority 17 – Reduce harm from preventable disease Priority 18 – Reduce mortality from cardiovascular disease, respiratory disease, diabetes and cancer	2.12 Excess weight in Adults 2.13 Proportion of physically active and inactive adults 1.16 Utilisation of outdoor space for exercise
All	• Public Health provide Health Improvement Training available across the districts workforce to improvement knowledge, skills and confidence about the issue of nutrition, food and physical activity • Good Food Award – to improve the availability of healthier choices in our take-aways – provided by Trading Standards • Ministry of Food – learn to cook • Greenline Miles x 4 – walking routes marked on the pavement in Manningham, Little Germany, City Centre and Myrashaye • Active Bradford Board – providing strategic leadership on physical activity across the district. Strategy about to be launched.	Priority 8 - Improve health and wellbeing for people with long-term conditions Priority 14 – Deliver a healthier and safer environment Priority 17 – Reduce harm from preventable disease Priority 18 – Reduce mortality from cardiovascular disease, respiratory disease, diabetes and cancer	2.12 Excess weight in Adults 2.13 Proportion of physically active and inactive adults 1.16 Utilisation of outdoor space for exercise

Corporate Plan
Success measures by 2020:
● Increase healthy life expectancy
● Reduce the gap in life expectancy between the most and least deprived areas
● Significantly reduce the proportion of children overweight or obese at age 10 to 11
● Improve mental wellbeing and reduce high anxiety to below the England average
● Build on success at tackling loneliness and social isolation
● Significantly reduce causes of preventable deaths – smoking, being overweight, and obesity – and increase physical activity and healthy eating

2.8. A long-term, whole –system commitment

Successfully tackling obesity is a long term, large scale commitment. Prevention is far cheaper than treatment therefore a more comprehensive approach to tackling the problem would be to invest to save in Prevention. The evidence is very clear that policies aimed solely at individuals will be inadequate and that simply increasing the number or type of small scale interventions will not be sufficient to reverse this trend. Significant effective action is required to prevent obesity at a population level and acting on many of the factors that are driving obesity and overweight.

Tackling the issue across local health and wellbeing systems is complex and requires action at every level, from the individual to society, and across all sectors. Obesity cannot be effectively tackled by one discipline alone and local authorities, led by public health colleagues, are ideally placed to develop co-ordinated action to tackle obesity across its various departments, services and partner organisations. Local authority departments and service areas can influence:

- Transport
- Planning and environment
- Leisure and culture
- Parks and green spaces
- Education and learning
- Health and social care
- Housing
- Workplaces

2.9. Interventions to support Healthy Weight

The four-tier diagram below explains the different levels of intervention that can be taken. It helps describe the need for the whole systems approach to the issue.

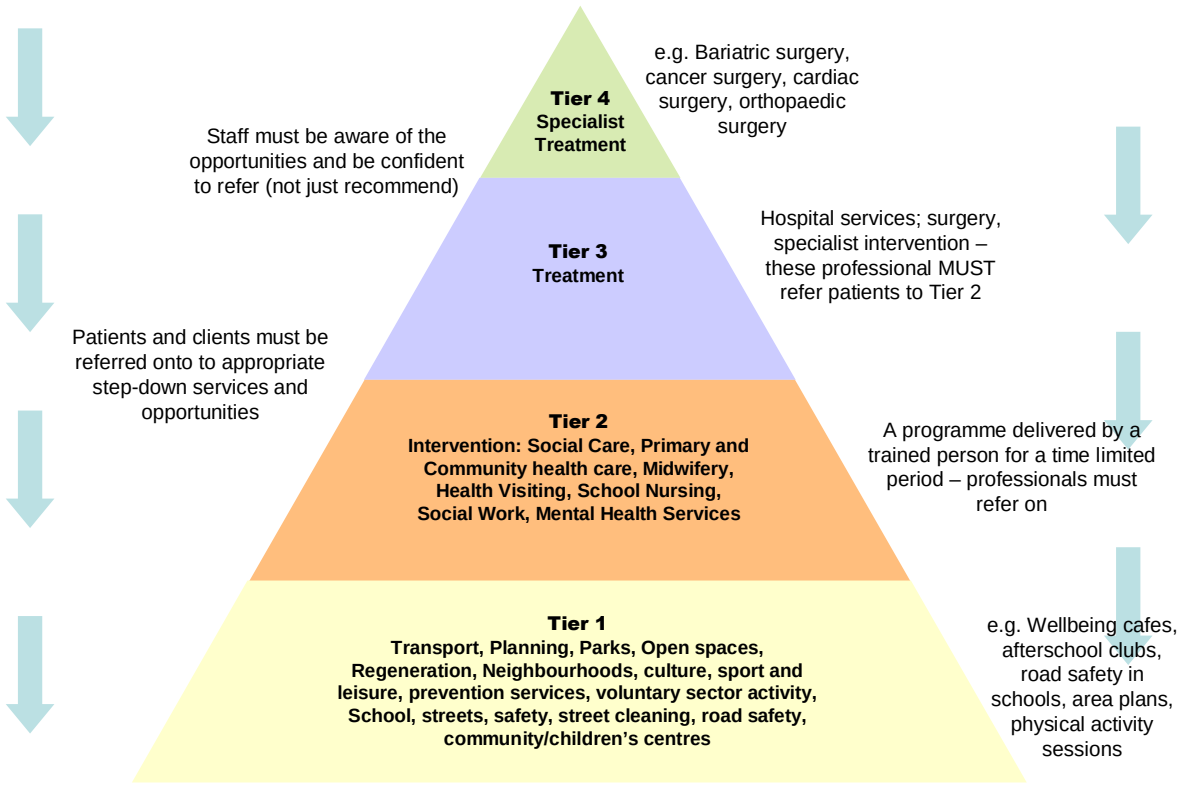
Tier 1 are universal services, available to the whole population, services that are not targeted or specialist but promote a healthy lifestyle and are underpinned by the principle of helping people make healthier choices. Tier 1 is also the built environment, our infrastructure and the issues that create the backdrop to our society and our communities. In order to prevent overweight and sustain behaviour change everyone

can contribute to this tier; planning, transport, education, primary care, allied health professionals, social care colleagues, leisure, parks/green space, neighbourhoods, workplaces and the media.

Tier 2 are specialist services, generally time limited and offer an intervention/treatment when individuals are already overweight/obese. These interventions need to be evidence based, be easy to access and to facilitate behaviour change. They may be provided by the commercial sector e.g. Weight Watchers. These services also need to ensure that individuals are sign-posted and enabled to access Tier 1 services in order to sustain a healthy lifestyle. It may be the case also that by getting involved in Tier 1 services individuals become aware of Tier 2/specialist services and self-refer or seek referral to these.

Tier 3 is a specialist obesity service providing a medically led assessment and monitoring. This service is a 12-month intervention whereby a medical team check for underlying conditions and enable the individual to access weight management intervention; tier 2, medication and psychological support. This service is also for pre and post weight loss surgery (Tier 4). In order to qualify for surgery individuals need to have accessed at least 6 months of treatment (Tier 2 services), in particular psychological support in order to change their lifestyle behaviour and therefore manage their lifestyle after surgery.

Tier 4 is surgical intervention. It is essential that individuals have made lifestyle changes and access post-operative treatment.



We must enable people to make healthy choices and facilitate the use of the opportunities available – on the streets, in open space, in leisure facilities, in their communities

Tier 1 is where we need to focus our efforts. There is a need to review our policies, strategies and practice and align our contributions, up-skill our workforce and develop a comprehensive plan of action. We have much of what's needed in Tier 1 but unfortunately it's not linked together to create the impact that is necessary to make a difference. Many parts of the system do not see the importance of a whole-systems approach. We need to work across organisations, across the authority and to discuss the contributions that each sector can make. The voluntary and community sector provides varied activities including physical activity sessions, supervised exercise and gym sessions and promoting healthy lifestyles through learning and through sports. See Section 3.5 below.

With need some radical changes regarding the way we build our environment and encourage a healthier lifestyle, to enable people be to physically activity, and help people to eat a healthy diet. This needs broad, strategic thinking and most of all leadership and commitment.

Our commissioning needs to be health promoting and underpinned by the principle of enabling individuals to make healthy choices. We need to cross reference each other's contribution to the agenda and our ambition to enable Bradford residents to live a healthy lifestyle.

Tier 2 services are available and currently underused. There is a need to promote and utilise the services available and a willingness to refer people identified through approaches such as NHS Health Check and Making Every Contact Count.

Tier 3 and 4 are in place, although accessed by small numbers of people.

The NHS is delivering relevant schemes that cross both Tier 1 and 2 - targeting groups in the district with particular health risks:

The Bradford District CCG's *Healthy Hearts* promotes the best use of the cholesterol lowering drugs statins, increases awareness and detection of atrial fibrillation in primary care and uses physical activity to improve management outcomes in cardiovascular disease;

Bradford City CCG's *Beating Diabetes* scheme screens the at-risk population to identify undiagnosed diabetes needing treatment and deliver prevention or risk mitigation interventions to others according to their level of risk.

The development of an Accountable Care System for health and social is also addressing diabetes prevention.

2.10. Building a local whole system approach

The potential benefits of reducing the impact of excess weight on individuals and families and on demand for health and social care make a strong case for an overarching system-wide approach that supports healthier eating and a more active lifestyle at all levels.

In July 2016 the Health and Wellbeing Board received a report on the trend to increasing overweight and obesity in the District and a recommendation to establish an evidence-based system wide approach to healthy weight. The Board resolved-

(1) That the Board leads a system-wide approach to healthy weight for the population of the District.

(2) That a Programme Delivery Board be established to develop an action plan for an integrated system wide approach to healthy weight; the Programme Delivery Board to comprise of representatives from the Local Authority, Clinical Commissioning Groups, Health Providers, and the Voluntary and Community Sector and led by the Portfolio Holder for Health and Wellbeing and the Director of Public Health.

(3) That the Terms of Reference for the Programme Delivery Board be submitted to the Health and Wellbeing Board in 2016.

Action: Director of Public Health/Interim Strategic Director Adult and Community Services/Clinical Chair of Bradford Districts Clinical Commissioning Group.

The programme Delivery Board is due to meet in November to facilitate the development of a whole system approach will allow us to ensure that we are using all the levers that we can to address overweight and obesity. It also allows us to harness the influence of a range of professionals to help people to recognise and address the health risks they face through taking no action or continuing to gain weight, and to understand that help and support is available.

A system-wide approach to supporting people to be a Healthy Weight will be better equipped to identify and remove some of the barriers to making healthy choices the easier choices, and will increase the chance that interventions are not undermined by other factors that have not been taken into consideration.

Options – interventions that have demonstrated success – Appendix B

2.11 Building and Connecting Tier 1 Approaches – Harnessing the Wider Determinants of Health

The Built Environment

In the context of busy lives where many people have the competing demands of work, family and caring responsibilities, the rate of physical activity has reduced and intake of calories has increased, fewer people walk or cycle even on short journeys and reliance on takeaway food and ready meals has grown over the last decades. Areas of the District with the poorest health and wellbeing are also characterised by higher than national rates of poverty, poor housing, and poor physical health, low-paid and insecure work.

If healthy weight interventions (as already noted in the report) are predominately 'aimed' at the individual and are not as successful as we'd like we will need to consider wider determinant factors; the built environment, housing; physical activity; green spaces & safe play. The District's Core Strategy addresses these issues. However, to avoid a further widening of health inequalities between areas within the District, improvements to the design and development of the urban built environment, the development of active transport and the availability of green space and areas that are safe to walk and cycle must include the most deprived areas of the District.

Food and Licensing

Food Strategy initiatives include healthy eating activities (cook and eat sessions and weight management classes), commissioned through VCS organisations and supported by the council. New responses are emerging to food poverty and affordability of healthy food, resulting in the reuse of food from Bradford's large commercial food businesses and organisations. Voluntary and faith based organisations across the district have built up food networks offering a range of crisis interventions; food parcels and hot food for householders struggling to access affordable food. Included in many of these are simple, nutritional recipes. The 'Good Food Award' is delivered by West

Yorkshire Trading Standards which helps educate, train and reward restaurateurs who offer healthy choices and reformulate meals to reduce the calories from fat and sugar.

Planning regulations have been amended in Bradford to reduce the number of hot food takeaway establishments located within 400 metres of schools. Of 16 applications in 2015-16, 7 were refused on these grounds and 4 were withdrawn. It is not possible to judge how many potential applications were not put forward following advice from a Planning officer that such applications were likely to be refused.

Active Transport

The Government target of 100% more trips by bicycle and ambition to reverse the decline in walking has been adopted in the recent draft Single Transport Plan for West Yorkshire with further targets to increase rail travel and to reverse the decline in bus patronage. However the same policy documents plans to maintain current car journeys to city centres and increase overall trips by 5%. From 2011 to present journeys by car and rail have increased, rates of cycling and walking have remained low while bus patronage has fallen.

Sustained efforts to promote cycling in primary schools are set to continue. However cycling rates in Bradford are the lowest in West Yorkshire and qualitative evidence suggests that poor perception of safety is the main barrier to cycling in primary age children. Similar engagement is planned with businesses close to City Connect route focussing on cycling facilities in the workplace. A number of employers have implemented sustainable travel policies; however there is limited evidence of change. Around 70% of journeys into Bradford City centre are by car, an increase in cheap all day parking is likely to maintain this rate.

Initiating and supporting behaviour change

A whole system approach must not further medicalize these issues as that could undermine the message that people can act individually and together in their communities and that what is needed is a whole-system, population level approach. Everyday thousands of people within our communities come into contact with services – social care, education, healthcare, third sector –all sectors will need to be on board and the professionals within them will need to be engaged and to make every contact count in respect of this issue and broader health and wellbeing messages.

A system wide approach will need to consider how and when to engage people in potentially difficult conversations about their health and wellbeing. It will require that we learn from best practice in engaging and sustaining people to change entrenched behaviours.

We will need to ensure that public-facing staff and volunteers across all sectors have the right skills and deliver consistent messages to enable people, particularly those people with the worst health and wellbeing outcomes, to take steps back to healthy weight.

Acting at scale

The District has many initiatives in place; whilst some initiatives are taking place at scale, many appear to be applied piecemeal, others as in the example of travel into Bradford City Centre, can be undermined by other initiatives.

The challenges in taking a system wide approach will include: scaling up more of the effective initiatives; removing disincentives and managing conflicting interests, aiming for consistency of message across different settings and approaches; ensuring that initiatives are effective, well-linked together and supportive not undermining of each other; acting both at a broad community level and targeting initiatives where appropriate.

For example, to make a population level difference, being active every day needs to be embedded across every community in every aspect of life. However, simply focusing on public health messages alone will not be sufficient to change the cultural and behavioural norms that have developed around physical inactivity and unhealthy eating. We will need to be more creative and effective in communicating with different audiences at different stages of understanding?

A system-wide approach means active environments, an active society and active schools, healthy eating embedded and supported across a wide range of organisations. There is a need, therefore, for everyone to play their part in creating a greater understanding of why healthy eating and physical activity are important, and what the consequences of poor diet and inactivity will be.

Robust governance will be needed and a task and finish approach may be required to get things moving.

3. RECOMMENDATIONS

That activity undertaken on obesity prevention and early intervention be noted and that the Committee provide any feedback and/or comments.

4. APPENDICES

Appendix A

The Foresight report (2007) referred to a “complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain”. The report presented an obesity system map with energy balance at its centre. Around this, over 100 variables directly or indirectly influence energy balance.

The Foresight map is divided into 7 cross-cutting predominant themes:

- Biology: an individual's starting point - the influence of genetics and ill health;
- Activity environment: the influence of the environment on an individual's activity behaviour, for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;
- Physical Activity: the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day;
- Societal influences: the impact of society, for example the influence of the media, education, peer pressure or culture;
- Individual psychology: for example a person's individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences;
- Food environment: the influence of the food environment on an individual's food choices, for example a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home;
- Food consumption: the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet.

Appendix B

Active Transport
Facilitating and encouraging walking, cycling, and public transport, which engender more physical activity.

Healthcare
Providing incentives or support to encourage healthy behaviour. These can include general financial incentives, such as premium rebates or reward points, or more targeted facilitating incentives such as free gym membership. Also deliver other interventions such as parental and weight-management programs.

Locally, the Bradford Beating Diabetes and Bradford Healthy Heart initiatives are targeted, at scale initiatives that include referral to lifestyle change programmes to support people to reduce weight and increase physical activity.

Healthy Meals
Improving the health quality of meals in controlled settings such as schools and workplaces.

Calorie Food and Drink Availability
Reducing the ready availability of high-calorie foods to help control impulse consumption, including removing vending machines from schools and workplaces, high-calorie foods from supermarket checkouts, and fast-food retailers from locations outside schools.

Labelling
Providing calorie and other nutritional labelling so that consumers can understand the content of their food. Labels can be plain text or "engaging"— an easy-to-interpret assessment of the health of the product (for example, traffic lights).

Media Restrictions

Restricting high-calorie food advertising to reduce exposure to marketing that is proven to promote consumption.

Parental Education
Empowering and educating parents to promote a healthier lifestyle for their children through regular parental guidance sessions.

Pharmaceuticals
Intervening with drugs to reverse obesity rapidly in cases where it is creating immediate health risks.

Portion Control
Encouraging appropriate consumption through incremental (for example, 1 to 5 per cent) reductions in portion sizes and designing packaging to better delineate portion size to help moderate consumption.

Price Promotions
Restricting promotional activity in high-calorie impulse foods to decrease consumption.

Public Health Campaigns
Delivering a public health campaign through multiple media outlets to promote healthy eating and physical activity habits.

Reformulation
Incrementally reducing calories in food products to drive subconscious reduction in consumption; introducing new product ranges with improved nutritional profiles.

School Curriculum
Introducing additional hours of physical education and healthy nutrition in school curricula to encourage healthier habits.

Subsidies, Taxes, and Prices
Changing agricultural policy or regulatory policy to adjust consumer prices and the supply of select food and/or beverage categories.

Surgery
Scaling up delivery of bariatric surgery to reduce stomach capacity and deliver immediate change in food consumption.

Urban Environment
Making changes to physical spaces and food access to facilitate and encourage healthy habits, such as increasing the walkability of cities and green space, furthering access to community sports facilities, and improving access to grocery stores.

Weight-Management Programs
Educating and empowering individuals to change key weight behaviour through counselling, physical activity programs, and education.

Workplace Wellness
Offering programs and engaging employees to encourage healthy behaviour, for example through financial and non-financial incentives, team competitions, and the provision of education and self-management tools such as personal tracking devices.

5. BACKGROUND DOCUMENTS

Marmot, M. (2010) 'Fair Society, Healthy Lives – Strategic Review of Health Inequalities in England post-2010'. London: The Marmot Review.

Public Health Outcomes Framework for England 2013 to 2016, Department of Health, 2013. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

Healthy Lives, Healthy People: A Call to Action on Obesity in England 2011

https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england

Bradford and Airedale Joint Health and Wellbeing Strategy, *Good Health and Wellbeing 2013-2017*

http://www.observatory.bradford.nhs.uk/Documents/Bradford

Integrated Early Years Strategy 2015-18

https://www.bradford.gov.uk/NR/rdonlyres/4F168FB7-3239-496A-9029-F96B32556BD6/0/W32253IntegratedEarlyYearsStrategy.pdf

Children's Healthy Weight Strategy 2013-2016

NICE Guidance for Weight Manageme