

## **NORTH LINCOLNSHIRE COUNCIL**

### **CABINET**

#### **NORTH LINCOLNSHIRE HEALTHY WEIGHT STRATEGY**

##### **1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 The Healthier Communities & Older People Scrutiny Panel made a set of recommendations to tackle the problem of obesity levels in North Lincolnshire. The North Lincolnshire Tackling Obesity Partnership has considered the recommendations and this report presents a revised obesity strategy and action plan, now referred to as Healthier Eating, Active Living North Lincolnshire Healthy Weight Strategy 2009-11.

##### **2. BACKGROUND INFORMATION**

- 2.1 In June 2006, Cabinet approved a joint strategy with the Primary Care Trust in respect of tackling obesity.
- 2.2 The Healthier Communities & Older People Scrutiny Panel has subsequently carried out a study into obesity in North Lincolnshire as a result of an Annual Report by the Director of Public Health, which highlighted obesity as one of three major health problems in North Lincolnshire. Its conclusion is that a serious problem exists.
- 2.3 The Panel formulated a set of recommendations, which were considered by the North Lincolnshire Tackling Obesity Partnership. The Partnership has responded to the recommendations by revising the obesity strategy and by developing an action plan specifically in response to the Panel's recommendations. The revised obesity strategy and action plan, now referred to as Healthier Eating, Active Living North Lincolnshire Healthy Weight Strategy 2009-11 are attached to this report at Appendix 1.

##### **3. OPTIONS FOR CONSIDERATION**

- 3.1 That Cabinet approves the revised obesity strategy and action plan, Healthier Eating, Active Living North Lincolnshire Healthy Weight Strategy 2009-11 as attached to this report.

- 3.2 That Cabinet does not approve the revised obesity strategy and action plan, and requests further work to be carried out.

#### **4. ANALYSIS OF OPTIONS**

- 4.1 Approval of the Healthier Eating, Active Living North Lincolnshire Healthy Weight Strategy 2009-11 put forward by the North Lincolnshire Tackling Obesity Partnership will enable the problem of obesity in North Lincolnshire to be addressed.
- 4.2 Should the strategy and action plan not be approved, the problem of obesity in North Lincolnshire will not be addressed until further analytical work is carried out.

#### **5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

- 5.1 Financial  
There are no financial implications associated with this report.
- 5.2 There are no other implications

#### **6. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)**

- 6.1 There are no statutory implications but the proposals within the strategy when implemented will contribute greatly to achieving the Council's priority to create healthier communities.
- 6.2 There are no other implications.

#### **7. OUTCOMES OF CONSULTATION**

- 7.1 The North Lincolnshire Tackling Obesity Partnership has undertaken widespread consultation, which has enabled it to formulate a revised obesity strategy and action plan in response to the recommendations made by the Healthier Communities & Older People Scrutiny Panel.
- 7.2 In January 2009 the Healthier Communities and Older People Scrutiny Panel considered the draft Obesity report and the North Lincolnshire Tackling Obesity Partnership's initial responses to the Panel's set of recommendations made in June 2008. It gave further consideration to the final report and action plan at its meeting held on 30 March 2009 and gave its support to the refreshed strategy, In particular to its renaming.

## **8. RECOMMENDATIONS**

- 8.1 That the revised obesity strategy and action plan, "Healthier Eating, Active Living" North Lincolnshire Healthy Weight Strategy 2009-11 to tackle obesity in North Lincolnshire is approved.

SERVICE DIRECTOR NEIGHBOURHOOD AND ENVIRONMENT  
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### **Background Papers used in the preparation of this report**

Report of the Healthier Communities & Older People Scrutiny Panel – June 2008

# Healthier Eating, Active Living

North Lincolnshire Healthy Weight Strategy

2009-11





## **Introduction**

In 2006, The North Lincolnshire Obesity Strategy was developed through consultation by a multi agency partnership within North Lincolnshire as a response to the 'Choosing Health: Making Healthier Choices Easier' White Paper. The White Paper highlighted, amongst other things, that obesity is a leading cause of preventable illness, disability and premature death in the UK. Reducing obesity will therefore have an important impact on the incidence of cardiovascular disease, Type 2 diabetes mellitus, cancer, osteoarthritis, work disability and sleep apnoea. Within North Lincolnshire levels of obesity are above the national average.

The North Lincolnshire Tackling Obesity Partnership, with the Director of Public Health as the Chair, have now refreshed the strategy to produce the North Lincolnshire Healthy Weight Strategy, 'Healthier Eating, Active Living'.

## **What is a healthy weight?**

People come in all shapes and sizes and grow at different rates, so there is not one healthy weight to aim for. It can be quite normal for two people who are the same height to have a different weight although there are definitions of 'healthy weight for height' to help guide people to stay healthy.

## **Why is having a healthy weight important?**

There are many benefits to losing weight if a person is overweight or obese. If a person achieves the ideal weight for their height this will help to lower their cholesterol levels and blood pressure. This will, also dramatically lower the risk of health problems such as type 2 diabetes, heart disease and certain cancers, as well as increase life expectancy.

Over 200,000 people die prematurely in the UK every year because of coronary heart disease, stroke and other illnesses related to poor diet and unhealthy lifestyle.

## **What is Obesity?**

Obesity has been defined as "an excess of body fat frequently resulting in a significant impairment of health and longevity"<sup>1</sup>. Quite correctly, the issue of obesity has been labelled an epidemic<sup>2, 3</sup>. There are various methods for defining obesity, however the most commonly used is through calculation of a person's Body Mass Index (BMI). BMI is calculated by dividing a person's weight by the square of his or her height. The following adult categories are then taken into account:

- A BMI of less than 18.5 is underweight
- A BMI of 18.5 to 24.9 is normal weight
- A BMI of 25 to 29.9 is overweight
- A BMI of above 30.0 is obese
- A BMI of above 40.0 is morbidly obese.

Whilst this model has been criticised as over-simplistic, typically health practitioners will also take other factors into account, which may give a better understanding of a person's overall health, build and likelihood of developing certain conditions. These include muscle and body fat measurement, age, gender, race, build, waist circumference and consideration of other risk factors.

Boys and girls experience different growth patterns at different ages and a single definition of overweight and obesity, as is the case in adults, cannot be used. Instead, the UK National BMI percentile classification describes childhood overweight and obesity as greater than the 85th and 95<sup>th</sup> percentile respectively, based on population values in 1990.

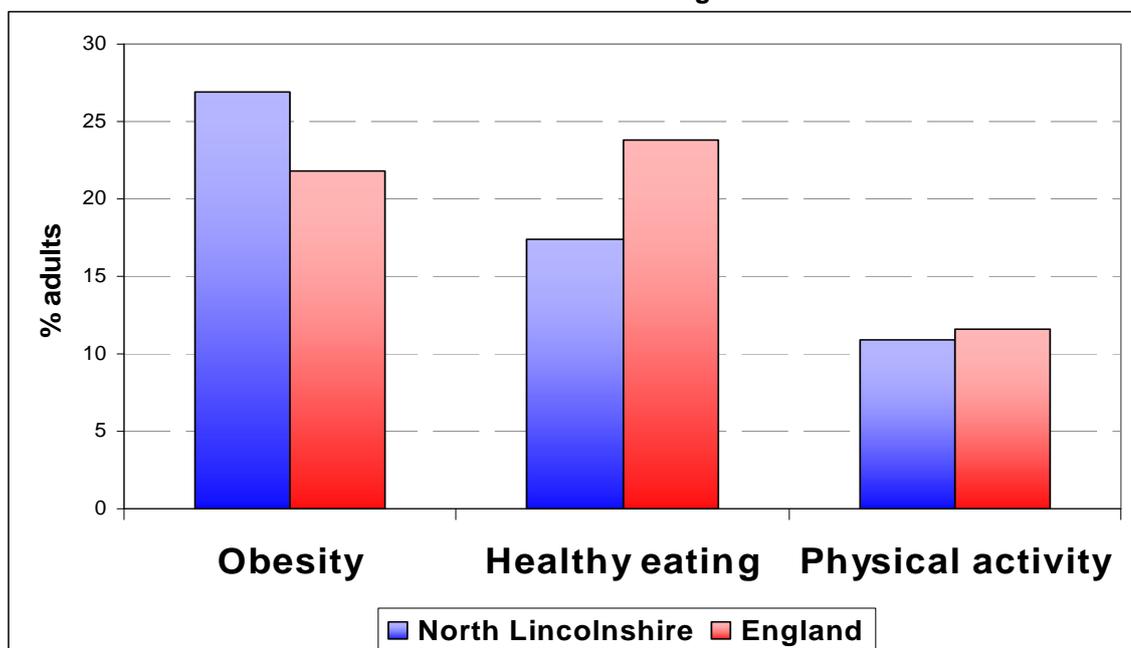
## Why is having a healthy weight strategy important for North Lincolnshire?

### Inequalities in diet and physical activity in adults

In 1992 the Government produced the 'Health of our Nation' White Paper. At that time the target was to reduce levels of obesity, so that by 2005 no more than 6% of adult men and 8% of adult women were classified as obese. However rates of obesity have continued to rise, so that thirteen years later, the national rates are currently standing at 23% amongst men and 25% amongst women. By 2010, it is predicted that 1 in 3 men, (33%) and more than 1 in 4 women (28%) will be obese in this country.

Currently, levels of obesity and physical inactivity are higher in North Lincolnshire than the national average.

**Estimated adults levels of obesity, healthy eating and physical activity in North Lincolnshire compared to England**



Source: ONS synthetic estimates 2005, and Sport England, 2007

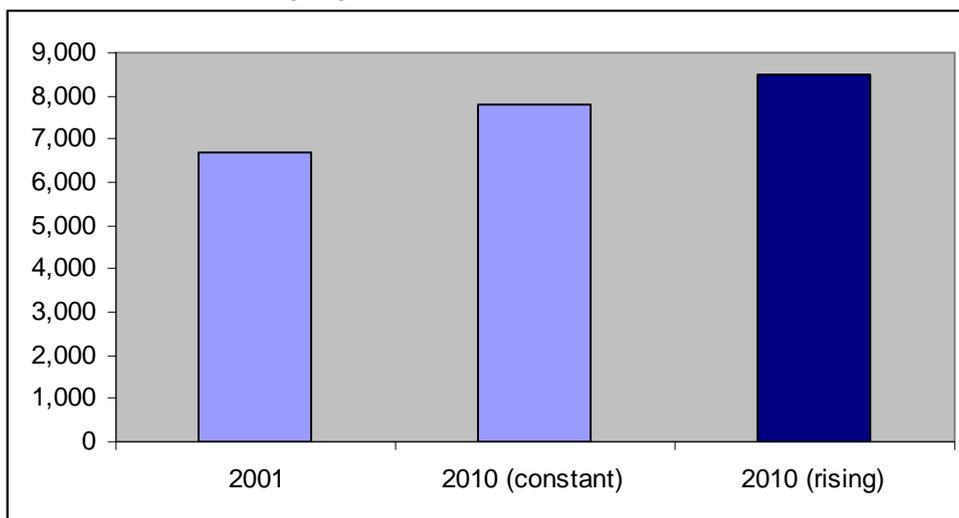
Whilst we have no robust local data on the income distribution of these lifestyle factors in our adult population, national data suggest that rates of obesity and relative inactivity are highest amongst men and women in the lowest income group, with the gap being particularly pronounced for women.

With so many long term conditions being related to excess body weight we should expect both a rise in obesity related diseases in North Lincolnshire over the next decade and beyond, as well as increasing inequalities in the distribution of these chronic diseases.

Of all age groups, because of continuous lack of physical activity and healthier eating through life cycles from birth, through pre-school, childhood and young adulthood; it is people in their mid 50s who are most likely to be overweight or obese, putting them at much greater risk of developing diabetes, heart disease, arthritis, stroke and some cancers in later life. Being overweight or obese can also exacerbate these diseases, making it harder for people to recover from ill health and to manage their condition effectively.

If obesity levels continue to rise, as predicted, at an average 2% per year, we should expect significant health and social care consequences in the years to come. For example, the graph below shows the estimated number of people with Type 1 and 2 diabetes in North Lincolnshire in 2001, and then projects the numbers forward to 2010, holding current levels of obesity constant (in light blue) and then applying predicted increases in obesity (in dark blue).

**Estimated number of people with diabetes in North Lincolnshire 2001-2010**



Source: Diabetes prevalence model YHPHO

For most of us, an unhealthy weight is caused by consuming foods and drinks containing more energy than we use. It takes a few extra calories per day to result in significant weight increases within a few years, so reducing our intake of foods and drinks high in fat and/or sugar, whilst basing our meals on starchy (low fat) foods and eating more fruits and vegetables are simple, yet effective ways to maintain a healthy weight. Information on healthier eating should be based on the key consistent messages contained within 'The eatwell plate (Food Standards Agency 2007).

Physical activity is also a major factor in maintaining a healthy weight. Remaining active in our middle years and older not only reduces our risk of some chronic diseases, as we reach our 70s and older it can help us to maintain our mobility, reduce the risk of osteoporosis, back pain and osteoarthritis, as well as helping to prevent accidental falls. Yet nationally it is estimated that 40% of our over 50s are sedentary, rising to 65% amongst women aged 85+.

## Inequalities in diet and physical activity in children

Annually all children in Year Reception (YR) at school and in Year Six (Y6) are invited to have their height and weight measured by the school nursing service as part of National Child Measurement Programme. The results of 2007 indicate that there was a higher than national uptake of the programme in YR but lower in Y6.

The good news is that of the 94% of YR children who participated in North Lincolnshire, 74.6% of children are a healthy weight, which is very similar to the national and regional average. However over 25% of YR children did not have a healthy body weight, mostly being overweight although a small number were underweight.

The picture worsens by Y6 with 35% of the participating children in North Lincolnshire having an unhealthy body weight, again mostly being overweight.

In addition, it is acknowledged that a small number of children have opted out (either with or without parental consent) and this is more likely in YR6 than YR.

**Year Reception and Year 6 National Child measurement Programme results 2007/08**

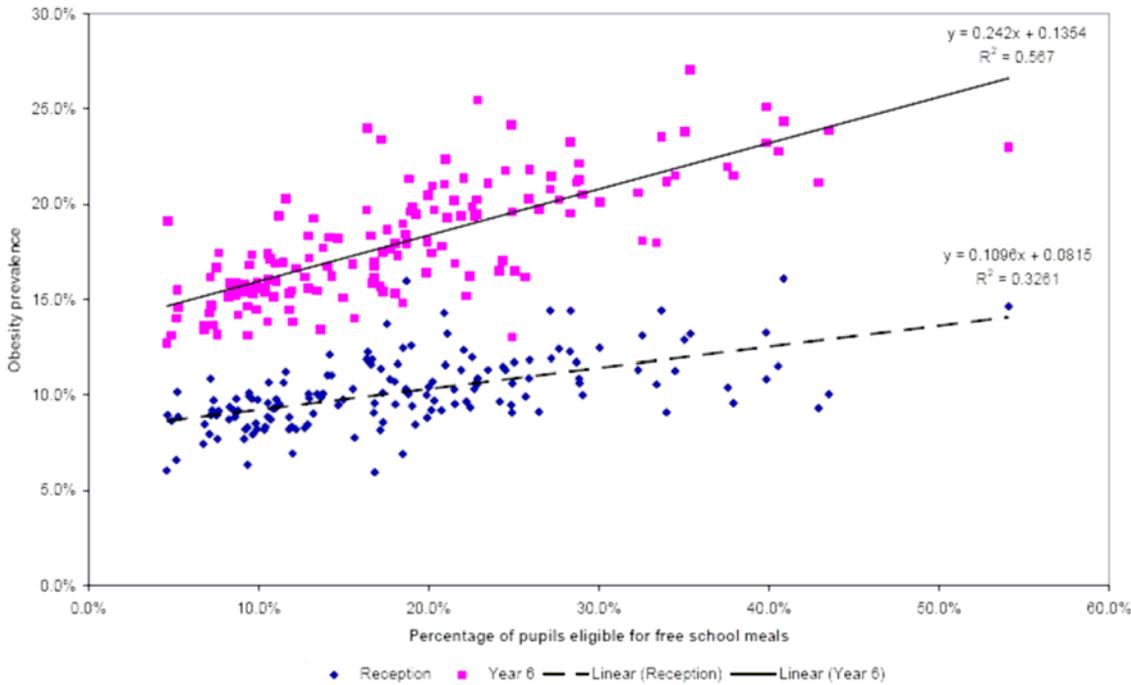
<b>YR</b>	<b>Obese</b>	<b>Overweight</b>	<b>Healthy weight</b>	<b>Underweight</b>	<b>% coverage</b>
North Lincolnshire	11.1%	11.1%	74.6%	3.2%	94%
Yorkshire and Humber	9.7%	12.9%	73.9%	3.5%	88%
England	9.9%	13.0%	74.3%	2.8%	83%

<b>Y6</b>	<b>Obese</b>	<b>Overweight</b>	<b>Healthy weight</b>	<b>Underweight</b>	<b>% coverage</b>
North Lincolnshire	16.7%	14.8%	64.8%	3.7%	75%
Yorkshire and Humber	17.2%	14.1%	65.1%	3.7%	82%
England	17.5%	14.2%	64.9%	3.5%	78%

National research shows a strong relationship between deprivation and levels of obesity amongst children of primary school age. The evidence is strongest amongst Y6 pupils (aged 11) than amongst those in reception year (aged 5). The figure below shows the relationship nationally using free school meals as an indicator of deprivation in 2007.

**Prevalence of obese children against the percentage of children eligible for free school meals, by LA, England, 2006/07**



In North Lincolnshire such a relationship has not been demonstrated. This may be because levels of participation in Y6 were too low.

## Vision and Aims

North Lincolnshire's Healthy Weight Strategy is complemented by North Lincolnshire's physical activity strategy, *Active Choices, Active Futures*. We share the vision of the latter:

'Building active, healthy, successful and safe North Lincolnshire communities through increased participation in sport, physical activity and active recreation'

*Active Choices, Active Futures* sets the following goals:

By 2012 we want to see more people in North Lincolnshire enjoying the benefits associated with choosing a more active lifestyle.

Success will mean that more people in North Lincolnshire are:

- Aspiring to be physically active
- Taking part in sport, physical activity and active recreation
- Becoming involved as volunteers to help support opportunities for sport and active recreation
- Walking and cycling more to get around (known as active transport)
- Satisfied with the opportunities for sport and active recreation that are available in their local communities

The specific aims for *Active Choices, Active Futures* are:

- To increase overall participation in sport and active recreation in North Lincolnshire by 1 per cent each year between 2007 - 2012
- To 'close the gap' in participation of under participating groups by 25 per cent (These are women, older people, people with disabilities, people living in deprived communities and black and minority ethnic groups.)
- To build local capacity to support opportunities for sport and active recreation.

In terms of healthier eating, our vision is that:

'All people in North Lincolnshire know about and can access a healthy balanced diet.'

The aims for healthier eating are:

- To increase people's knowledge of a healthy balanced diet.
- To increase people's ability to prepare a healthy balanced diet.
- To increase the number of people working towards a healthier weight.
- To increase the number of parents and carers engaged in supporting their children to maintain a healthy weight.
- To improve access to healthier food.

This can be achieved by:

- Providing training in key consistent food and health messages for all local authority and health care professionals.
- Providing dietetically quality assured community cook and eat sessions (knowledge and skills) targeting vulnerable communities.
- Providing a range of community weight management programmes for adults and children (as part of a tiered approach from public health campaigns to bariatric surgery).
- Supporting a tiered approach through clear commissioning to support the needs of the whole community to maintain a healthy weight and treat overweight and obesity.
- Supporting food and health activities through Education (curricular and extra curricular activities).

Combining our ambitions for physical activity and healthier eating produce our vision for this strategy:

**'All people in North Lincolnshire are able to maintain a healthy weight.'**

The aims underpinning this are:

- To support an increase in physical activity by supporting *Active Choices*, *Active Futures*
- To promote and enable healthier eating
- To enable people who are overweight to achieve and maintain a healthy weight

## What works to help people maintain a healthy weight?

This is an acceptable outline describing healthier eating for the general public:

Having a **healthy balanced diet** means you should:

- Eat plenty of fruit and vegetables, at least 5 portions of a variety every day
- Base your meals on starchy foods, such as potatoes, brown rice and wholemeal bread
- Have just moderate amounts of meat, fish and other good sources of protein
- Have some dairy foods such as cheese, milk and yoghurt – choose lower fat options whenever you can
- Watch how much salt you're eating – the most anyone over the age of 11 should be having is 6g a day (or 2.5g sodium)
- Watch out for high fat or high sugar snacks and drinks, and don't have them too often
- Avoid taking in too many calories in the form of alcohol

To lose weight, there are no magic weight-loss solutions, and crash diets do not work in the long-term. The most successful weight loss programmes have three main factors in common:

- Increasing daily levels of physical activity
- Eating smaller portions; and
- Only having healthy snacks between meals.

Evidence shows that for structured weight management programmes there are four key principles of success:

▪ Dietary management	Education on how to achieve a healthy balanced food intake.
▪ Behaviour modification	How to deal with difficult situations and alter behaviour in relation to food.
▪ Support	Group sessions for ongoing encouragement and support.
▪ Physical activity	Individuals are encouraged to incorporate an appropriate level of activity into their lifestyle.

**Physical activity** is any body movement that burns off calories.

The Chief Medical Officer advises that adults should take 30 minutes of moderate intensity physical activity at least five days a week. Increasing the level of activity will also increase the health benefits.

Children and young people should engage in a total of at least 60 minutes of moderate intensity physical activity most days a week. At least twice a week this should include activities to improve bone health, muscle strength and flexibility.

These recommended levels of activity can be taken in one session or in shorter bouts of activity of 10 minutes or more. Appropriate activities include moderate intensity lifestyle activity (brisk walking, cycling, and active hobbies), more structured exercise or sport, or a combination of these.

**Play**, and particularly unstructured play - such as playing tag or cycling - is an important way for children to engage in physical activity. Play also contributes to children's social, emotional and cognitive (thinking and learning) development.

North Lincolnshire's Play strategy Play Alert aims to increase the quality and quantity of play opportunities for children in North Lincolnshire. It states:

' At a time when there is increasing concern about children's sedentary lifestyles, physical play can increase general fitness levels and also contribute to emotional well being.'

Play is a key element of tackling obesity. High quality play and positive activities for children are fundamental requirements for the health and well being of children. The benefits of play include promoting development, learning, communication, healthier lifestyles, mental and emotional health and promoting positive behaviour.

## **What is already being done in North Lincolnshire?**

A considerable amount is being done in North Lincolnshire to help people eat healthily and live actively and many people are already taking these opportunities. These are far too numerous to list but examples include:

For children and young people:

- An excellent *Healthy Schools* programme
- An award-winning school meals service
- Initiatives such as STREET SPORTS, Study United, Study Heslam, sports clubs and others through the School Sports Partnerships
- Healthier cook and eat activities in out of school clubs
- Healthier food choices are provided in Children's Centres

For adults:

- Workplace health initiatives such as Kimberley Clark in Barton
- A 12 week Healthy Weight Loss Programme providing intensive support for up to 100 people a year by Community Nutrition and Dietetic Service and Leisure Services.
- North Lincolnshire Council now offers all employees the opportunity to join the local leisure centres and access all the activities at a reduced rate taken directly from salaries.
- There are many initiatives such as Sports Clubs, Walking the Way to Health, Leading the Way to Active Lives

For older people:

- *Fresh Start* in partnership with Community Nutrition and Dietetic Service which arranges cook and eat sessions for older people
- The Active Ageing programme, which offers opportunities to help older people become more active and try activities such as new age curling, chair base exercise, yoga, swimming.

- In delivering North Lincolnshire Healthy Ageing strategy a range of opportunities are offered to people over 50 who want to be healthier. This is a partnership of Leisure Services, Adult Services, the third sector and older people themselves who deliver a range of the activities. Currently, there are 51 different groups advertised in the Fresh Start newsletter offering new age curling, gym sessions, dancing, arm chair exercise classes and many others catering for a range of different activity levels ranging from very active to people with very limited mobility.

For parents/carers:

- The North Lincolnshire Parenting and Family Support Strategy is a working document. One of the priority areas is to ensure that parents have a voice in the development of parenting education and family support. To be affective and have a positive impact in making a difference it will reflect national consumer insight into addressing overweight and obesity utilising the principles of social marketing.

### Social Marketing to support Healthier Eating, Active Lives Strategy

National evidence now exists to indicate that it is incumbent upon us to ensure that our policy/strategy development and all of our public health interventions are informed by our understanding of what motivates people. The Healthy Weight, Healthy Lives research programme was developed to provide insights into the attitudes and behaviours of families with children under the age of 11 in relation to diet and physical activity. These insights on diet and activity will underpin national and local service design in addition to the development of the social marketing programme.

The research sought to develop a rounded picture of the role food and activity currently play in family life, the attitudes driving behaviour relating to diet and activity, and which families exhibit behaviours and attitudes that could put their children at risk of obesity. The research also looked at what activities and communications might start to shift attitudes and therefore change behaviour.

The social marketing research has included market segmentation of families of children aged 2-10 (6 clusters with differing motivations, opportunities and challenges) as a step towards developing interventions, and planning communications that accurately target the needs of different audience groups.

Research into the behaviours and attitudes of six ethnic minority communities (Pakistani, Bangladeshi, Black African, Gujarati Hindu, Punjabi Sikh and Black Caribbean) in relation to diet and activity was carried out as a separate project in order to take full account of cultural differences. Insights based on the research are summarised in the Healthy Weight, Healthy Lives Consumer Insight Summary.

Regional monies have funded a pilot social marketing project. This practical application of social marketing, delivered by Community Nutrition and Dietetic Service NHS North Lincolnshire is focussed on healthier eating in Westcliff. This was successful in raising awareness of healthier eating and improving food intake of volunteers and staff at Westcliff Drop-in Centre. It has resulted in the delivery of consistent healthier food messages and improved food preparation skills by local people

The Change4Life movement is based on insight from social marketing research.

## Change4Life – Eat Well, Move More, Live Longer



Change4Life is a society-wide movement that aims to prevent people from becoming overweight by encouraging them to eat better and move more. The Change4Life advertising campaign began on 3 January 2009 – on TV, in the press, on billboards and online. In this initial stage, the target is young families.

The Change4Life advertising campaign will make the subject of weight and physical activity a hot topic and will urge us to make changes to our diet and levels of activity. The campaign talks about 'fat in the body' rather than 'fat bodies' and makes clear the link between fat and preventable illnesses. It also pins the blame on modern life, which affects all of us, rather than pointing the finger at parents. Free Change4Life materials are now available to order or download to use to support the movement.

With such a high profile emphasising the message 'Eat well Move more Live longer', North Lincolnshire will encourage and support the movement using the Change4Life brand on all healthier living information and communications.

## What more needs to be done and the priorities for North Lincolnshire

Enabling the population of North Lincolnshire to achieve and maintain a healthy weight is a priority for North Lincolnshire as identified by the Director of Public Health and through the Local Strategic Partnership's Healthier Communities and Older People Scrutiny Panel.

North Lincolnshire's Healthy Weight Strategy identifies the need to enable North Lincolnshire residents to lead healthier lifestyles through **eating more healthily** and **being more physically active**. This will reduce the number of people becoming overweight or obese and help achieve a healthier weight for those who are overweight or obese.

Weight loss needs to focus on realistic goals and be tailored to the individual. Achieving and maintaining weight loss through short interventions is not effective and it requires a strategy that is based on a combination of healthier eating and increased physical activity using current best practice in behaviour modification programmes based in community settings.

The Action Plan accompanying this Strategy (Appendix 1) details measures that will be taken locally to help prevent and reduce the current levels of obesity. It also identifies how any changes will be measured and the lead agencies that need to be involved to achieve maximum impact. Some of the proposed measures will need additional funding to make an effective contribution to the problem.

The Action Plan identifies the following:

- ▶ A more robust, cross cutting Tackling Obesity Partnership to include Commissioners and other key partners.
- ▶ Provision of weight management programmes utilising the current evidence-base and guidelines for the management of obesity.
- ▶ Closer working with GP's, school nurses and other health professionals to identify persons who may benefit from the programmes.
- ▶ Support, encouragement and training for workplaces to promote healthier lifestyles for their staff including access to physical activity and healthier food options.
- ▶ Provision of additional resources for local initiatives that promote increased physical activity and/or healthier eating.
- ▶ Establishing accurate baselines for obesity in adults.

In mapping the activity in North Lincolnshire, it also became clear that there are gaps in what is currently available. The three priority areas, also included in the Action Plan, where further provision is needed are:

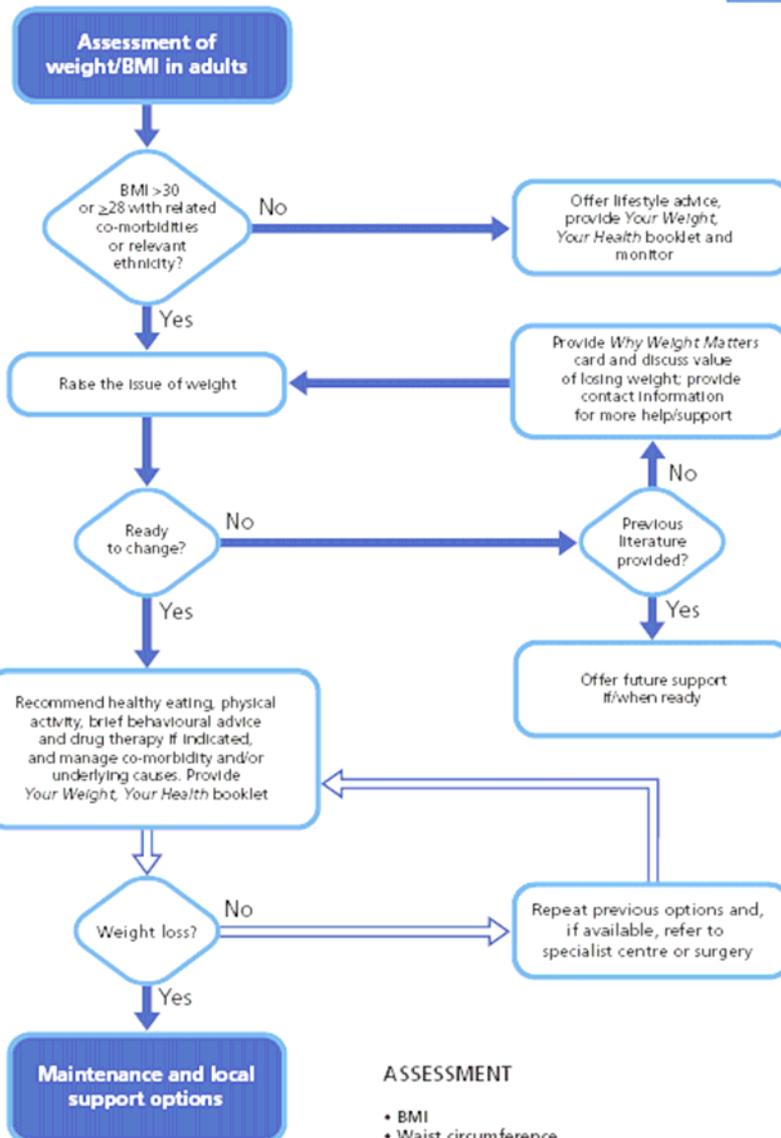
**Breastfeeding support** – uptake of breastfeeding is low in North Lincolnshire compared to the rest of England, and fewer women still are continuing to breastfeed after two months. Breastfeeding helps women to have a healthy weight by burning off, on average, 500 calories a day. It also gives babies to the best possible nutritional start in life.

**Community based weight management programmes that include healthier eating and physical activity** – although up to 100 adults each year can access support through the 12 week Healthy Weight Loss Programme provided by Community Nutrition and Dietetic Service and Leisure Services, demand is likely to be much higher. For children, young people and families there is currently no free local service. Whilst people can be referred onto individual activities such as after

school clubs or into hospital services if there are health issues, best practice would be to provide community based one-to-one or group support.

**Training** - Training is provided to frontline staff by the Community Nutrition and Dietetic Service, however this limited due to resources available. There is the potential to pursue the development of expanding the training already provided to lunchtime supervisors, teachers and teachers' assistants and other agencies.

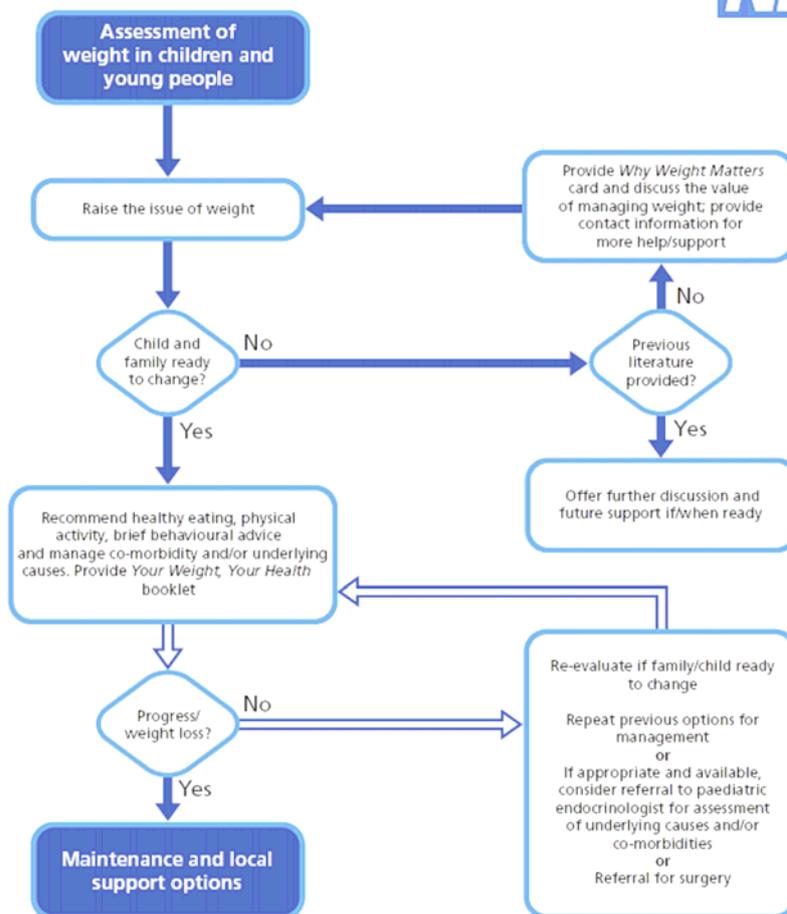
## Adult Care Pathway (Primary Care)



### ASSESSMENT

- BMI
- Waist circumference
- Eating and physical activity
- Emotional/psychological issues
- Social history (including alcohol and smoking)
- Family history
- Underlying cause  
eg hypothyroidism, Cushing's syndrome
- Associated co-morbidity  
eg diabetes, CHD, sleep apnoea, osteoarthritis, gallstones, benign intracranial hypertension, polycystic ovary syndrome, non-alcoholic steato-hepatitis

## Children and Young People Care Pathway (Primary Care)



### ASSESSMENT

- Eating habits, physical patterns, TV viewing, dieting history
- BMI – plot on centile chart
- Emotional/psychological issues
- Social and school history
- Level of family support
- Stature of close family relatives (for genetic and environmental information)
- Associated co-morbidity  
eg metabolic syndrome, respiratory problems, hip (slipped capital femoral epiphysis) and knee (Blount's) problems, endocrine problems, diabetes, coronary heart disease (CHD), sleep apnoea, high blood pressure
- Underlying cause  
eg hypothyroidism, Cushing's syndrome, growth hormone deficiency, Prader-Willi syndrome, acanthosis nigricans
- Family history
- Non-medical symptoms  
eg exercise intolerance, discomfort from clothes, sweating
- Mental health



**Action Plan**

<b>Priority</b>	<b>Action</b>	<b>Milestones</b>	<b>Timescales</b>	<b>Lead(s)</b>	<b>Impact</b>	<b>Barriers (Risks)</b>	<b>Resources</b>
1. Review Partnership & membership of the North Lincolnshire Tackling Obesity Partnership (NLTOP)	<p>Identify key stakeholders</p> <p>Include commissioners</p> <p>Identify gaps in partnership</p> <p>Review TOR</p>	<p>Sign up from agencies.</p> <p>Nominated representative to advocate on behalf of their service to ensure tackling obesity is part of their service plan.</p>	March 09	Director of Public Health	<p>More effective partnership.</p> <p>Raise the profile of tackling obesity.</p> <p>Ensure tackling obesity is embedded in partners business and service plans</p>	<p>Commitment</p> <p>Resources available.</p> <p>Commissioner's priorities.</p> <p>Organisation commitment and changing national targets.</p>	
2. The panel reiterates the vital recommendations related to tackling obesity as set out within the Director of Public Health's report. The council's cabinet and the PCT to act together, where appropriate, to implement these as a priority issue.	<p>Work with the council's Spatial Planning Service to promote healthy bodyweight</p> <p>Develop an Obesity Pathway including community weight management and bariatric surgery</p> <p>The PCT and LA to become exemplars for workplace health</p>	<p>See 9</p> <p>See 12 and 13</p> <p>See 6</p>					
3. To establishing a robust monitoring and evaluation framework.	<p>Ensure all existing as well as new projects are maintained and evaluated</p> <p>Identify monitoring tools to be used by NLTOP</p>	Agree tools by members of NLTOP	March 2010	Lead officers for projects undertaken through the commissioning process	Comprehensive data	Changing agenda	

<b>Priority</b>	<b>Action</b>	<b>Milestones</b>	<b>Timescales</b>	<b>Lead(s)</b>	<b>Impact</b>	<b>Barriers (Risks)</b>	<b>Resources</b>
4. Action be taken to launch a renewed, risk-based and community centered focus to support and inform pre-school children and their families and carers. This should fit into the existing children's centres and, if appropriate, the proposed community weight management programme (see recommendation 13) and involve all key partners who play a role in maintaining children's health	<p>Identify key partners not exclusive to NLTOP</p> <p>Identify levels of quality and support in ante-natal, pre school and early years settings have for healthier eating, healthier weaning practises and increased play and physical activity, underpinned in support for positive parenting for families of pre school children.</p>	A task group established to ensure the delivery of a joined up and consistent community weight management program.	Dec 09	NLTOP Commissioners	<p>Joined up, consistent, integrated collaborative approach to community weight management program.</p> <p>Wide range of staff trained to deliver key consistent messages</p>	<p>Commitment of partners</p> <p>Workload capacity</p> <p>Refocusing resources appropriately</p>	
5. The council and PCT continue to press national government to introduce comprehensive and strategic measures to tackle obesity.	Representation on regional / national level	Attend meetings, conferences, and health networks.	March 2011	<p>Identified LA &amp; PCT leads</p> <p>Other members of NLTOP</p>	Inclusion of North Lincolnshire regionally and nationally	No designated delegate	
6. That the council and PCT (possibly jointly) develop human resource policies that encourage physical activity and healthy lifestyles amongst all staff. The organisations ensure that these policies are fully in-line with guidance from the National Institute of Clinical Excellence.	Establish joint HR task group across LA & PCT	<p>Agree and develop common policies that encourage physical activity and a healthier lifestyle amongst all staff.</p> <p>Endorse the Work Place Health scheme</p>	March 2010	Director of Public Health through the LSP	Consistent integrated policy with clear message supporting staff to develop healthier lifestyles.	Timescale may slip due to HR pressures.	

Priority	Action	Milestones	Timescales	Lead(s)	Impact	Barriers (Risks)	Resources
		across LA & PCT					
7. The council and PCT begin planning a co-coordinated training programme for front-line staff to enable them to discuss weight issues as part of their role in promoting the benefits of a healthy lifestyle, and where required, make referrals as appropriate. This recommendation should incorporate staff working in the service provider organisations that the council and PCT commission.	<p>Identify levels of training need. Identify priority staff groups.</p> <p>Embed training in policies and SLA for all staff.</p> <p>Ensure GP Practises are engaged</p>	<p>Funding streams/commissioning opportunities identified for priority groups</p> <p>In build inductions for new staff and include in CPD</p>	Dec 2009	NLTOP Commissioners	<p>Consistent messages across PCT &amp; LA to the population.</p> <p>More confident and informed workforce and population.</p> <p>Population responding at a higher level.</p> <p>An appropriate level of referrals leading to success are made into weight management services.</p>	<p>Lack of commitment &amp; buy in.</p> <p>Other demands taking priority.</p>	<p>Cost of training.</p> <p>Financial In Kind</p>
8. The acute trust, in co-operation with all active partners, move towards UNICEF Baby Friendly status within the next 12 months. The partners involved in delivering the breastfeeding strategy take steps to move towards the wider Community Baby Friendly Certificate within the next three years.	<p>To achieve UNICEF Baby Friendly Accreditation for the Acute Trust and a community provider</p> <p>PCT to access funding to enable the appointment of a Breastfeeding Co-ordinator, in a senior position, directly responsible to the Joint Director of Public</p>	See Breast Feeding Framework Action Plan 09/10	<p>March 2011</p> <p>April 2009</p>	Debrah Smith Wendy Brownbridge Andrew Furber	See Breast Feeding Framework Action Plan 09/10	<p>Publicity of bottle feeding.</p> <p>Wider population perception of breast feeding.</p> <p>Lack of resources</p>	<p>Post requires funding.</p>

Priority	Action	Milestones	Timescales	Lead(s)	Impact	Barriers (Risks)	Resources
	Health for North Lincolnshire.  All partner agencies and organisations have an action plan in place, which demonstrates a multi-agency and multi-faceted approach towards increasing uptake and duration of breastfeeding in North Lincolnshire		September 2009				
9. Steps be taken to more closely align the planning and transportation teams within the council and the PCT (and public health department in particular) in order to address the elements of the environment that encourage obesity.	Invite rep from planning & transport to NLTOP	Named person identified	October 2009	Director of Public Health	Strong links into local transport plan	No rep on NLTOP.  No links	
10. The PCT works with GPs and other primary care workers in order to routinely calculate patients' BMI	Performance manage GP contracts	Agree % of population with calculated BMI	March 2010	Director of Public Health Commissioners	Population local data to enable and target more responsive weight management services	Engagement of GPs  Raising expectations of public with no clear pathway	Development of weight management pathway.  Time  Training
11. The provision of school nursing throughout North Lincolnshire be reviewed on an urgent basis, as part of the Every Child Matters agenda.	To increase capacity of school nurses in line with national bench marks	Enabling the input of school nurses into tackling obesity	Match 2010	Commissioners	Contributing towards NI055 & 56.  Enhancing the skills of children	Lack of financial resources and staff.  Support required through delivery	Finance to increase capacity

Priority	Action	Milestones	Timescales	Lead(s)	Impact	Barriers (Risks)	Resources
					and families in relation to healthier eating and physical activity	with CNDS  Partnership working with key partners in support of key consistent messages.  Engagement with parent and child.	
12. The Yorkshire and Humber Specialised Commissioning Group clarify the issue of bariatric surgery specification, in line with the Healthy Ambitions recommendation.	Comply with evidence  Develop a local pathway	Pathway developed within locality	April 09  March 2011	Commissioners	The population has a clear identified pathway to Bariatric surgery	Excessive demand  Resources	
13. The PCT, in co-operation with the Tackling Obesity Partnership and the Local Strategic Partnership, explore options for establishing a multi-disciplinary community weight management programme. This should involve all key partners and should be rolled out within the next 18 months	To develop a pathway for treatment of overweight and obesity for both children and adults.	A tiered commissioning framework encompassing healthier eating and physical activity as a minimum, to enable appropriate and a significant throughput and success rate for the population	Dec 09	Commissioners with support and expertise from NLTOP	Children – reduction in the increase Obesity (maintenance of the prevalence of current rate)  Adults – reducing the prevalence of overweight and obesity by agreed targets	Commissioning process unclear, not established or developed and not communicated well to partners,	Significant increase in resources to industrialise weight management
14. Wide-ranging review of local play arrangements be conducted based on the Every Child Matters agenda, NICE guidance and the	Improve the quality and quantity of play opportunities	Establish Play Steering Group	Feb 2009	Play Strategy Group	To improve the quality and quantity of play opportunity for	Financial constraints	Core funding required to deliver agreed priorities and actions

<b>Priority</b>	<b>Action</b>	<b>Milestones</b>	<b>Timescales</b>	<b>Lead(s)</b>	<b>Impact</b>	<b>Barriers (Risks)</b>	<b>Resources</b>
Charter for Children's Play. The review should involve all local partners, and steps should be taken to ensure "buy-in" and a co-ordinated focus at a strategic level into the quantity and quality of play provision. When completed, the review should sit alongside the Play Strategy to act as a mechanism to increase play amongst children and young people.		Establish multi agency task group to review Play Alert and produce revised play strategy	April 2010		young people in North Lincs  Reduction in obesity levels in children and young people		
15. The PCT, in cooperation with its partners, take steps to increase budgets for evidence based public health initiatives year-on-year, with a long-term (five year) goal of matching the recommended 10% investment in Staying Healthy work streams.	Ensure the PCT's 5 year strategy reflects the importance of obesity	PCT identifies obesity as a key priority  Strategy and budget reflect above commitment	December 2008  April 2009	Director of Public Health	Financial resources to support action on obesity	PCT's financial constraints  Economic recession	
16. The PCT, in co-operation with the maternity unit, review the timing and provision of information about the Healthy Start scheme.	Determine the timing and provision of information	To provide information through Professional meetings.	Dec 2010	Health Visitor Professional Lead	Provision used appropriately and at the right time	Lack of monitoring and lack of national guidance	
Increase participation in sport and active recreation	Deliver the actions and projects in the Active Choices Active Futures Implementation Plan	1% increase in adults taking part in 3x30minutes moderate intensity sport and active recreation for 3 days a week	2012	Active Choices Active Futures Steering Group	Reduction in levels of obesity amongst adults	Financial constraints	Core funding required to deliver agreed priorities and actions

**Structures and Strategic Frameworks showing where Healthier Eating, Active Lives connects**

NB The diagram is intended to show the main strategies and partnerships and the main relationships, but cannot be comprehensive without becoming overly complicated.

