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| Report of: | Head of Economic Prosperity |
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| Portfolio Leader: | Health & Wellbeing |
| Key Decision: | Yes |
| Report Track: | Cabinet: 30/01/20 |

CABINET
30 JANUARY 2020
NEW HEALTH IMPROVEMENT PROGRAMME
'CANNOCK CHASE CAN'

1 Purpose of Report

- 1.1 To consider the implications of the motion approved at Council on 6 November 2019, on the implementation of a district-wide Health Improvement Programme, 'Cannock Chase Can', aimed at focussing local efforts on supporting the Government's Child Obesity Action Plan.

2 Recommendation(s)

- 2.1 That Cabinet approves the implementation of a district-wide Health Improvement Programme, 'Cannock Chase Can'.
- 2.2 To note the resource implications that will be submitted to Cabinet for consideration as part of the 2020/21 budget process.

3 Key Issues and Reasons for Recommendations

- 3.1 At the Council meeting on 6 November 2019, the Leader of the Council moved a motion to support the Government's Child Obesity Action Plan, which aims to halve childhood obesity in the UK by 2030. The motion was unanimously supported by those Members present.
- 3.2 In support of this locally, the motion included a commitment to implement a district-wide Health Improvement Programme, 'Cannock Chase Can', aimed at focussing local efforts on supporting the Government's Child Obesity Action Plan.
- 3.3 In 2007 the Foresight Report 'Tackling Obesities' estimated that half of the UK population could be obese by 2050. Seven years later in 2014, the National Obesity Forum suggested that this estimate was optimistic (See:

<https://www.rcn.org.uk/clinical-topics/public-health/obesity>, accessed November 2018). NHS executives, public health nutritionists and celebrity chefs have promoted campaigns to encourage healthier eating habits and increase physical activity aimed at tackling the rise of obesity and the projected major impact of this condition on public health resources.

- 3.4 Public Health England (PHE) data indicates that 74% of adults in Cannock Chase aged 18+ were overweight or obese in 2017/2018. This was close to the highest rate of excess weight across the West Midlands in 2017/18 and above the England average (62%). The prevalence of excess weight (overweight and obesity) among children in Reception school year (aged 4-5) saw a fall in 2017/18 but remained above the England average of 22.6% with 26.4% of Reception age children overweight or obese in the District. The prevalence of overweight and obesity increased among Year 6 children aged 10-11 during the same period to 37.1% during 2017-2018. Whilst this is not the highest in the West Midlands, it is again above the England average of 34.3%.
- 3.5 A district-wide Health Improvement Programme, 'Cannock Chase Can' will focus local efforts on supporting the Government's Action Plan. By working collaboratively with the Community Wellbeing team at Inspiring healthy lifestyles and supporting partners to develop a 5 year health improvement/prevention plan. The plan will include various methods of promotion and engagement to encourage participation and behaviour change.
- 3.6 There will be no costs incurred in the first year (2019/20) as this will be a planning and developmental period. Estimated costs for Year 2 will reach £21,500 with a further annual commitment of £10,000 for four consecutive years, equating to a total financial commitment over five years of £61,500.

4 Relationship to Corporate Priorities

- 4.1 This report supports the Council's Community Wellbeing priorities as it will provide opportunities for healthy and active lifestyles; promote attractive and healthy environments and will support vulnerable people.

5 Report Detail

THE MOTION:

- 5.1 At the Council meeting on 6 November 2019, the Leader of the Council moved a motion to support the Government's Child Obesity Action Plan, which aims to halve childhood obesity in the UK by 2030. The motion was unanimously supported by those Members present.
- 5.2 The motion stated:

That the Council resolves to support the Government's Child Obesity Action Plan which aims to halve childhood obesity in the UK by 2030. This will be supported locally by:

1. *Considering the introduction of a 'Health in All Policies' approach to the decisions we make, targeting the social determinants of health to improve the health of the local population;*
2. *Implementing a district-wide Health Improvement Programme, 'Cannock Chase Can', aimed at focussing local efforts on supporting the Government's Action Plan.*

(Item 1 is the subject of a separate Cabinet report)

SETTING THE SCENE:

- 5.3 The relatively high prevalence of overweight and obesity in Cannock Chase's adult and child populations indicates that the District could be more susceptible to socioeconomic disadvantages associated with obesity.
- 5.4 Appendix 1 provides an overview of the latest data associated with obesity in Cannock Chase and considers the socioeconomic impact of obesity in the District, produced in August 2019.
- 5.5 The mapping data in Appendix 2 illustrates how different localities across Cannock Chase are affected by factors associated with obesity including access to fast food and socioeconomic deprivation.
- 5.6 A detailed analysis of these maps will be undertaken as part of the project development stage to ensure the programme targets areas of the District where levels of obesity and deprivation are at their highest. They will also help to identify whether there are any correlations between the locations of fast food takeaways/outlets, deprivation (income and health), excess weight and accessibility to leisure facilities and green spaces.
- 5.7 The NHS identifies that obesity is generally caused by lifestyle or environmental factors. The causes of obesity are complex and comprise of many variables from the combination of low levels and low impact physical activity and poor diet, to move complicated underlying issues such as emotional wellbeing and lack of knowledge and know how.
- 5.8 Negative life events, lack of skills on how to live a healthy lifestyle on a low income, not engaging with our green spaces, easy access to fast food establishments, through to not feeling safe to walk to school, and wider socioeconomic factors, particularly deprivation can all contribute.
- 5.9 Obesity not only presents restrictions on a person's quality of life and increased risk to additional long-term health conditions such as diabetes; it challenges public services and local infrastructure in far reaching ways. It places exponential demands on health and social care and affects our local economic wellbeing.

IMPLEMENTING CANNOCK CHASE CAN:

- 5.10 As suggested by the LGA's 'Health in All Policies' document, a collaborative approach is needed to improving the health of all people.

- 5.11 The Environmental Health and Communications teams have been in discussions with the Community Wellbeing team at Inspiring healthy lifestyles (IHL) with a view to developing a new Health Improvement Programme – ‘Cannock Chase Can’. The aim will be to help reduce obesity by changing behaviours and attitudes towards healthy eating and physical activity.
- 5.12 The ethos of ‘Cannock Chase Can’ is based on a programme developed in Newcastle in 2017.
- 5.13 In January 2017, Newcastle City Council launched a new campaign to tackle health and obesity – ‘Newcastle Can’. This was a ground-breaking social project encouraging communities throughout the city to work together to get healthier and fitter.
- 5.14 With support from the TV chef and campaigner Hugh Fernley-Whittingstall, the project aimed to encourage communities throughout the city to work together on one common goal: to see if Newcastle could lose 100,000lbs in weight. Due to the impact of this project, Newcastle City Council has decided to continue with the Newcastle Can brand and to badge their adult obesity prevention programme under the Newcastle Can banner.
- 5.15 Appendix 3 provides a full brief detailing the ‘Newcastle Can’ campaign.
- 5.16 A pilot was launched by Brereton Million – ‘Brereton Can’ in September 2019 with the support of the Council and Inspiring healthy lifestyles. Brereton Million has created a website and set a challenge of losing 20,000lbs worth of weight amongst the residents living in the Brereton area. Since the launch, a number of initiatives have been undertaken including the installation of a new outdoor gym in Ravenhill Park along with a Health and Fitness event. Brereton Can will feature within the district-wide project and will help sustain it at a local level.
- 5.17 Due to the success of the ‘CAN’ campaign, it is being recommended that the Council develops a district-wide version – ‘Cannock Chase Can’ which will focus local efforts and support the Government’s Child Obesity Action Plan. This will involve the development of a 5-year district-wide Health Improvement Programme which will focus methods of promotion and engagement to encourage participation and behaviour change. Appendix 4 provides an overview of the next steps for project delivery for Year 1.
- 5.18 The focal point for the programme will be the ‘Cannock Chase Can’ online portal which will enable residents to sign up to the programme and create personal profiles including target weight based on the NHS healthy weight BMI tool. It will also provide information about healthy eating, physical activity and advice about how to make healthier lifestyle choices. Appendix 5 shows a visual concept for the online portal. Please note; this is in its draft form, so will be subject to changes.

6 Implications**6.1 Financial**

Appendix 6 shows the breakdown of costs for this 5-year Health Improvement Programme. Provision exists within the Draft General Fund Revenue Budget (considered elsewhere on the Agenda) for the costs of the Health Improvement Programme.

6.2 Legal

If the Health Improvement Programme requires the Council to enter into contracts or agreements with third parties, then the Council must comply with the Procurement Regulations as regards tender procedures and awarding of contracts or purchase of goods and services.

The Council should carry out an equalities impact assessment prior to starting the Health Improvement Programme in order to evidence that the Council has due regard for the public sector equality duty as per section 149 of the Equality Act 2010.

6.3 Human Resources

An evaluation of the proposed duties of this role has been undertaken in line with the Council's Job Evaluation Scheme and the role has been graded within G of the Council's payscale. On this basis assuming a whole-time salary of £28,785 per annum (top of G) then 18.5 hours per week would equate to £14,392 gross (£18,710 approximately including on costs). If appointing at 22.20 hours per week then gross salary would equate to £17,270 gross per annum (approximately £22,452 per annum including on costs).

The proposed Health Improvement Officer is initially indicated as a 12 month fixed term post. It should be noted that future extensions beyond a 2 year term may incur redundancy costs subject to legislative requirements.

The breakdown of costs at Appendix 6 also includes a further 12 months funding for ad hoc additional hours to be provided by the Marketing and Campaigns Officer who will lead on the development and implementation of the initial concept.

6.4 Section 17 (Crime Prevention)

None

6.5 Human Rights Act

None

6.6 Data Protection

As this project is still in its developmental stage, specific data protection implications cannot be detailed here.

However, in order to ensure compliance with data protection legislation a privacy impact assessment will be carried out prior to the start of the project. From this, recommendations will be given around all aspects of data protection such as, but not limited to, ensuring relevant privacy notices are in place, ensuring only relevant information is collected, security of and access to data is applied and that procedures for administration of the project are documented including any proposed sharing with other organisations such as Inspiring healthy lifestyles.

Particular consideration and scrutiny will be given to the collection of any medical data and the security and administration of the proposed online portal.

6.7 Risk Management

There are no strategic risk management implications associated with this project.

6.8 Equality & Diversity

As further progress is made with this programme, Equality Impact Assessment work will be undertaken to identify whether obesity might be having a differential impact on people with protected characteristics, consider how services might respond and monitor the impact of this.

6.9 Best Value

None

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| 7 Appendices to the Report |
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Appendix 1: Overview of data associated with obesity in Cannock Chase District

Appendix 2: Mapping data

Appendix 3: Newcastle Can

Appendix 4: Overview of the next steps – Year 1

Appendix 5: Visual concept of Cannock Chase Council online portal

Appendix 6: Breakdown of costs

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| Previous Consideration |
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| Motion on Obesity | Council | 6 November, 2019 |
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| Background Papers |
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| None |
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Obesity in Cannock Chase, 2019

Public Health England identifies that the NHS spent an estimated £6.1 billion on overweight and obesity-related illness in 2014-15 although this figure has been contested with an estimate of £5.1 million for NHS spend on obesity related disease.¹ The estimated annual social care costs of obesity to local authorities was identified as £352 million in 2018.² Recent research has identified that 'estimates of the economic cost of obesity vary and are inherently uncertain'.³ However, regardless of the accuracy of estimated spend, the Obesity Health Alliance identifies 'academic evidence is unanimous that the high prevalence of overweight and obesity in the UK is causing substantial costs to the NHS and wider society'.⁴

How do we define overweight and obesity?

Obesity in adults is typically defined in terms of Body Mass Index:

A BMI of between 25 and 29.9 is defined as overweight.

A BMI of 30 or over is classed as obese, with a BMI of 40 and above classed as severely obese.

It is important to note that BMI is just a guide and doesn't account for muscle mass or the distribution of body fat which can vary between individuals.)

In children, weight is classified with reference to the British 1990 Growth Reference Charts as BMI varies between children depending on their age and gender.

It is important to note that being overweight or obese can be the result of health conditions and not down to lifestyle or environmental factors. However, the NHS identifies that obesity is generally caused by eating large amounts of processed or fast food high in fat and sugar combined with low levels of physical activity creates body fat which leads to being overweight or obese.

¹Public Health England, Health Matters: Obesity and the Food Environment (31st March 2017)

<https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment>; Obesity Health Alliance, The Costs of Obesity, 2017
<http://obesityhealthalliance.org.uk/wp-content/uploads/2017/10/OHA-briefing-paper-Costs-of-Obesity-.pdf>

² NHS England, Tackling Obesity is Everybody's Business, September 2018

<https://www.england.nhs.uk/expo/wp-content/uploads/sites/18/2018/09/14.00-Tackling-obesity-is-everybodys-business.pdf>

³Obesity Statistics, House of Commons Library Briefing Paper No. 3336, 20 March 2018

⁴Obesity Health Alliance, The Costs of Obesity, 2017 <http://obesityhealthalliance.org.uk/wp-content/uploads/2017/10/OHA-briefing-paper-Costs-of-Obesity-.pdf>

Obesity in both children and adults is linked to serious health conditions such as diabetes, hypertension, coronary heart disease, cancer and stroke as well as low self-esteem and depression which can have a detrimental impact on educational attainment and employment. Obesity has also been linked to environmental factors including access to fast food and wider socioeconomic factors particularly deprivation.⁵

Being overweight or obese has links to a range serious long-term health conditions, increasing risk of Type 2 diabetes, heart disease, cancer and stroke.⁶ The cost of treating these conditions puts a significant burden on the NHS ranging from the time demands on General Practitioners to the cost of treating these conditions in hospitals. In 2015/16 the NHS carried out 6,483 bariatric surgery procedures which are estimated to have cost in the region of £36.6 million.⁷ Being overweight and obese is also linked to mental health problems ranging from low self-esteem to depression which has significant socioeconomic implications. Beyond the cost of treating health conditions, physical and mental illness resulting from obesity may affect people's participation in the labour market, reducing productivity and having a detrimental impact on local economies.⁸

Public Health England identify that obesity costs wider society around £27 billion and, unless there is a decline in the prevalence of obesity, the UK-wide NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year.⁹ It is evident that local authorities and Clinical Commissioning Groups with a higher density of people experiencing obesity could face disproportionate costs and challenges to their local economy within these estimates and projections. This is concerning for Cannock Chase, given that levels of excess weight (overweight and obesity) were close to the highest across the West Midlands in 2017/18. Levels of excess weight in the District rose by 4.1% between 2016/17 and 2017/18.

⁵ <https://www.nhs.uk/conditions/obesity/>

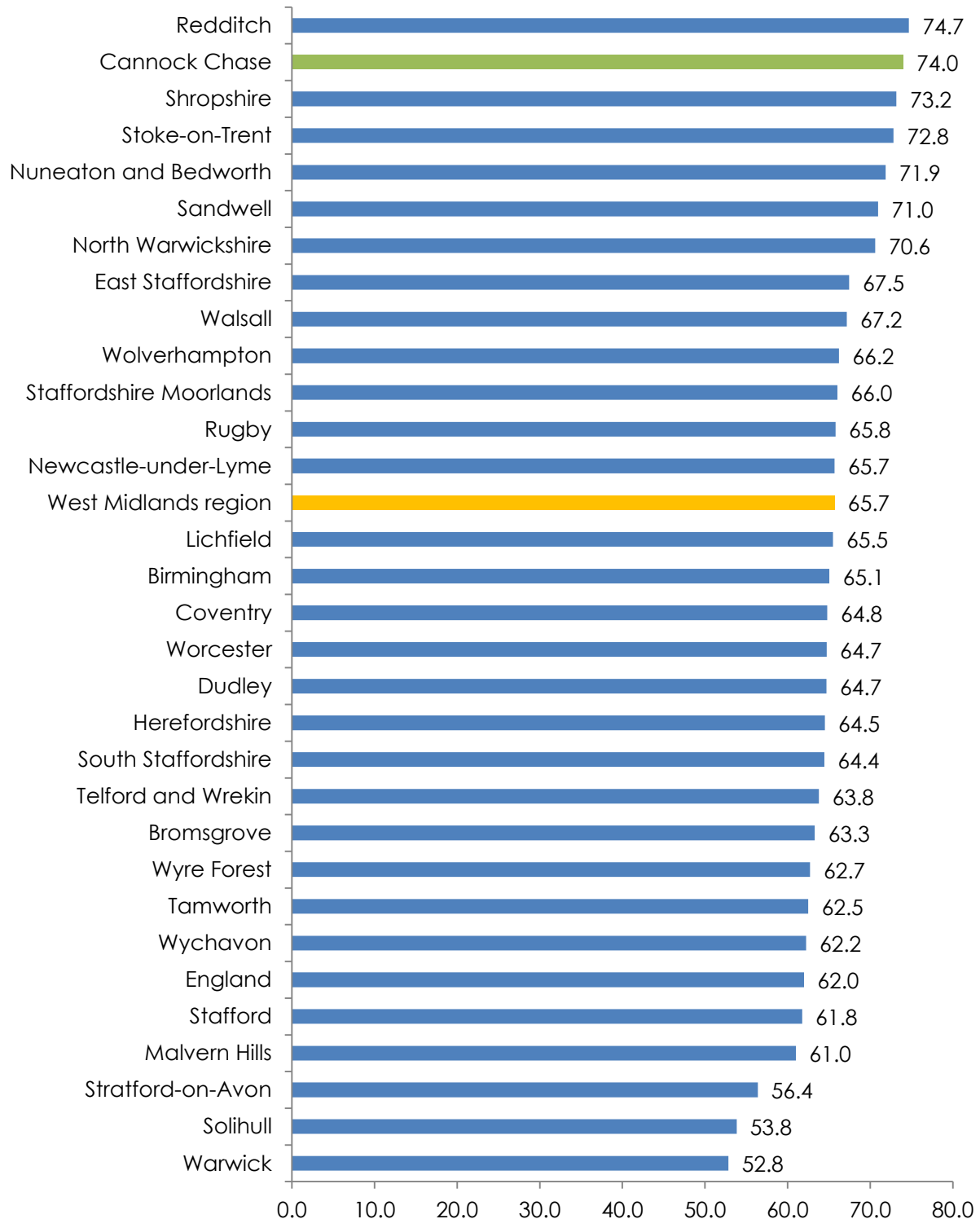
⁶ NHS Overview Obesity <https://www.nhs.uk/conditions/obesity/>

⁷ Obesity Health Alliance, The Costs of Obesity, 2017 <http://obesityhealthalliance.org.uk/wp-content/uploads/2017/10/OHA-briefing-paper-Costs-of-Obesity-.pdf>

⁸ Public Health England, Health Matters: Obesity and the Food Environment (31st March 2017) <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment>; Obesity Health Alliance, The Costs of Obesity, 2017 <http://obesityhealthalliance.org.uk/wp-content/uploads/2017/10/OHA-briefing-paper-Costs-of-Obesity-.pdf>

⁹ Public Health England, Health Matters: Obesity and the Food Environment (31st March 2017) <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment>; Obesity Health Alliance, The Costs of Obesity, 2017 <http://obesityhealthalliance.org.uk/wp-content/uploads/2017/10/OHA-briefing-paper-Costs-of-Obesity-.pdf>

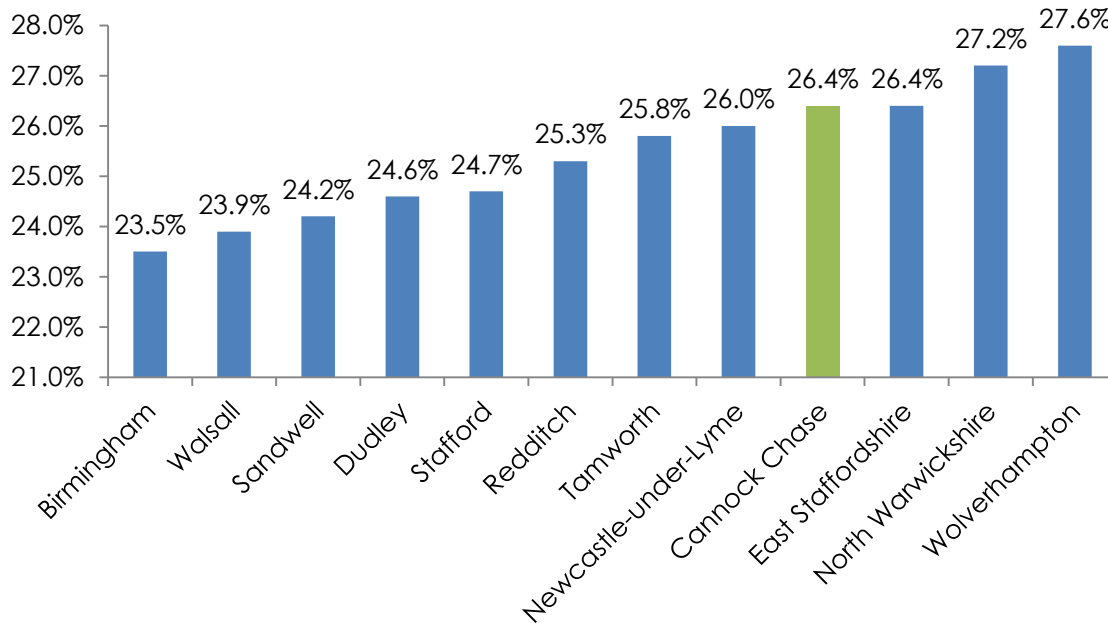
Percentage of Adults (aged 18+) Classified as Overweight or Obese, 2017/18



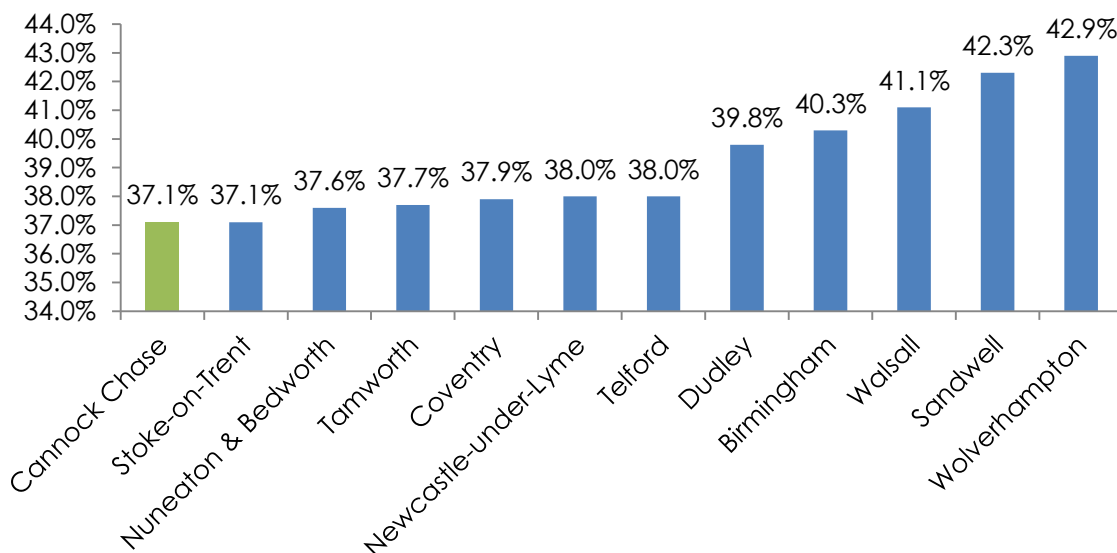
Source: Public Health England, Public Health Outcomes Framework (August 2019)

Whilst the prevalence of overweight and obesity among Reception children aged 4-5 saw a fall in 2017/18, it remains above the England average of 22.6% with 26.4% of Reception age children overweight or obese in the District. The prevalence of overweight and obesity increased among Year 6 children aged 10-11 to 37.1% during 2017-2018. Whilst this is not the highest in the West Midlands, it is again above the England average of 34.3%.

Reception: Prevalence of overweight (including obesity), 2017/18 - highest rates in the West Midlands



Year 6: Prevalence of overweight (including obesity), 2017/18 - highest rates in the West Midlands



Source: Public Health England, Public Health Outcomes Framework (August 2019)

As the charts above illustrate, Cannock Chase has levels of child obesity which are among the highest in the West Midlands. The relatively high prevalence of overweight and obesity in Cannock Chase's adult and child populations indicates that the District could be more susceptible to the socioeconomic disadvantages associated with obesity.

Alongside statistical evidence of high levels of obesity, Cannock Chase experiences a number of socioeconomic factors which Public Health England have identified as potential contributors to higher levels of obesity. The latest statistics from Sport England indicate that levels of physical inactivity among adults aged 16+ in Cannock Chase have fallen during 2017-2018 to 28.2% of respondents which is a positive trend for the District. However, levels of inactivity remain above the England average of 25.1%.¹⁰

One measurable benchmark for healthy diet is uptake of the recommended 5-a-day fruit and vegetables. Data estimates that 52.3% of Cannock Chase adults were meeting this recommendation in their daily diet during 2017/18 which has increased since 2016/17 (50.4%) but remains below the England average (54.8%).¹¹

The relationship between deprivation and childhood obesity is widely recognised.¹² It is widely recognised that there is 'a strong relationship between deprivation and childhood obesity'. In March 2018 a House of Commons Library Briefing Paper reported that 'Obesity rates are the highest for children from the most deprived areas and this situation is getting worse. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well-off counterparts and by age 11 they are three times as likely'.¹³

The Indices of Multiple Deprivation (IMD) 2015 identified Cannock Chase as the most deprived district in Staffordshire, with a relatively high level of deprivation in relation to the domain of health. Recent analysis by Staffordshire County Council identifies that around 14% of residents (13,600 people) in Cannock Chase live in the most deprived national quintile or 20% of LSOAs.¹⁴ The new edition of the Indices of Multiple Deprivation is due to be published later this year and it will be interesting to see how levels of deprivation in the District have changed.

Cannock Chase also experiences health inequalities. For example, the number of residents who experience premature mortality as a result of causes

¹⁰ Sport England, Active Lives Adult Survey November 17/18 Report (April 2019).

¹¹ Public Health England, Public Health Outcomes Framework (August 2019).

¹² Public Health England, Health Matters: Obesity and the Food Environment (31st March 2017) <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment>

¹³ *Obesity Statistics*, House of Commons Library Briefing Paper No. 3336, 20 March 2018.

¹⁴ Staffordshire County Council, Cannock Chase Locality Profile Data Pack (September 2018).

considered preventable is above the national average. Based on comparison between the IMD 2010 and IMD 2015, Cannock Chase saw a considerable rise in the number of LSOAs falling within the top 20% most deprived nationally for Health Deprivation and Disability.¹⁵

Public Health England identifies that environmental drivers such as the food and drink environment have a significant impact on obesity, particularly the availability of cheap and readily available fast food which contributes to an obesogenic environment.

*More than one quarter (27.1%) of adults and one fifth of children eat food from out-of-home outlets at least once a week. These meals tend to be associated with higher energy intake; higher levels of fat, saturated fats, sugar and salt, and lower levels of micronutrients¹.*¹⁶

Food outlet data from June 2017 indicates that 33.4% of all food outlets in Cannock Chase are takeaways.¹⁷ Whilst the District does not have the highest number of takeaways in the county, takeaways comprised a larger proportion of food outlets in Cannock Chase than in any other Staffordshire district in June 2017. Cannock Chase also has the highest rate of takeaway outlets per resident population based on outlet density data from June 2017 and 2011 Census population data with a rate of 1.19 outlets per 1,000 population (the next nearest was East Staffordshire with a rate of 1.14).¹⁸

The underlying factors contributing to obesity are complex and wide-ranging and those identified here cannot be causally attributed to the prevalence of obesity in Cannock Chase. However, it is evident that Cannock Chase experiences a range of factors linked to obesity and could therefore be susceptible to a higher prevalence of overweight and obesity-related health and socioeconomic issues which could impact on the welfare of the District's population.

**Produced by Policy & Communications, Cannock Chase Council
August 2019**

¹⁵ Staffordshire County Council, Cannock Chase Locality Profile Data Pack (September 2018).

¹⁶ Public Health England, Health Matters: Obesity and the Food Environment (31st March 2017) <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment>

¹⁷ Takeaways are defined in the Food Environment Assessment Tool as fast food and takeaway outlets, fast food delivery services, fish and chip shops and bakeries.

¹⁸ Food Environment Assessment Tool (FEAT) 2017, UKCRC Centre for Diet and Activity Research (CEDAR), University of Cambridge, www.feat-tool.org.uk (October 2017).

Cannock Chase Can – Mapping Resources Technical Document

The following maps illustrate how different localities across Cannock Chase are affected by factors associated with obesity including access to fast food and socioeconomic deprivation.¹⁹

The maps show the District divided into its fifteen electoral wards which are then subdivided into lower super output areas (LSOAs). LSOAs are small areas or neighbourhoods with an average population of around 1,500 people or 650 households.²⁰

Maps relating to obesity data are based on ward-level statistics. Maps relating to the density of takeaway outlets and deprivation are based on LSOA level statistics.

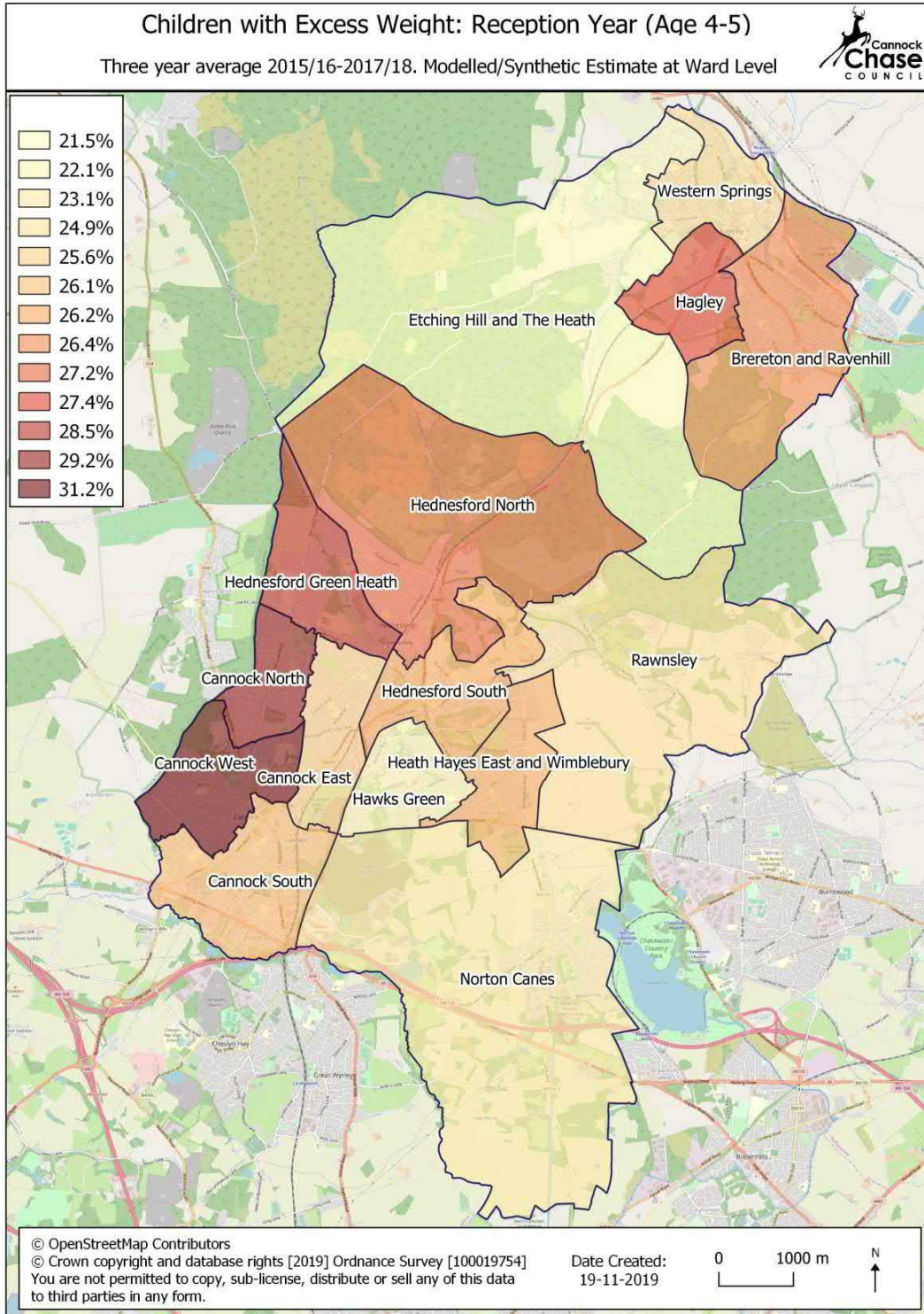
Due to the number of schools and leisure facilities, greenspaces etc. in the District, it is not possible to clearly mark these on the maps. However, postcode-level data for local schools has been collated in relation to the LSOAs in which these schools are located. Therefore identifying schools within specific areas should be a relatively easy task to undertake.

¹⁹ For more information about obesity and associated socioeconomic and environmental factors, see Cannock Chase Council, Obesity in Cannock Chase 2019 (August 2019).

²⁰ For information about Lower Super Output Area geography and its use for socioeconomic analysis, see Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019 (IoD 2019) Statistical Release (September 2019)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/IoD2019_Statistical_Release.pdf

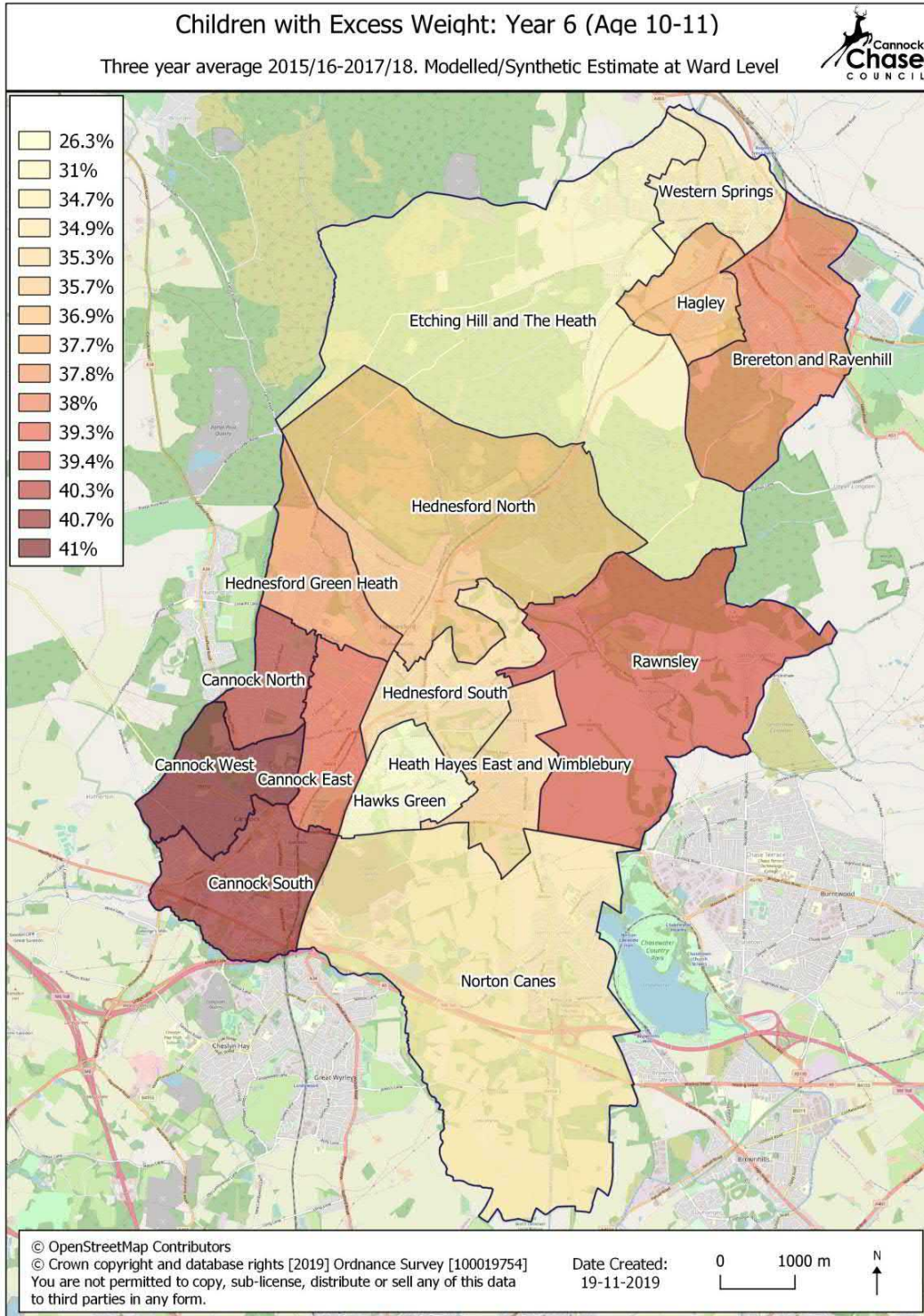
Map 1: Children with Excess Weight: Reception Year (Age 4-5)

This data is sourced from Public Health England via the Public Health Outcomes Framework Tool. It shows a ward-level modelled/synthetic estimate of the proportion of children in Reception year (age 4-5) who have been measured to have excess weight. The data is based on a three year average covering the period 2015/16-2017/18. The legend in the top left corner of the map indicates that wards which are darker red in colour experience the highest proportions of children with excess weight across the District.



Map 2: Children with Excess Weight: Year 6 (Age 10-11)

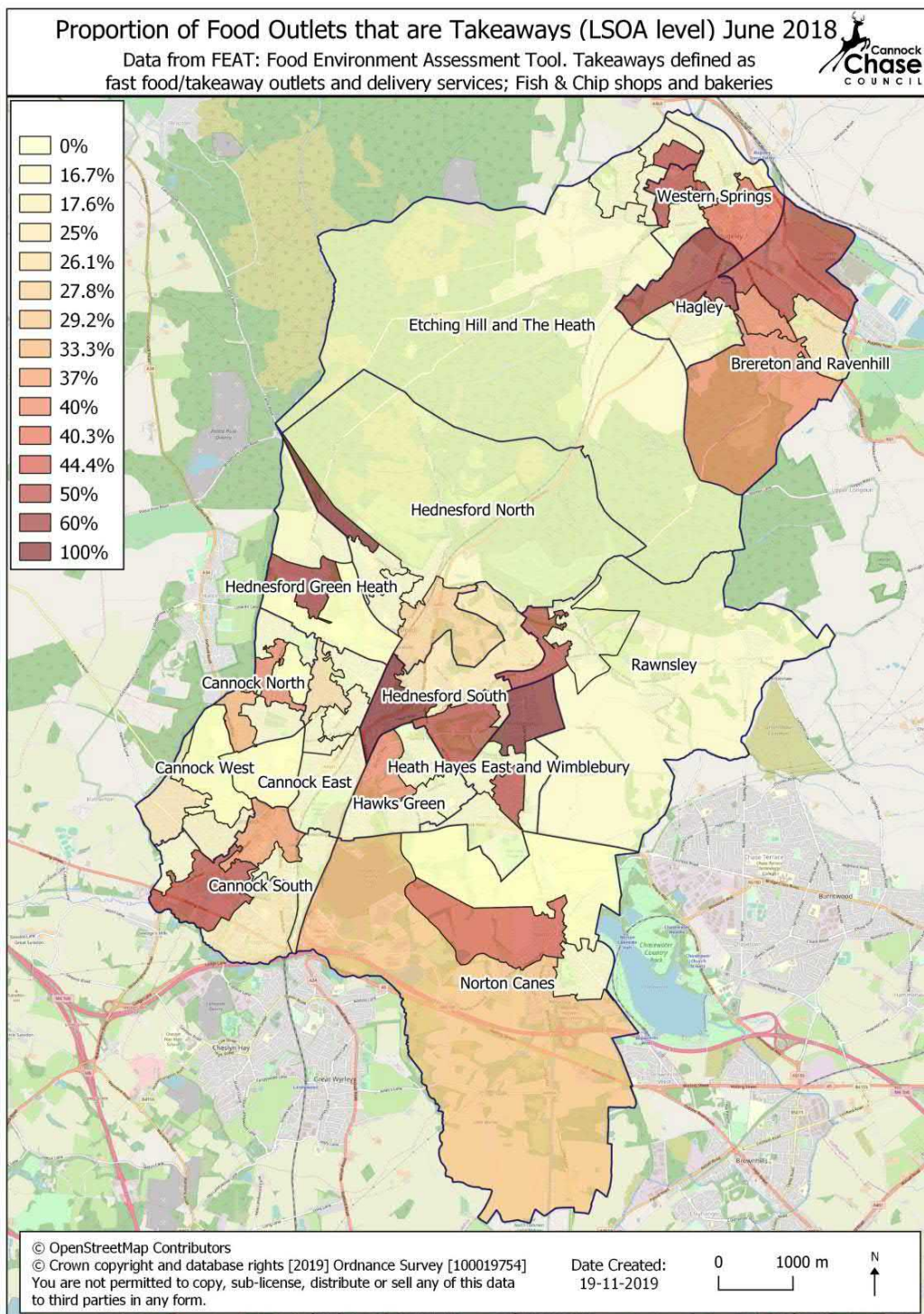
This data is sourced from Public Health England via the Public Health Outcomes Framework Tool. It shows a ward-level modelled/synthetic estimate of the proportion of children in Year 6 (age 10-11) who have been measured to have excess weight. The data is based on a three year average covering the period 2015/16-2017/18. The legend in the top left corner of the map indicates that wards which are darker red in colour experience the highest proportions of children with excess weight across the District.



Map 3: Proportion of Food Outlets that are Takeaways (LSOA level) June 2018

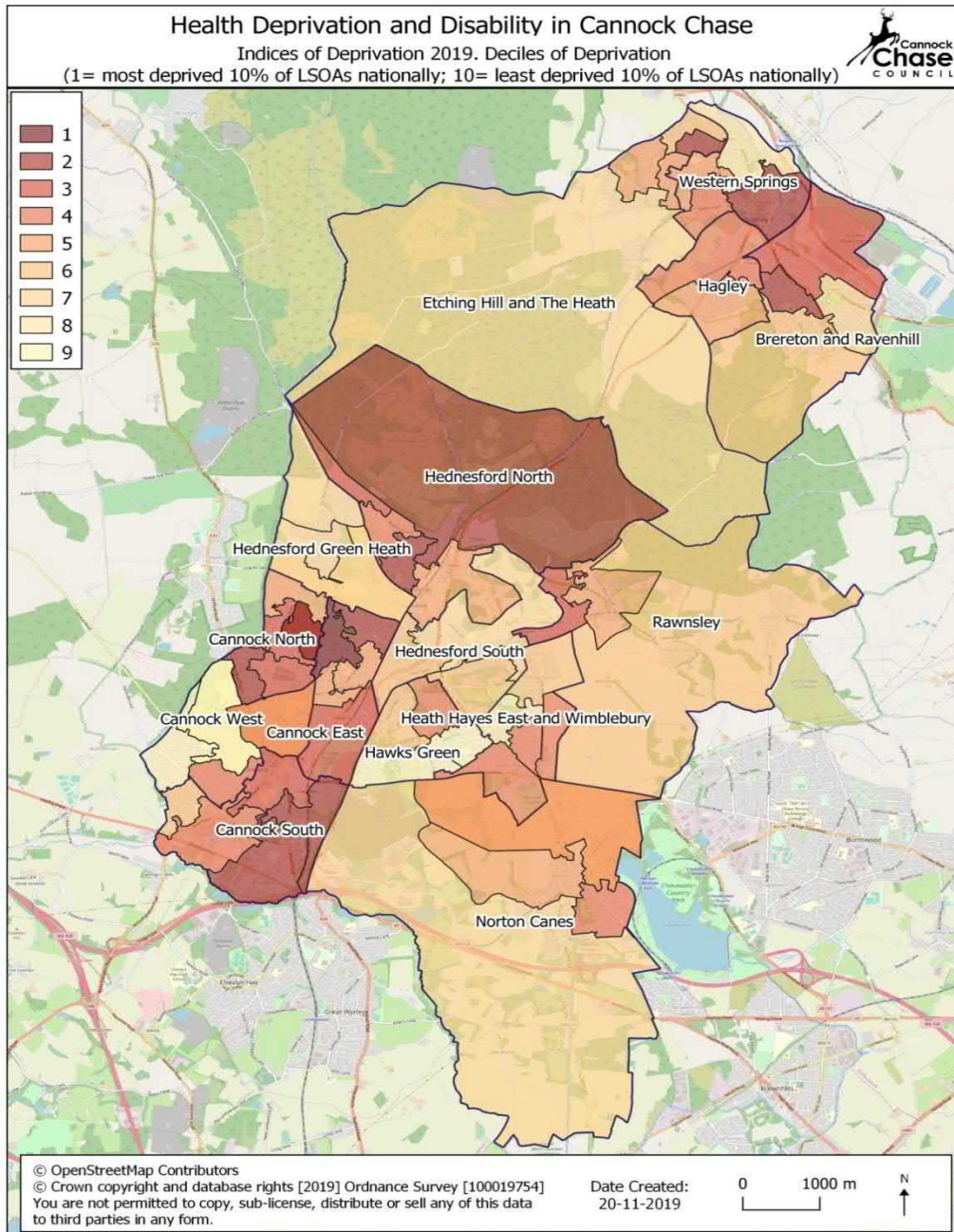
This map is based on data from the Food Environment Assessment Tool from June 2018. It shows the proportion of food outlets which are defined as takeaways across each LSOA across Cannock Chase. The legend in the top left corner illustrates that LSOAs which are darker red in colour have the highest proportion of food outlets that are takeaways.

Please note that the food outlets are spread unevenly across the District. For example, there are 67 food outlets within one LSOA in Western Springs, of which 27 (40.3%) are defined as takeaways, whilst there are 5 food outlets in one LSOA within Hednesford Green Heath, of which 3 (60%) are defined as takeaways. Some LSOAs have no food outlets which are defined as takeaways, whereas others may have only 2 food outlets, both of which are takeaways.



Map 4: Health Deprivation and Disability in Cannock Chase

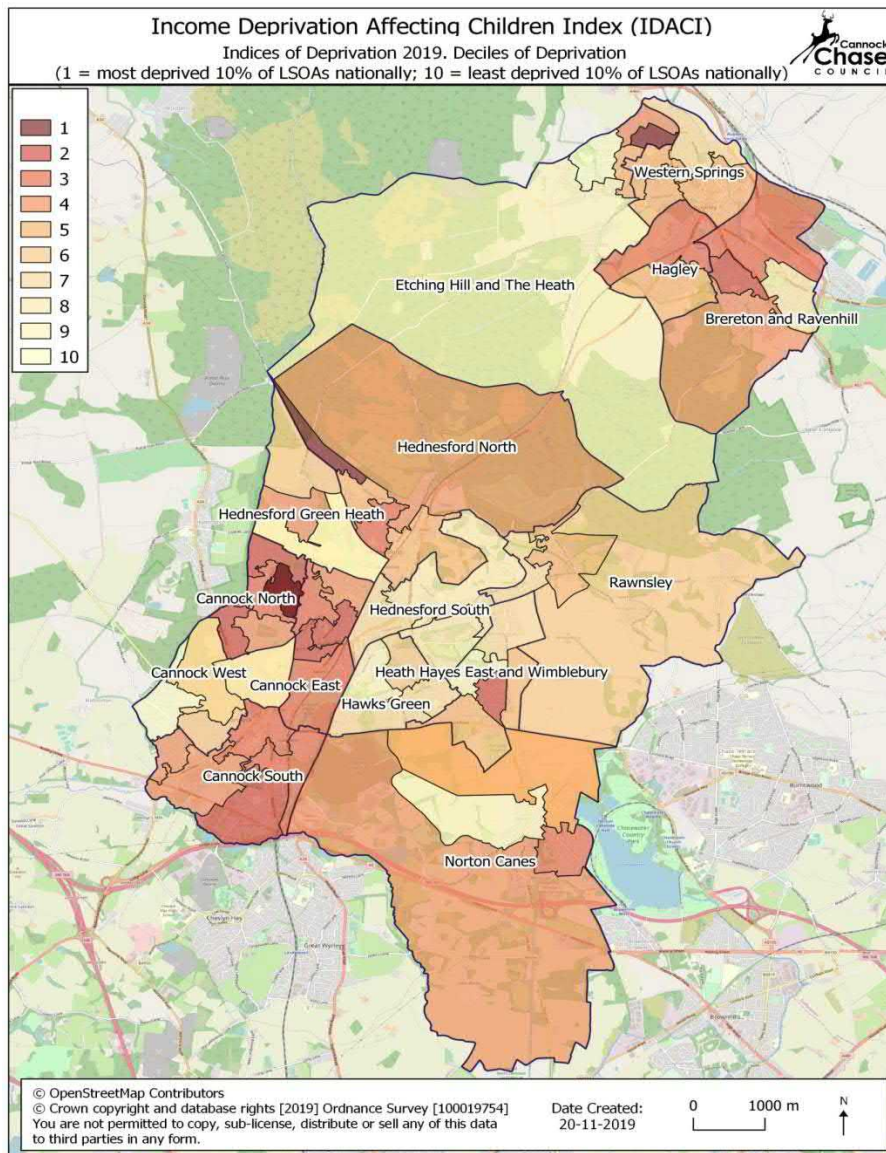
This map is based on data from the Indices of Deprivation 2019. One of the seven domains of deprivation combined to create the Index of Multiple Deprivation is Health Deprivation and Disability. This domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The map shows how each LSOA in Cannock Chase is ranked in relation to the ten deciles of deprivation, where 1 represents LSOAs within the 10% most deprived nationally and 10 represents LSOAs within the 10% least deprived nationally.²¹ Areas which are darker in colour represent areas which are defined as more deprived in relation to the health domain.



²¹ MHCLG defines decile ranking as follows: The deciles are calculated by ranking the 32,844 LSOAs in England from most deprived to least deprived and dividing them into 10 equal groups. LSOAs in decile 1 fall within the most deprived 10% of LSOAs nationally and LSOAs in decile 10 fall within the least deprived 10% of LSOAs nationally. See Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019 (IoD 2019) Statistical Release (September 2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/IoD2019_Statistical_Release.pdf

Map 5: Income Deprivation Affecting Children Index (IDACI)

This map is based on data from the Indices of Deprivation 2019. As excess weight data featured here is based on children, deprivation in relation to children and young people has been included as a wider socioeconomic factor potentially influencing excess weight and obesity.²² The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families.²³ The map shows how each LSOA in Cannock Chase is ranked in relation to the ten deciles of deprivation, where 1 represents LSOAs within the 10% most deprived nationally and 10 represents LSOAs within the 10% least deprived nationally.²⁴ Areas which are darker in colour represent areas which are defined as more deprived.



²² For more information about obesity and associated socioeconomic and environmental factors, see Cannock Chase Council, Obesity in Cannock Chase 2019 (August 2019).

²³ MHCLG defines the IDACI as follows: It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests). See Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019 (IoD 2019) Statistical Release (September 2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/IoD2019_Statistical_Release.pdf



NEWCASTLE CAN – BRIEFING DOC FOR OTHER CITIES

BACKGROUND

“We all might have a pretty good idea of what we need to do to lose weight and get fit, but doing it alone can sometimes feel like an uphill struggle. So let’s come together to change the way we live, work and play, and help make Newcastle the healthiest, happiest city it can be.”

Newcastle Can is a ground-breaking social experiment encouraging communities throughout the city to work together getting healthier and fitter.

One in three people in Britain are now overweight or obese, and if current trends continue by 2025, Britain is set to become the fattest country in Europe. Newcastle Can set out on a mission to discover if the citizens of one city, acting together and supporting each other, could create a new model for making a real impact on this seemingly intractable problem.

In January 2017, Newcastle Can launched as a new way to tackle health and obesity. With TV chef and campaigner Hugh Fearnley-Whittingstall at the helm, and in collaboration with Newcastle City Council, the experiment aimed to encourage communities throughout the city to work together to get healthier and fitter... and to work towards one common goal: to see if Newcastle could lose 100,000lbs in weight.

The Newcastle Can website was created and launched at www.newcastlecan.com. Residents across the city can create profiles and work through a sign up process to establish a target weight based on the NHS healthy weight BMI tool. Once signed up, each user gets their own personal food intake diary and weight loss dashboard, lots of information about healthy eating and exercise, as well as details of upcoming events and local resources.

Working collaboratively with Newcastle City Council Public Health department, a number of methods were used to encourage sign-ups:

- Hosting a launch event at Grey’s Monument in the city centre;
- Attending local sporting activities, manning stalls at festivals and business fairs;
- Reaching out to local businesses and attending onsite meetings and briefings;
- Promoting Newcastle Can through local community groups;
- Promoting the project through Pharmacies, Dentists and GP practices;
- Promoting the project through all of the City Council’s existing obesity prevention work
- Coordinating with local media – newspapers, radio, magazines and digital channels;
- Creating a social media movement;
- Using city-wide marketing – posters, digital boards, carriage cards on metros, banners over bridges etc. (see images below).

SOCIAL & TRADITIONAL MEDIA

Social media remains a large part of Newcastle Can, with the main platforms being Twitter, Instagram and Facebook, and the team using these to reach new people and share regular updates and information and as well as hints and tips for getting healthy.

Since its launch, Newcastle Can has featured in local media with the Chronicle newspaper, BBC Radio Newcastle, BBC Look North and various other local channels regularly featuring the initiative and following its success and stories of those involved.

Newcastle Can regularly features in City Life, Newcastle's residents' magazine coordinated by the city council and delivered to all homes in Newcastle.

COMMUNICATIONS AND NEWSLETTERS

Each person that signs up to Newcastle Can gets 12 weekly emails to help them start on their health journey – each email provides simple information on different topics, from getting active to looking at portion sizes. The Newcastle Can team also send regular updates via email to the full community, with updates, new content and any upcoming activities.

The Newcastle Can website contains information on healthy eating, getting active, healthy living tips, recipes from Hugh and inspirational stories from the community. This content is mostly open to the public and is sourced from the team, supporters and experts.

WEBSITE

The Newcastle Can website was created with SNEEK digital team and allows anyone with a Newcastle or Tyne and Wear postcode and aged over 18 years to sign up to the initiative.

Participants are required to input data to allow them to have a personalised dashboard, including a target weight loss (if signing up to lose weight) based on the NHS BMI calculator. Participants can then log in to the website to see activities across the city, see posts about the initiative, access a free food intake diary (developed by the University of Newcastle) log weight loss and view and create teams.

Anyone outside of the Tyne and Wear postcode can sign up to get the 12 weekly emails with hints and tips, but is not able to log on to the website and create a profile.

NB: SNEEK digital team are happy to be connected with anyone interested in learning more or creating a similar website.

STAFF

Newcastle Can has a campaign manager who runs the initiative day to day, engaging different groups and businesses, working on city-wide exposure and running the website and social media. Newcastle City Council provide a significant input through the Public Health team and Active Newcastle (sports and leisure) teams. This involves developing work programmes to support the initiative as well as developing and supporting links into the council and to existing networks and community groups.

LOCAL BUSINESSES

Local businesses are key to the success of Newcastle Can, with employers taking on the challenge as part of their wellness at work, and also in conjunction with Newcastle City Council's Better Health At Work Award (BHAWA). A large part of the success at engaging with business has been the strong links made with the Better Health at Work Award which facilitated access to businesses.

As we spend most of our waking hours at work, it's a great place to encourage a healthier lifestyle. Tackling health at work will lead to a healthier, happier and ultimately more productive workforce – Newcastle Can believes that business can and should be at the forefront of the fight to create a healthier nation and pave the way for others to follow.

How Newcastle businesses get involved:

- Set up teams on the website and invite colleagues to get involved;
- Donate time or volunteers to Newcastle Can;
- Spread the word with networks;
- Help reach more people – donate avenues or ideas for city-wide marketing and promotion.

Each interested business gets a business engagement pack which includes information on the project, challenge ideas for businesses, case studies from business across the city, bespoke social media and design assets, posters, email and social content.

The Newcastle Can team visits businesses across the city and has attended numerous health and wellness fairs to promote the campaign and talk to employers.

Local business and employers that have signed up to the initiative include the City Council, the NHS, the police, HMRC, Tesco Bank, Your Homes Newcastle, Space Group, taxi firms, design agencies, and call centres. Each has taken on the Newcastle Can challenge in their own way. There are more details on businesses in the case studies document.

PHARMACIES

Working with the Public Health team at Newcastle City Council, Newcastle Can launched an initiative with all pharmacies across the city. Viewing them as local Health and Wellbeing Hubs where people can get advice and support, each pharmacy across the city was given Newcastle Can information and advice as well as a set of weighing scales.

PRIMARY CARE

The Newcastle CCG shared the Newcastle Can initiative throughout their networks and with all GPs in the city, including sharing a video should GPs want to play in their waiting rooms.

PUBLIC TRANSPORT PROVIDERS

Newcastle Can worked with local transport providers to share the initiative, both with staff and with those using public transport. Stagecoach North East supported by including ads on the side of buses, posters inside buses and sharing across social media. Nexus supported by putting posters in bus and metro stations and interchanges and sharing on social media. Newcastle Can also worked with Exterior Media to place adverts within Metro Carriages and on stations.

COOKING CLASSES

Working with local social enterprise Food Nation, the Newcastle Can Cook cookery course was launched in June 2018, open to those signed up to Newcastle Can.

This cookery course takes participants through the basics of good nutrition and helps them to plan for a healthy lifestyle full of delicious recipes. Each week the course participants learn a selection of recipes, pick up essential cooking skills and build knowledge and understanding of the nutrition principles for a healthy and happy lifestyle.

Food Nation (part funded by Newcastle City Council) been able to reduce the cost of attending this cookery course especially for people involved in Newcastle Can by 50%, to just £5 per class. This £5 is simply covers the costs of ingredients and the Food Nation space and equipment (Food Nation make no profit from these classes). More information [here](#).

ACTIVITIES

Newcastle Can has teamed up with many activity providers across the city to put on one-off events and regular activities.

One-off events so far have included hosting yoga in parks during the summer (with local yoga instructor Samantha Coe), running dodgeball and sports day games with businesses at Northumbria Sport Central and turning one of the busiest streets in the city, Northumberland Street, into a gym with free exercise classes. Read more about that event [here](#).

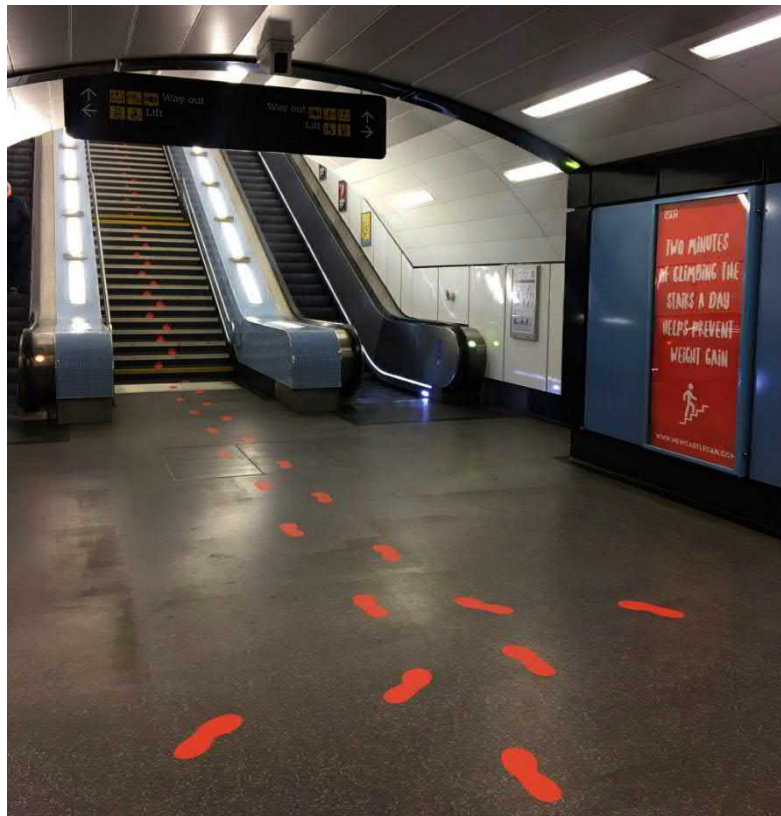
Newcastle Can has also teamed up with Active Newcastle from the City Council to put on regular Newcastle Can activities – these range from bootcamp to tai chi and running groups to Nordic walking and are promoted on the website, on social media and in emails.

Newcastle Can also promotes additional activities run by Active Newcastle and other activity providers across the city on the Newcastle Can website.

STEPS / NUDGES

Newcastle Can looked at simple nudges that could be implemented to prompt people into getting more active. This started with an initiative at Central Station (one of the busiest metro stations in the city) where footsteps were placed up the stairs prompting commuters to use the stairs rather than the lift or escalators. Simple messaging about taking the stairs was reinforced on posters within the station. This resulted in a huge increase in people taking the stairs instead of the escalators. Average stair use before the experiment (peak time) was 20- 26% and after the experiment (peak time) this rose to 28-36% - a third of people using the stairs.

Newcastle Can and Newcastle City Council are now working with Exterior Media to roll this out in numerous locations across the city. It has also been implemented in businesses across the city.



PLAY STREETS

As part of Newcastle Can, residents of Newcastle can now apply to make their street a 'Play Street'. Newcastle Can worked with residents in Jesmond, at the centre of Newcastle, and Newcastle City Council to pilot a play street, to bring back this old tradition which can see children play out where they live in a safe, traffic-free place.

Only 21% of boys and 16% of girls achieve the 60 minutes of physical activity recommended each day. Playing out in the street gives children a chance to get out and get active outside their homes, not far from their families. It's a chance for kids to play out in a safe traffic-free area where they can enjoy games, sports, skipping, cycling, hopscotch, playing tag – you name it! More information [here](#).

GREAT NORTH RUN

Newcastle is home to the Great North Run – one of the UK's biggest sporting events of the year. In honour of this, Newcastle Can teamed up with the Great North Run team to create a 'Newcastle Can wave' for the 2017 5k event which took place the day ahead of the full Great North Run. Over a hundred Newcastle Can participants took part in this 5k, joined by Hugh Fearnley-Whittingstall, local comedian Ross Noble, and running together in bright orange Newcastle Can t-shirts and supporting one another around the course.



SUPPORTERS

<https://www.newcastlecan.com/supporters>

Newcastle Can would not have been possible without the support of many businesses and organisations from across the city, who have provided support in the means of reaching out to, and engaging their networks, hosting free events, providing discounts for activities and health services and helping with marketing across the city.

These include:

- Northumbria University;
- The University of Newcastle;
- Grainger Market: continual promotion of the campaign in the Weigh House;
- Weight Watchers: engaged local coaches;
- Better GLL Leisure Centres & local gyms: provided free and discount classes, loaned out equipment free of charge;
- Local PTs and activity providers: provided free and discount classes;
- Slimming World: engaged local coaches;
- Newcastle Sports Injury Clinic: provided free advice and screening;
- Newcastle Falcons: engaged community and coaches;
- Man V Fat: engaged participants;
- Newcastle Eagles;
- Stagecoach;
- Nexus / Metro.

KEY CONTACTS

- Newcastle City Council:
 - Leader and Leader's office;
 - Chief Executive
 - Public Health Team
 - Active Newcastle (Sport & Leisure)
 - Transport & Planning Teams
- Local Press
- Local organisations, including:
 - Food Newcastle
 - Change 4 Life Newcastle
 - Business networks
 - Local weight loss groups

WHY NEWCASTLE

Newcastle was not selected because it is the “fattest city” in the UK – in fact, Newcastle sits in the middle of the national average for the number of overweight adults at 63.2 percent.

Newcastle City Council viewed the campaign as a unique opportunity to harness the engagement opportunities provided by participation in the programme.

The Public Health Team have a wider determinants approach to obesity prevention and are utilising this to roll out initiatives across the local authority area.

The concept of Newcastle Can is based on the Oklahoma Project which saw changes to the US city which resulted in weight loss among its residents. The Newcastle Can project is an ideal opportunity to engage with residents on the obesity agenda.

NEXT STEPS

Because Newcastle Can has been so successful in engaging with people in the city, Newcastle City Council have decided to continue with the Newcastle Can brand and to badge their adult obesity prevention programme under the Newcastle Can banner. The main reason for doing this is the high level of engagement we currently have with participants in the programme.

Planned activities include:

- Developing a structured approach to supporting residents to set up Play Streets in the city;
- Further links with the Better Health At Work Award to support businesses to encourage their staff to participate;
- Bringing a range of obesity prevention activities under the Newcastle Can banner;
- Bringing some of the environmental activities such as making streets walkable under the Newcastle Can banner;
- Developing stronger links and more activities with the Active Newcastle team, driving participants towards the activity programmes we offer as a council;
- Promotional events and opportunities to support the campaign.

CONTACT

Please contact Jo Murphy jo@newcastlecan.com with any questions.

CITY-WIDE MARKETING

Digital boards



City Life



Stagecoach buses



Metro and bus stations and interchanges



Bridge banners



Metro carriages



Website

NEWCASTLE CAN

ABOUT ARTICLES HUGH'S HEROES **HUGH'S LETTER** LOGIN

JOIN NEWCASTLE CAN →

NEWCASTLE CAN
LOSE 100,000 LBS IN ONE YEAR

102180

POUNDS LOST SO FAR
12,456 ALREADY SIGNED UP

Next Steps for Health Improvement Project 'CANNOCK CHASE CAN'

Working collaboratively with supporting partners, a 5 year prevention plan will be developed which will include various methods of engagement to encourage participation. These may include:

- Creating an online platform whereby residents can create profiles and work through a sign up process to establish a target weight based on the NHS healthy weight BMI tool. It will also provide information about healthy eating and physical activity. A social value calculator will also be embedded as part of the above.
- Developing a marketing campaign
- Identifying existing projects that are being delivered/commissioned by partner agencies across the District.
- Hosting a launch event in the local area
- Attending local community events to promote the initiative
- Engaging with local fast food takeaways – (develop healthier choices through local menu competitions)
- Engaging with supermarkets - (promote healthy recipes/ cross market discounts)
- Linking in with existing healthy lifestyle projects - (Chase Up! / Chase Fit / Activity Referral)
- Providing cookery skills to families across the District
- Delivering a marketing campaign which challenges behaviour, attitudes and impact
- Launching 'Health: Everyone's business (HEB)' training with all support agencies, staff and Councillors – (based on Greenwich Council's approach detailed in the 'Health in All Policies' document)
- Inviting local businesses to get on board and introduce the Better Health at Work Award scheme
- Piloting a play street, bringing back the old tradition of seeing children playing out where they live in a safe and traffic free place.
- Establishing an annual community recreational sporting event
- Linking physical activity in with the use of existing assets i.e. Heritage Trail, parks and open spaces.
- Engaging with local primary and secondary schools - (use of social media to showcase cooking items etc.)
- Addressing sugar consumption using a similar approach developed by Liverpool City Council – 'Save kids from sugar'
- Developing a programme of health challenges
- Supporting the introduction of a 'Health in All Policies' approach to the decisions the Council makes, targeting the social determinants of health to improve the health of the local population.

WHAT WE NEED TO DELIVER THIS - RESOURCES & COSTS

In order to develop and deliver a quality programme, the following resources will need to be committed:

- **Operational support** – A part time post (working 2/3 days a week) to coordinate and drive project delivery. This post will be funded via an existing salary budget from Environmental Health and will be managed by the Environmental Health Manager.

In addition to this, Environmental Health will also cover the costs for additional hours for the support of the Marketing and Campaigns Officer who will lead on the development of the initial concept and continually drive delivery.

- **Project delivery** – This will include brand development, web/digital design, publicity/marketing methods, engagement opportunities etc. There will be no costs incurred in the first year (2019/20) as this will be a planning and developmental period. Estimated costs for Year 2 will reach £21,500 with a further annual commitment for four consecutive years, so a total financial commitment over five years of £61,500.
- **Project team** – A Project Group has been set up and will meet on a regular basis. It is being proposed that this could be delivered through the Prevention and Early Help Steering Group.

LEAD PROJECT TEAM:

- David Prosser-Davies, Food and Safety Manager
- Kate McBey, Marketing & Campaigns Officer
- Lisa Shephard, Community Development Manager, IHL

OUTLINE DELIVERY PLAN:

| Description of activity | Timescales | Lead | Status |
|--|---|--|---|
| Develop Project Proposal, Campaign Plan, Job Description, Person Specification, establish Project Team and gain approval | End of July | All | Completed |
| Support the development of 'Brereton Can' | July – September Launch – 29 September | All with Sue Merriman | Completed |
| Gain support and commitment from PH (Staffs County Council) | August – November 2019 | All with Angela Schulp | Ongoing |
| Attend Brereton Can event and undertake initial health survey | 29 September | Kate McBey & Lisa Shephard | Completed – 35 surveys were completed. Waiting on evaluation from Brereton Million |
| Support from Full Council via the Leader | 6 November | All | Completed – unanimously supported |
| Carry out a mapping exercise to show areas with the highest levels of obesity, fast food outlets and local schools | End of November | Helen Maiden | Completed |
| Reports to Cabinet on Cannock Chase Can project & Health in All Policies | Prepare by 13 December Submit by 2 January 2020 Discussed at Cabinet meeting on 30 January | David Prosser- Davies & Kate McBey | Completed |
| <i>Please note, the next actions are subject to Cabinet approval in January 2020...</i> | | | |
| Recruitment process for Health Improvement Officer | | David Prosser- Davies | |
| Finalise Project Strategy | End of February 2020 | All | |
| Launch healthy lifestyles survey (same survey as Brereton Can for baseline information) | February onwards | All | |
| Develop online portal, campaign material and launch event | February – April | Kate McBey & Lisa Shephard | |
| To identify and establish key performance measures/outcomes | February – April | All | |
| Initial engagement with local schools | From April onwards | Kate McBey & Lisa Shephard | |

| Description of activity | Timescales | Lead | Status |
|--|--|---|--------|
| To develop a package for local businesses (corporate membership offer and access to wider facilities) | From April onwards | All | |
| Put together proposed delivery plan of engagement opportunities including new projects (as outlined on page 1) | End of March | All | |
| Role out District-wide pilot | Launch June – July 2020 Summer challenge... | All with support of wider Project Group | |

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Making healthier lifestyle choices

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To receive special discounts

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Your Email

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EXPLORE OUTDOORS

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Learn More



EAT HEALTHIER

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Learn More



GET MOVING

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Learn More



LEARN IN SCHOOLS

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Learn More



START COOKING

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Learn More



BE INSPIRED

Maecenas condimentum tristique metus non faucibus. Donec volutpat purus a dolor iaculis ullamcorper.

Learn More



SPARE TILE

Maecenas condimentum tristique metus non faucibus. Donec volutpat purus a dolor iaculis ullamcorper.

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SPARE TILE

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Learn More

Cannock Chase Can – Breakdown of costings

(Based on a 5 year commitment)

| | Year 1 – 2019/20 | Year 2 – 2020/21 | Year 3 – 2021/22 | Year 4 – 2022/23 | Year 5 – 2023/24 | Year 6 – 2024/25 |
|--|--|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Web/digital development | DEVELOPMENT OF PROJECT APPROVAL BY CABINET FUNDING SECURED | £2,500 (creation) | £1,000 | £1,000 | £1,000 | £1,000 |
| Marketing and publicity | | £8,000 (initial development and launch) | £2,000 | £2,000 | £2,000 | £2,000 |
| Community engagement projects | | £5,000 (to cover 2 projects) | £4,000 | £4,000 | £4,000 | £4,000 |
| Annual event (expo) | | £3,000 | £2,000 | £2,000 | £2,000 | £2,000 |
| Food for Life initiative (school work) | | £3,000 | £1,000 | £1,000 | £1,000 | £1,000 |
| | | | | | | |
| TOTAL: | £0 | £21,500 | £10,000 | £10,000 | £10,000 | £10,000 |
| STAFFING RESOURCES: | | | | | | |
| Health Improvement Officer | - | £20K (this will be sourced from within existing budgets by realigning resource) | Subject to service reviews | Subject to service reviews | To be confirmed | To be confirmed |
| Additional hours for Marketing & Campaigns Officer | £3,300 | £3,300 (subject to agreement) | Embed within in mainstream work | Embed within in mainstream work | Embed within in mainstream work | Embed within in mainstream work |