



Healthy weight in Lancashire

Key findings for Lancashire-12

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1. Overview

This report provides an overview of the key indicators relating to *healthy weights* covering diet, physical activity and weight. Maintaining a healthy weight not only reduces an individual's risk of physical and mental illness, but it also helps reduce the demand and ultimately the costs placed upon the health and social care sector. Additionally, for employers, having a healthy workforce is linked to reduced sickness absence and improved productivity.

1.1. Key findings

Diet

- Estimates from the Active Lives Survey (2016/17) suggest that just 53% of adults (aged 16+) in Lancashire-12 are eating the recommended five portions of fruit and vegetables per day, significantly below the England average (57.4%).
- The 2016/17 Pupil Attitude Questionnaire found that almost a fifth (18.3%) of Year-4 and Year-6 (19.9%) responders reported that they either hardly ever or never choose to eat a healthy meal.
- Lancashire-12 authorities have significantly more fast food outlets per 100,000 population than the England average (121.85 Vs. 87.8) with the districts of Burnley, Hyndburn, Pendle, Preston and Rossendale having the highest concentration of outlets. This fits in with the Lancashire health behaviours JSNA survey which found that 17% of responders each fast food or takeaway meals at least once a week.

Physical activity

- Around two thirds (65%) of adults from Lancashire-12 adults (aged 19+) are estimated to be meeting the national guidelines of 150 minutes moderate physical activity per week, in line the national estimate of 66% (Active Lives Survey, 2016/17).
- The *What about YOUth* survey (2014/15) indicates that just 15.0% of young people aged 15 in Lancashire-12 are achieving the recommended levels of physical activity.

Excess weight

- The Active Lives Survey (2016/17) estimated that 63.9% of the adult (18+) population of Lancashire-12 are living with excess weight, significantly above the national estimate of 61.3%. This suggests there are over 606,000 adults in Lancashire-12 living with an excess weight problem.
- The National Child Measurement Programme (NCMP) 2016/17 found a total of 7,262 reception and Year-6 age children from across Lancashire-12 were living with excess weight.

2. Diet

A healthy diet can help to support good physical and mental health whilst having a poor diet has been linked to weight problems, certain cancers, coronary heart disease, type 2 diabetes and high blood pressure amongst other health conditions.

Nutrition advice advocates that balance is key to a healthy diet, and eating a wide variety of food and drink in the right proportions will help achieve and maintain a healthy body weight. The current guidelines for healthy eating, promote a diet based on starchy foods such as potatoes, bread, rice and pasta; plenty of fruit and vegetables; some protein-rich food, such as meat, fish and lentils; and reduced levels of fat, salt, sugar and alcohol.

National guidelines recommend the following:

- Adults and children should consume a minimum of at least one portion of oily fish per week (140g)¹.
- Adults and children should consume at least five portions of a variety of fruit and vegetables per day (For adults and children aged 11+, one portion is an 80g serving)².
- Adults should consume no more than 6 grams of salt per day (g/day), children aged 4-6 years is 3 g/day, children aged 7-10 years: 5g/day and children aged 11-18 years: 6g/day³.
- Total fat consumed by adults and children aged five years and over should contribute no more than 35% of food energy and saturated fat should contribute a maximum of 11% of food energy⁴.

2.1. Healthy eating adults

Measuring levels of healthy eating is not straightforward. There is no routine monitoring of grocery purchases by the government, and supermarkets do not publish the information they gather. As such, healthy eating prevalence is estimated from national or local surveys with the latest estimates (Active Lives Survey, 2016/17) suggesting that just 53% of adults (aged 16+) in Lancashire-12 eat the recommended five portions of fruit and vegetables per day, significantly below the England national estimate (57.4%).

At a district level Chorley (50.3%), Hyndburn (45.2%), Pendle (49.4%), Preston (46.9%), Rossendale (49.4%), and South Ribble (50.3%) are all estimated to have a significantly smaller adult (16+) healthy eating prevalence than England. As is the neighbouring unitary authority of Blackpool (51.9%).

¹ Advisory Committee on Nutrition 2004 'Advice on fish consumption – benefits and risks'

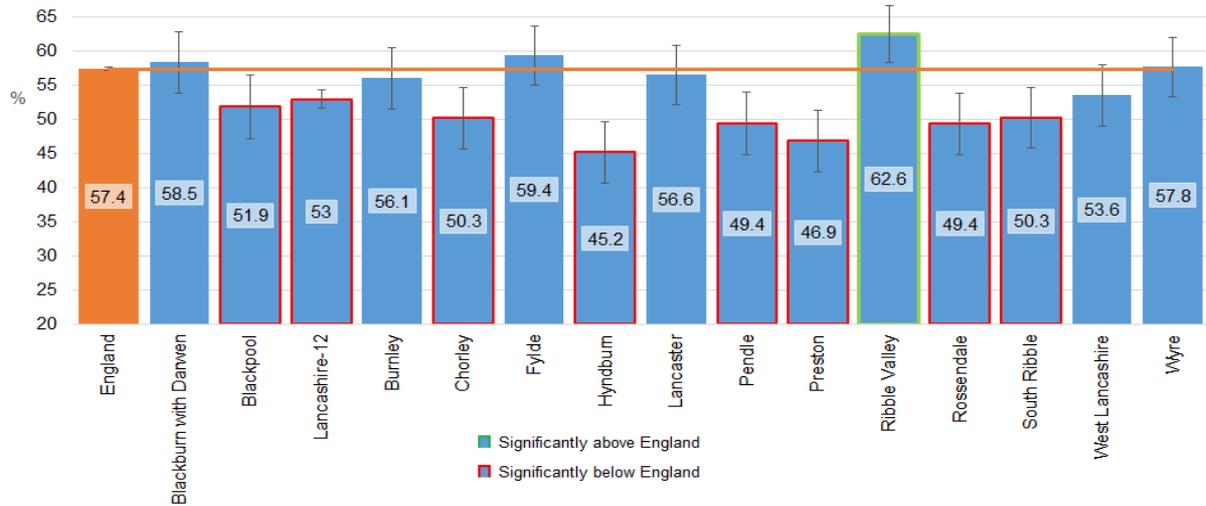
² NHS Choices. (2015). 5 A DAY portion sizes. Available:

<http://www.nhs.uk/Livewell/5ADAY/Pages/Portionsizes.aspx>. Last accessed 27/01/2017.

³ Public Health England. Government Dietary Recommendations 2016. Government recommendations for food energy and nutrients for male and females aged 1-18 years and 19+ years.

⁴ Committee on Medical Aspects of Food Policy. Dietary Reference Values for Food Energy and Nutrients for the United Kingdom. Norwich TSO: 1991

Figure 1: Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) at a district, region and national level. (Active Lives Survey 2016/17)

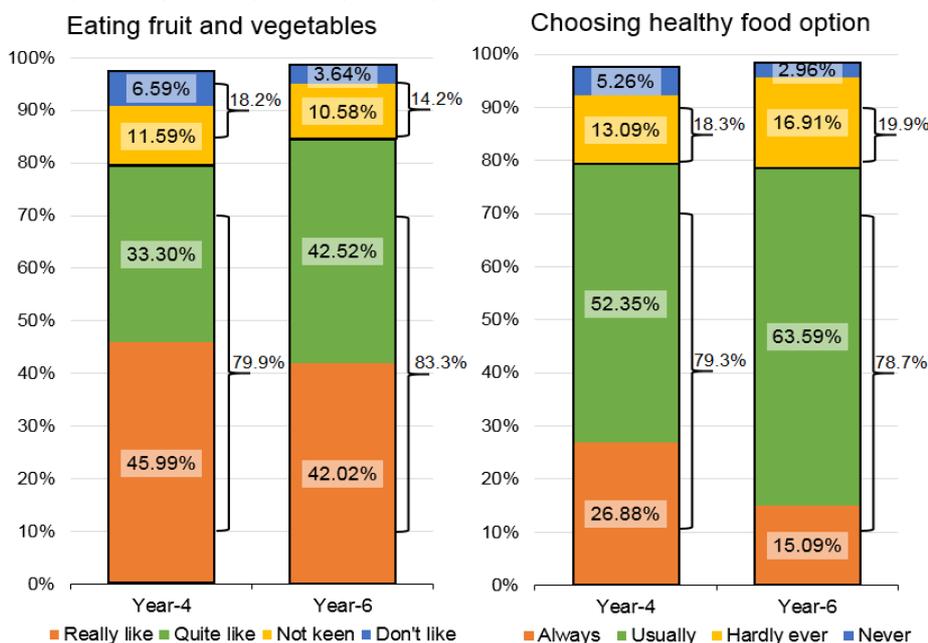


2.2. Healthy eating children

The Pupil Attitude Questionnaire gives us an insight into the eating habits of primary school children (Years 4 & 6) in Lancashire-12, with the latest figures covering the 2016/17 academic year. Asked whether they liked eating fruit and vegetables, 79.9% of Year-4 and 83.3% of Year-6 children said they either really liked or quite liked eating them. With females found to be significantly more likely to say they "liked or quite liked" eating them than males and Year-6 children significantly more likely than Year-4 children to like eating them.

Asked if they would choose a healthy food option, 79.3% of Year-4 and 78.7% of Year-6 children said they would, with just under 20% saying they wouldn't. Females were again found to be significantly more likely than males to choose the healthy option.

Figure 2: Proportion of primary school from Lancashire-12 who like eating fruit and vegetables and the frequency in which they would chose a health meal option



2.3. Fast food outlets

Fast food outlets are defined as premises that prepare and supply food that is available quickly, covering a range of outlets including, but not limited to, burger bars, kebab & chip shops, fish & chip, and sandwich shops. It excludes outlets classed as bakeries, as well as those considered to be cafés or restaurants. However, in the case of large fast food chains, all outlets including those classified as cafes and restaurants are included in the figures.

In 2012, the Office for National Statistics (ONS) published the number and crude concentration rate (per 100,000 population) of fast food outlets by local authority to investigate the link between access to and the concentration of fast food outlets and obesity in adults and children. These figures were updated in 2016 using outlet data from 2014 and now include ward level data to allow for more localised analysis.

2.3.1. Fast food outlets by Local authority

Public Health England calculated that in 2016 there were 47,928 Fast Food outlets across England, of which 1,282 (3%) are based in the Lancashire-12. Giving the area a crude outlet concentration rate of 121.85, significantly above the England rate (87.8).

At a district level, Burnley (151.2), Hyndburn (142.1), Pendle (131.3), Rossendale (124.3) and Preston (125.3) were all found to have significantly higher concentrations than the England average. The two neighbouring authorities of Blackburn with Darwen (128.1) and Blackpool (192.9) also recorded significantly high concentration rates.

Figure 3: Fast food outlets per 100,000 population at national, regional, upper tier and district level

LA name	Count of outlets	Rate per 100,000 population	Local rank	Significance from England
England	47,928	87.8	-	-
North West region	7,533	105.6	-	
Blackburn with Darwen	188	128.1	5	High
Blackpool	271	192.9	1	High
Lancashire-12	1,282	121.9	-	High
Burnley	132	151.2	2	High
Chorley	109	97.7	11	-
Fylde	79	102.5	8	-
Hyndburn	114	142.1	3	High
Lancaster	127	89.9	13	-
Pendle	118	131.3	4	High
Preston	176	125.3	6	High
Ribble Valley	56	96.4	12	-
Rossendale	86	124.3	7	High
South Ribble	111	101.8	10	-
West Lancashire	63	56.3	14	Low
Wyre	111	102.1	9	-

Public Health England Density of fast food outlets in England 2016

2.3.2. Fast food outlets by ward

Ward level analysis, conducted on a per-1,000 population basis, found that 27 (11%) out of the 251 Lancashire-12 wards have a significantly higher crude rate of outlets than the national average of 0.98. Five of which are in Pendle, 4 in Hyndburn and 3 in each of the following; Burnley, Lancaster and Preston.

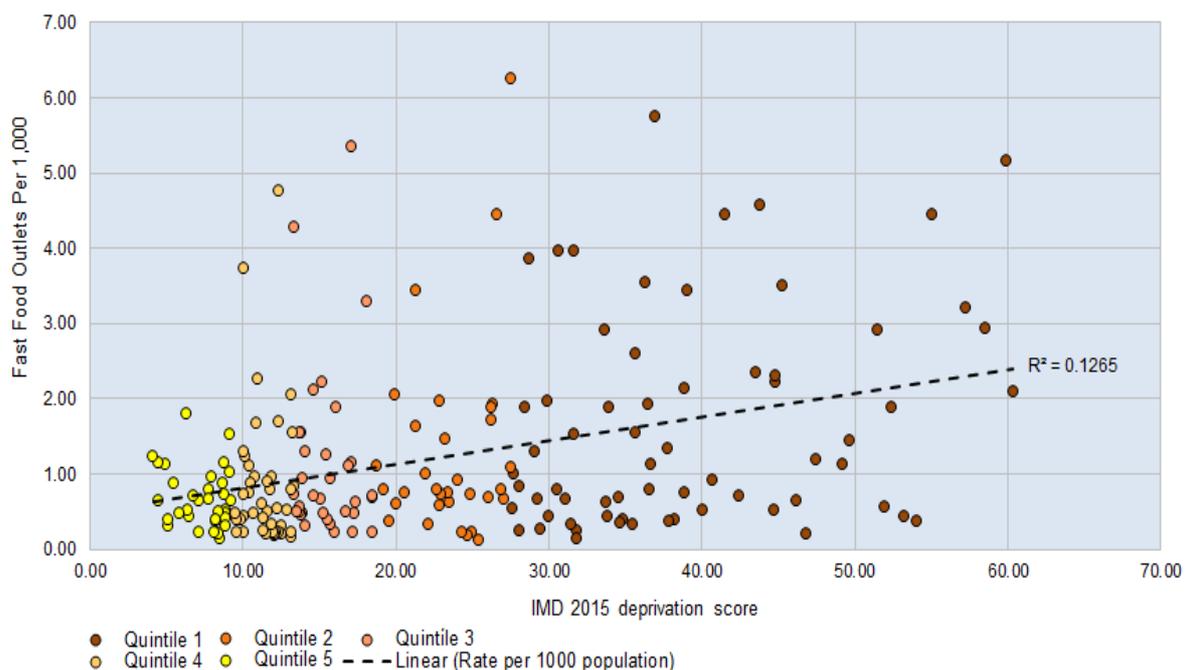
Appendix 1, highlights the geographical spread of fast food outlets across the Lancashire-12, with the wards colour coded by national quintile. The top 20% of wards, with the highest concentration levels all fall into quintile 1 and the 20% with the least into quintile 5. The districts of Hyndburn and Rossendale have high levels of fast food outlets across all wards, while Chorley, Pendle, Preston and South Ribble districts also have a wide geographical spread of outlets. In the remaining districts, the highest concentration levels of outlets were found in those wards home to large towns such as Clitheroe, Fleetwood, Lancaster, Morecambe and Ormskirk.

In total, 56 wards from Lancashire-12 fall within the top 20% (Quintile 1) of wards in England, based on the crude rate per 1,000 population. With Burnley, Hyndburn, Pendle, Preston and Ribble Valley each found to have 6 wards that fell within the top 20% nationally.

2.3.3. Fast food outlets and deprivation

The chart below shows that due to a large number of outliers, there is not a strong statistical correlation between ward level deprivation and the concentration of fast food outlets. However, one possible reason for this is that high concentrations of fast food outlets are often found in town or city centres that tend to be made up of commercial buildings rather than residential buildings and are therefore home to smaller more diverse populations.

Figure 4: Ward level fast food outlets crude rate per 1,000 population benchmarked against



However, it was noted that the majority of areas (19) identified as having a significantly higher concentration of outlets, were all areas that fell within deprivation quintile 1, placing them amongst the poorest wards in England. Exploring this further by grouping the Lancashire-12 wards according to their deprivation quintile. Shows that the majority (48.7%) of outlets fall within the most deprived quintiles of wards nationally. Giving this quintile a crude rate per 1,000 of 167.02 significantly above the Lancashire-12 average of 121.85 and significantly above the crude rate recorded for all other deprivation quintiles.

Figure 5: Fast food outlets in Lancashire-12, grouped by the deprivation quintile of the ward the outlet falls within.

IMD Quintile 2015 (1 = most deprived, 5 = least)	All-age population	Count of outlets	% of total outlets	Outlets per 1,000 population	Lower C.I	Upper C.I	Significance from Lancashire-12
1	373,599	624	48.7%	167.02	154.17	180.66	High
2	176,248	226	17.6%	128.23	112.05	146.08	-
3	160,351	170	13.3%	106.02	90.68	123.21	-
4	209,136	178	13.9%	85.11	73.07	98.58	Low
5	132,750	84	6.6%	63.28	50.47	78.34	Low
Grand Total	1,052,084	1,282	-	121.85	115.27	128.71	-

2.3.4. Childhood excess weight and fast food outlets

There are five wards from across Lancashire-12 that estimated to have significantly high Year-6 (2014/15 to 2016/17) excess weight prevalence and also have a significantly high concentration of fast food outlets compared to England. These being the Bank Hall, Daneshouse with Stoneyholme and Queensgate wards in Burnley and the Bradley and Whitefield wards in Pendle.

2.3.5. Health behaviours JSNA

In 2015 Lancashire County Council conducted a comprehensive lifestyle survey as part of their [Health behaviours joint strategic needs assessment](#) (JSNA), with over 13,000 responses from across the Lancashire-12 area. On the subject of diet and nutrition, the survey found just under a fifth (17%) of respondents eat fast food or take away meals at least once a week. With the districts of Burnley (20%), South Ribble (20%), Hyndburn (19%) and Pendle (19%) found to have the highest proportion of responders who eat such meals at least once a week.

The survey also found that 12% of responders drink fizzy or soft drinks six or more times a week.

3. Physical activity

The Chief Medical Officer's report (2011) recommends that adults aged 19-64 years undertake 150 minutes of moderate-intensity physical activity per week. Physical activity can help reduce the risks of non-communicable or chronic disease that negatively affect healthy life expectancy. With studies suggesting that inactive people (defined as those participating in less than 30 minutes of moderate physical activity per week), spend 38% more days in hospital than active people and make more visits to their local GP.

The NHS [Why be Active](#) web page states that the health benefits of being physically active include:

- a 30% lower risk of early death;
- a 30% lower risk of falls (among older adults);
- up to a 20% lower risk of breast cancer;
- up to a 30% lower risk of dementia;
- up to a 30% lower risk of depression;
- up to a 35% lower risk of coronary heart disease and stroke;
- up to a 50% lower risk of colon cancer;
- up to a 50% lower risk of type 2 diabetes;
- up to a 68% lower risk of hip fracture; and
- up to an 83% lower risk of osteoarthritis

Estimates of physical activity levels come from national and local surveys, with the latest nationally published figures, at the time writing, coming from the Sport England Active Lives Survey (2016/17). The survey estimates that two thirds (65.3%) of the Lancashire-12 adult (19+) population are physically active (i.e. meeting the national guidelines of a minimum of 150 minutes moderate activity per week), in line with the national estimate of 66.0%. The survey also looked at physical inactivity (Adults doing less than 30 minutes moderate activity per week) and suggests that 23% of the adult population of Lancashire-12 is inactive. Which when applied to the latest population estimates (ONS Mid-Year 2016), suggests that 214,030 adults are not meeting the recommended national guidelines.

Five local authority areas (Blackburn with Darwen, Blackpool, Hyndburn, Pendle and Rossendale) were estimated to have both a significantly smaller proportion of physically active adults and a significantly larger proportion of inactive adults than the England average. Whilst Lancaster is estimated to have significantly higher levels physically active adults and significantly lower levels of adult inactivity than England (Appendix 2).

It is recommended that children aged 5-18 should be engaging in at least 60 minutes of moderate to vigorous intensity physical activity every day. However, figures from the 2014/15 *What about YOUth* survey indicated that just 15.0% of young people aged 15 in Lancashire-12 met these guidelines, which whilst in line with the national average (13.9%) is not a great picture. In the neighbouring authorities, just 14.1% of children in Blackpool and 12.4% in Blackburn with Darwen are estimated to be meeting the recommended levels of physical activity. Indicating that both nationally and locally more work is needed to get children and young people active.

4. Healthy weight

It is well evidenced that carrying excess weight (being overweight or obese) is associated with an increased risk of ill health. In adults it can lead to coronary heart disease, hypertension (high blood pressure), liver disease, osteoarthritis, stroke, type 2 diabetes, some cancers and reduces healthy life expectancy. People who are overweight or obese may also experience low self-esteem, mental health problems, stigmatisation and discrimination because of their weight. Being overweight as a child has been associated with a range of health conditions including diabetes and non-alcoholic fatty liver disease, gallstones, asthma and sleep-disordered breathing, and musculoskeletal conditions. There is also evidence of lower school attainment, lower self-esteem and depression amongst overweight and obese children.

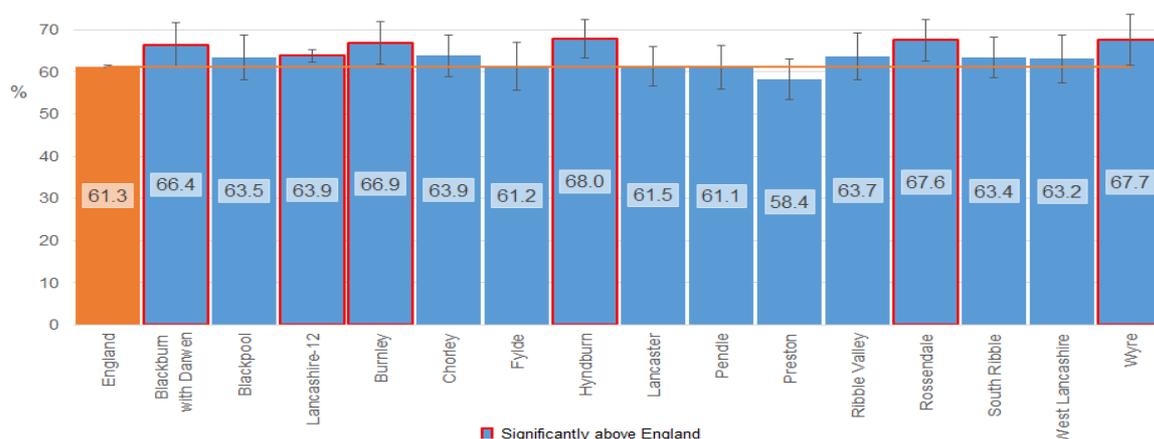
The Sport England Active Lives survey looks at healthy weight prevalence at a local authority level, with the latest figures (2016/17) estimating that just 35.3% of the Lancashire-12 adult (18+) population has a healthy weight, significantly below the national England estimate of 37.6%. Blackburn with Darwen (32.8%) and Blackpool (36.4%) are both estimated to have health weight prevalence that is in line with the national average. At a district level, both Hyndburn (30.4%) and South Ribble (31.8%) are estimated to have low levels of adults with a healthy weight.

4.1. Excess weight in adults

Excess weight in adults is defined as those adults (aged 16+) who are recorded to have a BMI greater than or equal to 25kg/m² (overweight including obese). The latest figures come from the Sport England Active Lives Survey (2016/17) and suggest that 63.9% of the adult (18+) population of the Lancashire-12 are living with excess weight. This is significantly above the England prevalence of 61.3% and when applied to the latest mid-year population estimates (2016) it equates to 606,325 persons.

The districts of Burnley (66.9%), Hyndburn (68.0%), Rossendale (67.6%) and Wyre (67.7%) are all estimated to have significantly higher excess weight prevalence than the national average. As does the neighbouring authority of Blackburn with Darwen (68.6%).

Figure 6: Estimated adult (18+) excess weight prevalence at a national and district level 2016/17



4.2. Excess weight in children

Tackling child excess weight and obesity is a priority for the government. It is also a key priority for Public Health England (PHE) who are working towards increasing the proportion of children leaving primary school with a healthy weight. The [National Child Measurement Programme \(NCMP\)](#) is crucial in monitoring the progress of this work and has an important role for health and wellbeing boards in bringing together a range of local partners and informing local action to promote healthy weight. Additionally, it provides the opportunity for direct engagement with families through the provision of results to parents along with follow-up advice and support. Unlike with most adults where Body Mass Index (BMI) is used to determine healthy weight in individuals, a child's weight category is plotted against a sample reference population, against which a child will be recorded as being either underweight, healthy weight, overweight or obese. Over the course of the 2016/17 academic year a total of 13,414 reception age children (4-5) and 12,473 Year-6 age children (10-11) from Lancashire-12, accounting for 97% of all eligible children when combining the two age groups were measured.

23.5% of reception age children were found to be either overweight or obese (excess weight), significantly worse than the national average of 22.6% and suggesting that over 3,000 children aged 4-5 from the area have an excess weight issue. At a district level Burnley (25.6%), Hyndburn (27.2%), Lancaster (26.7%) and West Lancashire (26.8%) were all found to have a significantly higher prevalence of reception age children (4-5) with excess weight than England.

In Year-6, 33.0% of children were found to be living with excess weight and whilst this is considered to be significantly better than the national estimate of 34.2%. It does still suggest that across the Lancashire-12, there were over 4,000 Year-6 children living with excess weight in 2016/17.

Trend line analysis shows that whilst the Lancashire-12 Year-6 prevalence has come down, the reception age prevalence increased. Further analysis tracking the 2016/17 Year-6 cohort back to when they were first measured at reception age (2010/11). Shows that the excess weight prevalence amongst this group of children has increased from 23.3% to 33.0% (Appendix 3).

4.3. NCMP ward level analysis

To produce as robust an indicator as possible at a small area level, the prevalence estimates use three years of NCMP data combined; the latest data is presented for 2014/15 to 2016/17. It should also be noted that the ward level figures are modelled estimates based on the Middle Super Output Area (MSOA) recorded prevalence.

The latest figures indicate that 9 wards from across Lancashire-12 have a significantly higher estimated reception age excess weight prevalence than England (22.2%) and 6 have a significantly higher estimated Year-6 prevalence than the national estimate (33.9%). With the Chorley East (Chorley) estimated to have high levels of both reception (27.6%) and Year-6 (40.9%) excess weight prevalence.

The other wards, estimated to have significantly high levels of reception age excess weight prevalence are Brunshaw, Gawthorpe, Hapton with Park (all from Burnley), Rishton (Hyndburn), Digmaor, Moorside, Tanhouse and Up Holland (all West Lancashire). Whilst for Year-6 the main areas of concern are Bank Hall, Daneshouse with Stoneyholme, Queensgate (all Burnley), Bradley and Southfield (both Pendle). See appendix 4 for further details.

Further additional analysis found the following;

Reception age:

- 6 wards were found to have significantly high levels of excess weight compared to the Lancashire-12 average. These being; Gawthorpe, Hapton with Park (both Burnley), Rishton (Hyndburn), Digmaor, Moorside and Tanhouse (all West Lancashire).
- Moorside in West Lancashire has the 25th highest estimated prevalence in England.
- Prevalence ranged from 33.7% in Moorside (West Lancashire) to 9.1% in Ansdell (Fylde).
- There are 4 wards were at least 1/3 of reception age children are estimated to have excess weight (Gawthorpe (Burnley), Rishton (Hyndburn), Moorside and Digmaor (both West Lancashire).
- 7 of the 9 wards estimated to have significantly high levels of excess weight compared to England, fall within the 20% most deprived wards in England.
- Reception age children living in wards from deprivation quintiles 1 and 2 (the most deprived 40%) are more likely to have excess weight than those living in wards from quintiles 4 and 5 (the 40% least deprived).
- Nationally estimated reception age excess weight prevalence has decreased by 0.2 percentage points (PP) when compared against the 2010/11 to 2012/13 period, whilst across Lancashire-12 it has decreased by 0.3 PP. However, at ward level, 84 areas have seen an increase in their estimated prevalence, including five areas that have seen an increase of at least 10 PP. These being; (Gawthorpe (Burnley), Chorley East (Chorley), Medlar-with-Wesham, Ribby-with-Wrea and Kirkham North (all Fylde).

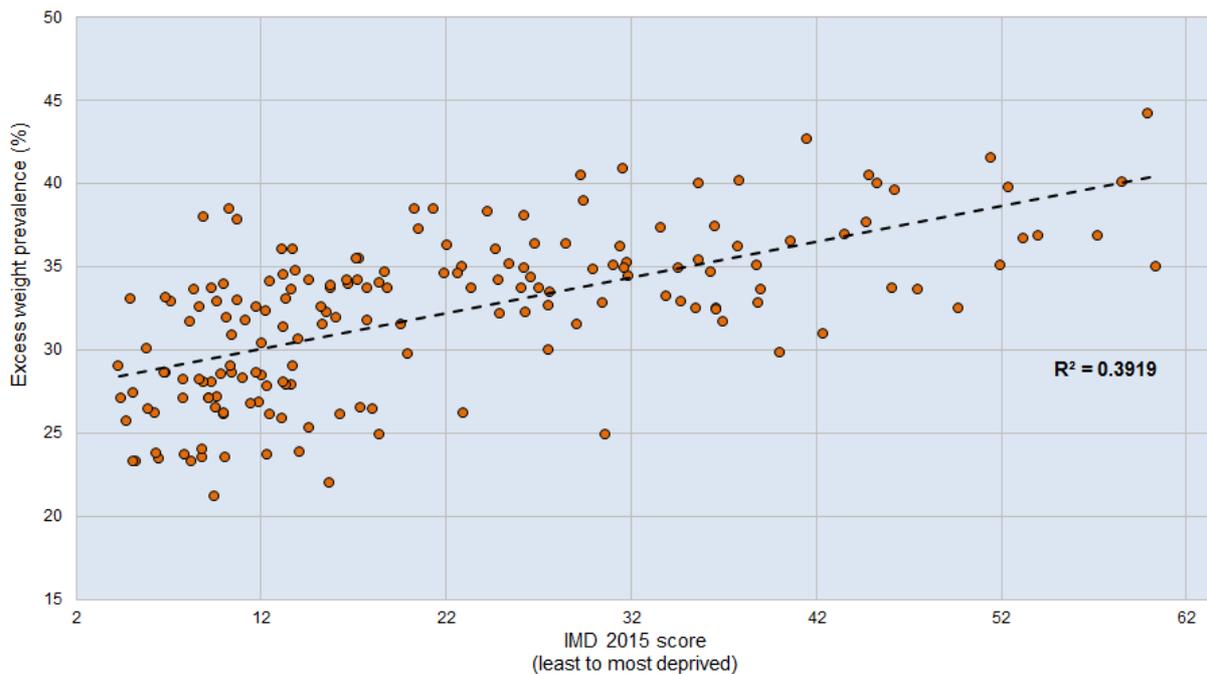
Year-6:

- 11 wards are estimated to have significantly high levels of excess weight prevalence compared to the Lancashire-12 average (Bank Hall, Daneshouse with Stoneyholme, Queensgate (all Burnley), Chorley East (Chorley), Church, Peel (both Hyndburn), Bradley, Clover Hill, Southfield, Walverden and Whitefield (all Pendle).
- Estimated excess weight prevalence ranges from 44.2% in Daneshouse with Stoneyholme (Burnley) to 21.2% in Ansdell (Fylde).
- There are 120 wards were at least 1/3 of reception age children are estimated to have excess weight.
- All 6 wards estimated to have significantly high levels of excess weight, compared to England, fall within the 20% most deprived wards in England.

- Year-6 children living in wards from deprivation quintile 1 (the most deprived 20%) are more likely to have excess weight than those living in wards from quintiles 4 and 5 (the 40% least deprived).
- Nationally estimated reception age excess weight prevalence has increased by 0.4 percentage points (PP), whilst across the Lancashire-12 it has increased by 0.7 PP when compared against the 2010/11 to 2012/13 period. At a ward level 2 areas were found to have seen an increase in their estimate prevalence of at least 10 PP. These being Chorley East and Chorley South East.

Appendix 4 provides further details relating to those wards with significantly high levels of estimated (reception age and/or Year-6) childhood excess weight prevalence. Whilst the chart below further highlights the link between deprivation and excess weight amongst Year-6 pupils, with the highest levels of excess weight found amongst the most deprived wards.

Figure 7: Correlation between ward level Year-6 excess weight prevalence (2014/15 to 2016/17) and deprivation (IMD 2015)



Please visit the Lancashire Insight ['lifestyle'](#) to view the childhood excess weight prevalence across all wards.

5. Obesity

Obesity threatens the health and wellbeing of individuals and places a burden on public resources in terms of health costs, on employers through lost productivity, and on families because of the increasing burden of long-term chronic disability. Obesity reduces life expectancy by an average of three years, with severe obesity estimated to reduce life expectancy by an average of 8–10 years. It also has an economic impact on the wider economy estimated at around £27bn, with NHS costs estimated at around £6bn, social care costs £352m and sickness absence costs to business estimated to be around £16m⁵.

Children who are obese are more likely to become obese adults and have a higher risk of morbidity, disability and premature mortality in adulthood. The rising level of childhood obesity has physical, mental/emotional and social consequences in the short and long term.

5.1. Obesity in adults

Obesity levels in England can be measured in two ways. Firstly using the Quality and Outcomes Framework (QOF) obesity register as an indicator of recorded obesity prevalence and as a way of monitoring the number of people who are receiving support from their local GP for obesity. Secondly, using estimated prevalence figures taken from national and local surveys.

To be included in the QOF obesity register a patient must be aged 18 or over and have a record of a BMI of 30 kg/m² or higher in the previous 15 months. The latest figures (2016/17) indicate that there are 147,947 persons (aged 18+) recorded as living with obesity, accounting for 10.6% of the registered population across the Lancashire and South Cumbria Sustainability and Transformation Plan (STP) area. With six of the eight clinical commissioning groups recording significantly higher QOF obesity prevalence compared to England (9.7%). These being; NHS Blackburn with Darwen (11.6%), NHS Blackpool (13.4%), NHS Chorley & South Ribble (10.2%), NHS East Lancashire (11.2%), NHS Fylde and Wyre (11.8%) and NHS West Lancashire (10.8%).

The Active Lives Survey (2016/17), estimates that 25.4% of the Lancashire-12 adult (18+) population is obese, significantly above the national estimate of 23.3%. Whilst at a district level, Hyndburn (31%) was found to have a significantly high level of obesity prevalence.

Both Blackburn with Darwen (27.6%) and Blackpool (27.7%) are estimated to obesity prevalence that is in line with England.

⁵ Public Health England: Making the case for tackling obesity. Why invest?,2015

5.2. Obesity in children

In August 2016 the government published a "Child Obesity a Plan for Action" to significantly reduce childhood obesity by supporting healthier choices. As part of this action plan, routine collection and monitoring of the prevalence of severe obesity alongside prevalence of excess weight and obesity has begun.

The latest child obesity prevalence figures from the NCMP, cover the 2016/17 academic year and show that 9.6% (1,286) of reception age children and 18.9% (2,356) Year-6 age children measured were found to be obese. In addition to these 259 (1.9%) reception age children and 428 (3.4%) Year-6 age children were found to be severely obese. With significantly high levels of reception age obesity found in Burnley, whilst Hyndburn was found to have significantly high levels of Year-6 obesity prevalence.

Figures for the two neighbouring unitary authorities of Blackburn with Darwen and Blackpool show that both areas have reception age and Year-6 age obesity prevalence in line with the national picture.

6. Underweight

Being underweight can be damaging to your health, affecting your immune system, your bone strength and can leave you feeling fatigued. As with excess weight and obesity, there can be many causes of underweight including not eating a balanced diet, undereating, having an overactive thyroid, dieting, illness or having a mental health issue.

The estimated prevalence of adult underweight comes from the Active Lives Survey (2016/17) and suggests that 0.8% of the 18+ population of the Lancashire-12 is underweight in line with the England national estimate (1.1%). When applied to the latest population estimates (2016), this suggests there are almost 7,591 underweight adults living in Lancashire-12. Figures for the neighbouring unitary authorities suggest that 0.7% of adults in Blackburn with Darwen and 0.04% in Blackpool are underweight.

NCMP figures for the 2016/17 academic year, show that the programme found 0.7% of reception age children were underweight significantly below the national average (1.0). With Blackburn with Darwen (2.5%) and Blackpool (0.6%) were found to have prevalence levels in line with England. For Year-6, whilst Lancashire-12 (1.3%) has a prevalence in line with England (1.3%) the Preston district was found to have a significantly high underweight prevalence (2.5%). Blackburn with Darwen (3.0%) was also found to have a significantly high underweight prevalence, whilst Blackpool (0.7%) was found to have a significantly lower prevalence.

7. Conclusions

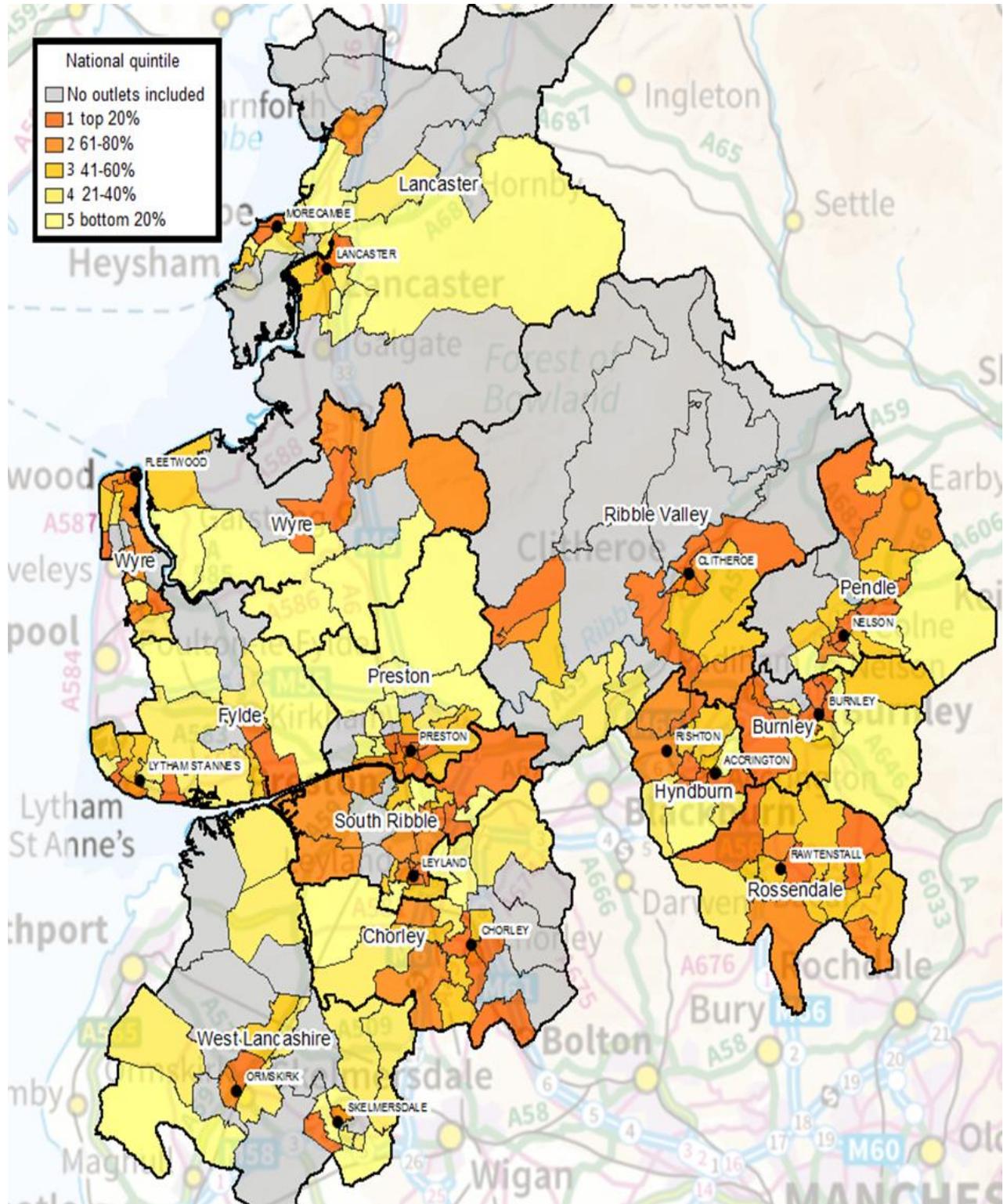
Healthy weight is a key area linked to numerous chronic physical and mental illnesses, that place great demand on local services and more importantly the lives of those affected. The indicators outlined in this report show that the Lancashire-12 has issues right across the healthy weights spectrum. However, some areas are faring worse than others with the districts of Burnley and South Ribble found to have significantly low levels of healthy weight and high levels of excess weight prevalence compared to England.

The area was found to have significantly high levels of excess weight amongst children, particularly those in reception age, were 23.5% (3,136) of children measured were found to be living with excess weight, significantly worse than the national average of 22.6%. At a district level Burnley (25.6%), Hyndburn (27.2%), Lancaster (26.7%) and West Lancashire (26.8%) are all found to have significantly higher reception age excess weight prevalence than England. In Year- 6 over 4,000 children were found to have a weight issue. With trend line analysis finding that as children move from reception age, through to Year-6, the excess weight prevalence increases, suggesting the problem is not being affectively tackled.

Whilst a number of national and local initiatives are already in place across the Lancashire-12, such as exercise referral programmes, community weight management programmes and the Lancashire Healthy Schools Programme. The local health social care sector will need to work together to establish initiatives to actively promote and encourage positive lifestyle changes for many of the Lancashire-12 residents in order to improve the current situation with the particular focus on the areas highlighted as significant outliers in this report. Long term, as well as helping reduce the economic and demand pressures on local services, increasing levels of healthy diet, weight and physical activity. Could help to reduce the burden of chronic illness in the local population, improve healthy life expectancy and has the potential to help tackle climate change by reducing levels of CO² admissions through increasing active travel levels. Making health weights, a key area to focus on for both local government and local health service services to focus on.

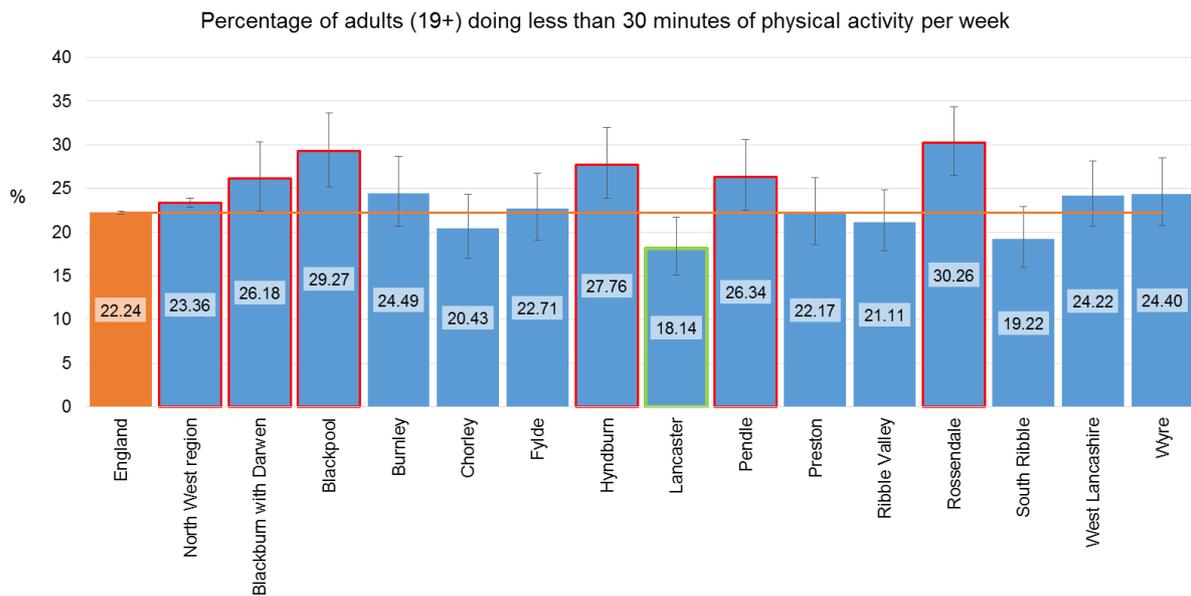
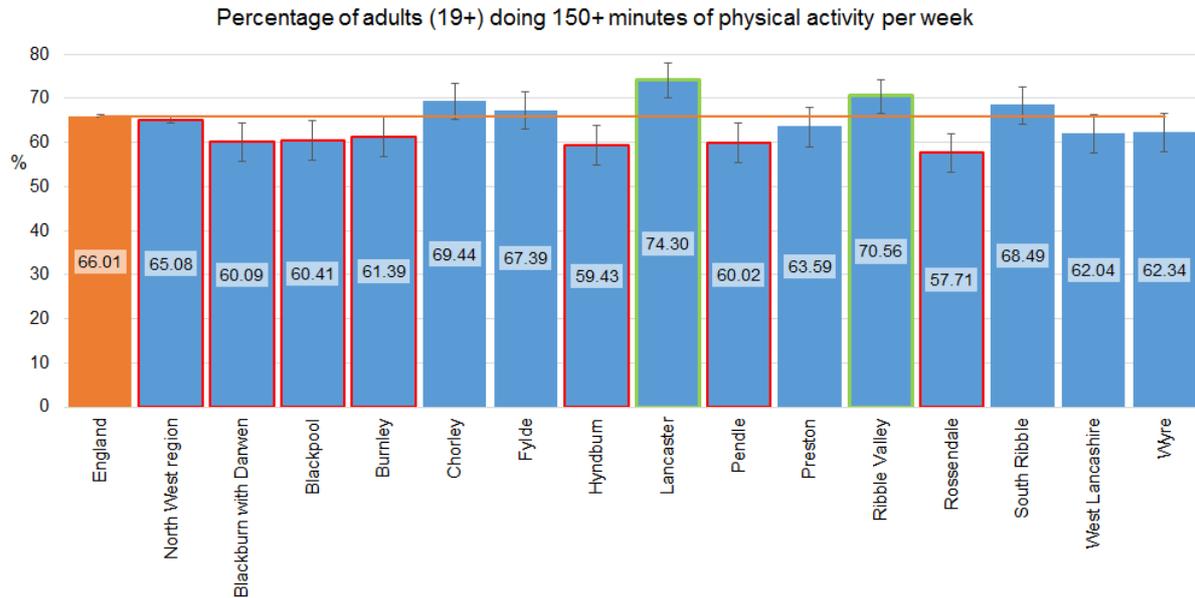
Appendices

Appendix 1: Crude fast food outlets per 1,000 population quintiles by ward across the Lancashire-12 districts



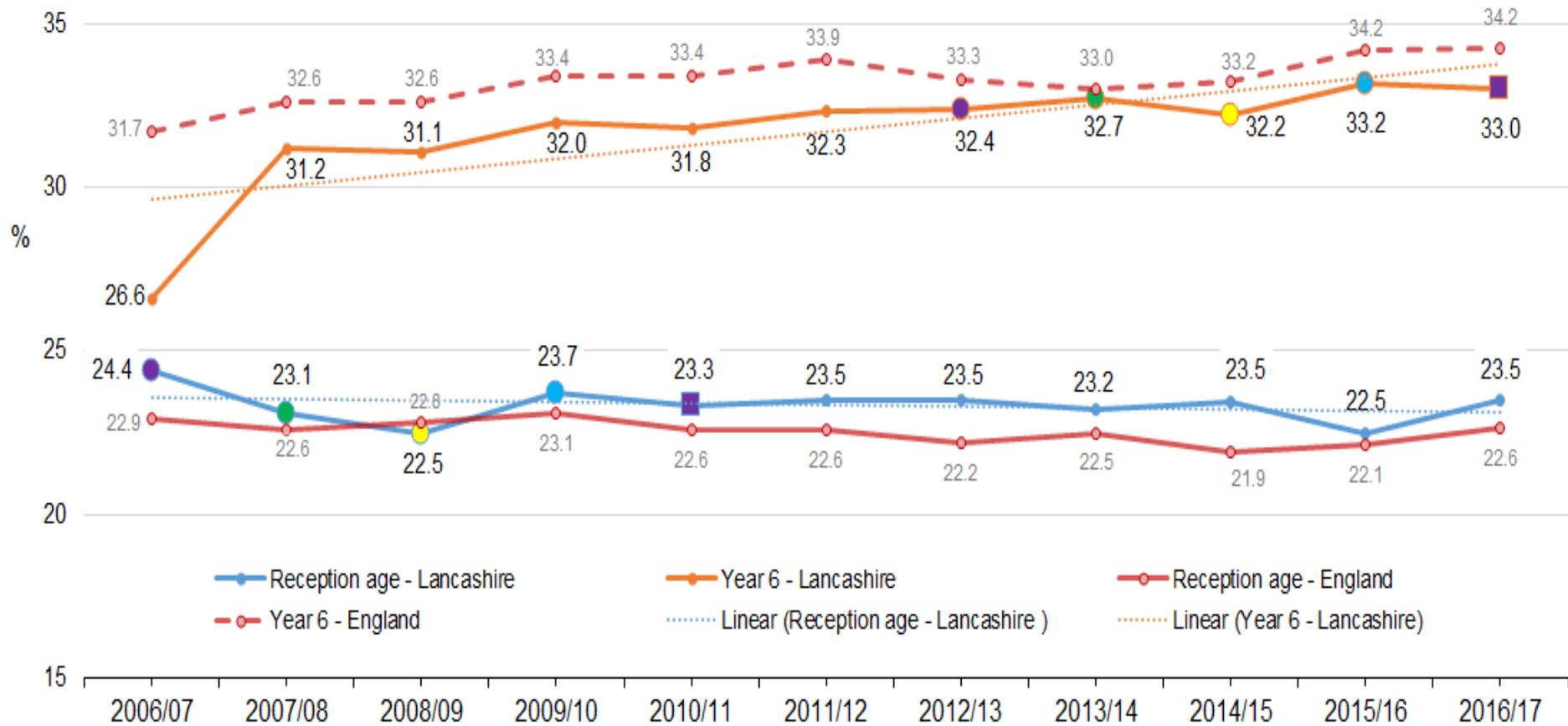
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Appendix 2: Sport England Active Lives Survey 2016/17, estimated physically active and physically inactive adults (19+) at a national, regional, upper tier authority and district level



■ Significantly worse than England
 ■ Significantly better than England

Appendix 3: NCMP England and Lancashire-12 reception age and Year-6 excess weight prevalence (%) 2006/07 to 2016/17.



Appendix 4: Wards of the Lancashire-12 area that recorded significantly high levels of either reception age or Year-6 age excess weight prevalence for the three-year period 2014/15 to 2016/17

Area		Reception age								
LA	Ward name	Numerator	Denominator	Prevalence (%)	LCI	UCI	Significance Vs. England	Significance Vs Lancashire-12	IMD 2015 ward quintile (1 = most deprived, 5 = least)	Percentage point (PP) change from 2010/11 to 2012/13
England		414,493	1,865,321	22.2	22.2	22.3	-	-	-	-
Lancashire		9,244	39,954	23.1	22.7	23.6	-	-	-	-
Burnley	Brunshaw	62	212	29.0	23.3	35.4	High	-	1	4.3
	Gawthorpe	80	249	32.0	26.5	38.0	High	High	1	10.1
	Hapton with Park	65	224	29.2	23.6	35.5	High	High	1	5.1
Chorley	Chorley East	78	283	27.6	22.7	33.0	High	-	1	10.5
Hyndburn	Rishton	63	205	30.7	24.8	37.4	High	High	2	8.3
West Lancashire	Digmoor	66	201	33.0	26.8	39.7	High	High	1	4.1
	Moorside	52	154	33.7	26.7	41.4	High	High	1	4.5
	Tanhouse	79	262	30.1	24.9	35.9	High	High	1	2.9
	Up Holland	51	174	29.4	23.1	36.5	High	-	3	3.0
Area		Year-6								
LA	Ward name	Numerator	Denominator	Prevalence (%)	LCI	UCI	Significance Vs. England	Significance Vs Lancashire-12	IMD 2015 ward quintile (1 = most deprived, 5 = least)	Percentage point (PP) change from 2010/11 to 2012/13
England		553,225	1,632,290	33.9	33.8	34.0	-	-	-	-
Lancashire		12,111	36,904	32.8	32.3	33.3	-	-	-	-
Burnley	Bank Hall	102	254	40.1	34.2	46.2	High	High	1	3.4
	Daneshouse with Stoneyholme	161	364	44.2	39.2	49.4	High	High	1	7.6
	Queensgate	94	219	42.7	36.3	49.3	High	High	1	3.3
Chorley	Chorley East	90	220	40.9	34.6	47.5	High	High	1	10.0
Pendle	Bradley	135	325	41.5	36.3	47.0	High	High	1	2.2
	Southfield	117	297	39.6	34.2	45.3	High	High	1	4.3