NORTH LINCOLNSHIRE COUNCIL
SCRUTINY PANELS

Questioning Responsive Accountable

Report of the Healthier Communities and Older People Scrutiny Panel

Obesity in North Lincolnshire

June 2008

The role of the council's Healthier Communities and Older People Scrutiny Panel is to examine, in detail, selected issues which can affect local people's health and wellbeing or their access to health care.

The aim is to find out if there are ways in which the council and its health partners could be doing things better, and to influence national issues.

This report is the end result of a review into a particular subject. It sums up how the review was carried out, the panel's findings/considerations, conclusions and recommendations for any improvements which could be made.

NORTH LINCOLNSHIRE COUNCIL

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SCRUTINY REPORT

OBESITY IN NORTH LINCOLNSHIRE

What is in this report:

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN THIS REPORT

Acute Trust	An acute trust provides hospital based services to a community. The local trust is Northern Lincolnshire and Goole Hospitals NHS Foundation Trust.
BMI	Body Mass Index. A method used by health professionals to calculate a person's mass, based on their height and weight.
GPs	General Practitioners. These are local doctors contracted to the PCT (see below) but who remain independent.
Healthcare Commission	An independent body, set up to promote and drive improvement in healthcare and public health
LSP	Local Strategic Partnership. These multi-agency partnerships act to bring together different parts of the public, private, community and voluntary sectors in order to work together for the benefit of the area. The local LSP is North Lincolnshire Strategic Partnership.
NICE	The National Institute for Clinical Excellence. NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
NLTOP	North Lincolnshire Tackling Obesity Partnership. A multi-agency group set up in North Lincolnshire to implement the obesity strategy and to provide a strategic lead on obesity issues.
PCT	Primary Care Trust. This body commissions and provides healthcare services, including GPs. The local PCT referred to in this report is North Lincolnshire Primary Care Trust.
UNICEF	The United Nations Children's Fund. UNICEF is an international arm of the United Nations that provides community level services to promote the health and wellbeing of children.

INTRODUCTION BY THE CHAIR OF THE HEALTHIER COMMUNITIES AND OLDER PEOPLE SCRUTINY PANEL

I have great pleasure in presenting this report detailing the Healthier Communities and Older People Scrutiny Panel's review into obesity in North Lincolnshire. It falls to me as Chair of the panel to formally thank the Vice-Chair and all of the other members who were involved in the review for their hard work and comprehensive approach. This is undoubtedly a complex issue, but the members coped well with the intricacies of the subject matter, asking relevant and challenging questions throughout.

Three issues struck me throughout the review. Firstly, the scale of the task ahead. If the estimates of rising rates of overweight and obesity are correct, accompanied by an ageing population, then there will almost certainly be profound changes in society. Health inequalities will rise, and health and social care systems will be placed under enormous, possibly unsustainable, pressure.

Secondly, the poor health of people in North Lincolnshire. As a community, we are more likely than average to be obese and overweight, to take part in little or no exercise, and to eat unhealthily. Life expectancy is lower than the national average, we have higher rates of a number of "lifestyle" diseases, and 1 in 4 pregnant women continue to smoke until delivery.

Finally, it became apparent at an early stage in the review that there is a clear and shared willingness from everyone that the panel spoke to that there is a real need to act now. Certainly, this will require an investment, the identification of funding, staff and the examination of new ways of working. However, it is overwhelmingly clear to the entire panel that if this is not put in place now, then the human and financial costs in future years will far outweigh the investment the panel believes is necessary.

The panel believes that this is a view that is shared locally. It is clear that the Local Strategic Partnership has made obesity a real priority. We will follow progress, including responses to the recommendations within this report, with interest. As such, the panel will look forward to a co-ordinated response from those that recommendations have been directed towards, with an accompanying action plan, within three months.

Cllr Trevor Barker
Chair

NORTH LINCOLNSHIRE COUNCIL

Membership of the Healthier Communities and Older People Scrutiny Panel

Councillors	Barker (Chair)
	Sidell (Vice-Chair)
	Collinson
	Eckhardt
	Ishaq MBE
	Simpson
	Wells

The following members and co-opted members were also involved in this review:

Cllr Appleyard (former Vice-Chair)
Ali
Barkworth
Mrs Bromby
Clark
England
Wardle

Mr P Bacon, Parent Governor representative.

1. ROLE OF THE PANEL AND THE SELECTION AND SCOPE OF THE REVIEW

North Lincolnshire Council's Healthier Communities and Older People Scrutiny Panel is a group of seven elected councillors. The role of the panel is to work with others to seek improvements to local people's health and wellbeing, and to hold local health and social care decision-makers to account for the decisions. The panel does this by working closely with partners across the council and local health Trusts, the voluntary and community sector, patients, carers and users of services, and the wider public.

The panel was keen to conduct a review on a public health topic, and discussed possible options with a number of key witnesses. Members decided that, given the alarming rise in obesity in recent years and the profound effect it can have on the individual, a review on local work to tackle obesity was timely. Members were particularly concerned about childhood obesity, which has tripled in a decade. The panel wanted to ensure that all of the necessary support was in place, and that all partners recognised the need for action and, where appropriate, that sufficient resources were allocated.

The panel's initial focus was to evaluate progress on the implementation of the obesity action plan, but members agreed to widen the scope to incorporate the totality of the issue of obesity in North Lincolnshire.

2. HOW THE REVIEW WAS CARRIED OUT

The Healthier Communities and Older People Scrutiny Panel agreed a brief to:

(i)

- Monitor the progress on the agreed action plan, and to work with all partners to evaluate whether revisions to the plan are required.

- Seek best practice through a literature search, benchmarking, speaking to expert witnesses, and other evidence gathering techniques, and forming conclusions and recommendations based upon this evidence.

- Identify gaps in current service provision, taking appropriate action if required.

- Evaluate progress on LPSA 2, seeking evidence on the likelihood of meeting this stretched target, current and future spending and service priorities.

(ii)

- Make recommendations to cabinet, via full council, in accordance with the Local Government Act 2000 and the council's constitution.

- Make recommendations to local health Trusts, via full council, in accordance with the Health and Social Care Act 2001 and the council's constitution.

Desktop research

The panel received documentation and other evidence from the following:

- The Department of Health, Department for Children, Schools and Families, Cabinet Office Strategy Unit, and The Parliamentary Office of Science and Technology (Foresight Project)
- Information from North Lincolnshire Council, North Lincolnshire Primary Care Trust (PCT) and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust.

- Reports and guidance from the National Institute for Health and Clinical Excellence (NICE) and the United Nations Children's Fund (UNICEF)
- Independent, government funded and academic research from various universities, charitable groups and other institutions.
- Information within the local, regional, national and international media.

Interviews and discussions

Members would like to thank the following witnesses for agreeing to speak or provide evidence to the panel.

North Lincolnshire Council

Paul Crompton - Sport, Play and Community Development Officer
Lynne Devine - Healthy Schools Co-ordinator
David Hey – Neighbourhood Manager (Crosby)
Maureen Moore – Sports, Play and Community Development Manager
Trevor Parkin – Health Improvement Strategy Manager

North Lincolnshire Primary Care Trust (PCT)

Tracy Barber – Head of Community Nutrition and Dietetics
John Berry – Clinical Lead Health Visitors
Wendy Brownbridge – Deputy Director of Public Health, Head of Health Inequalities and Nurse Consultant in Public Health
Karen Fanthorpe – Head of Community Services
Andrew Furber - Director of Public Health (joint appointment with North Lincolnshire Council)
Sue May – Clinical Development Co-ordinator
Danny O' Toole - Health in the Workplace, Programme Co-ordinator
Tina May Richardson-Ward – Community Food and Health Manager

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

Colleen Merrison – Clinical Governance Co-ordinator, Obstetrics, Gynaecology and Sexual Health

Panel meetings

A series of public meetings of the panel were held for witness interviews, together with planning and evaluation sessions to consider information gathered or presented to the panel. These sessions also allowed for analysis and evaluation, or to discuss the panel's conclusions and recommendations.

3. THE PANEL'S CONSIDERATIONS AND FINDINGS

The programme of work carried out by the panel enabled members to use different techniques and perspectives to comprehensively examine the issue of obesity. The considerations and findings of the panel are outlined below.

Obesity – definition

Obesity has been defined as "an excess of body fat frequently resulting in a significant impairment of health and longevity"[1]. Quite correctly, the issue of obesity has been labelled an epidemic[2, 3]. 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.

Obesity – health and social issues

There is sound clinical evidence that being obese and overweight can lead to a range of physical diseases. As BMI rises, this tends to lead to a correspondingly increased risk, and a high BMI has been linked with the following conditions:

- The risk of coronary heart disease increases 3.6 times for each unit increase in BMI[14],
- The risk of developing type 2 diabetes is about 20 times greater for those with BMIs above 35, compared to people of a healthy weight[15]. Type 2 diabetes can lead to kidney failure, blindness, arterial problems, and many other complications.

- Up to 90% of obese people have fatty liver. This can lead to cirrhosis and a range of other complaints[16].
- Around 10% of cancer deaths among non-smokers are related to obesity[14],
- The vast majority of high blood pressure cases are associated with a high BMI. Risk is increased for conditions such as heart attack, heart failure, stroke, kidney failure and damage to the retina[18].
- Obesity can make it harder for women to conceive children, and can lead to a range of complications for both mother and child[2].
- Medical complications related to weight used to be rare amongst children, but are becoming much more widespread[17].

Research has shown that being overweight or obese can also have a profound effect on the mental health and wellbeing of adults and children. Studies have found that obese children are more likely to exhibit evidence of psychological distress than non-obese children[29, 30] and obesity in childhood and adolescence is also associated with poor self-esteem and body dissatisfaction, depression, bulimia and disordered eating[31, 32.] Poor self-esteem can lead to a destructive cycle of comfort eating, increased weight, and even lower feelings of self worth.

The Adolescent Lifestyle Survey, conducted in North Lincolnshire in 2004, gave "the way someone looks" as the main perceived reason for bullying. A 2004 report[1] by the House of Commons Health Select Committee cited evidence that obese women are 37% more likely to commit suicide than women of a normal weight, and obesity is strongly correlated with high rates of anxiety, depression, poor self-esteem and feelings of isolation and humiliation.

Whilst the vast majority of cases of obesity are caused by a prolonged imbalance between calorie intake and the energy that is used, overweight and obesity can have a number of other causes. Overweight or obesity can be a side effect of several common drugs, and interesting work is ongoing into genetic or viral causes. However, common explanations of obesity such as being "big-boned" or having a slow metabolism are largely myths.

There is good evidence that obesity can lead to discrimination in the school, workplace and in other fields[21]. A recent Foresight report[5] by Sir David King, Chief Scientific Adviser at the Government Office for Science, cites a survey of UK-based employers that found "almost half believe obesity negatively affects employee output, and 93% would prefer of two equally-qualified applicants, the one of normal weight to the

obese person". As obesity (and the long-term chronic health conditions associated with obesity) is often correlated with lower socio-economic status, there is a very real risk that discrimination and poor health could widen inequalities within our society.

Economic and political costs

Notwithstanding the human cost, the Foresight report raises important questions about the relationship between the state and people who are obese or live unhealthy lifestyles. The report states that "The Department of Health acknowledges that rising costs and worsening mortality figures from obesity could presage a time when '*government must be prepared to act and intervene more forcefully and more directly'* to control obesity". We have already seen restrictions on certain medical interventions for the obese in North Lincolnshire and elsewhere. It is possible to envisage a time in the future, where further restrictions could be applied to people who live (or have children who live) an unhealthy lifestyle and don't act to change this (Horizon Scanning Centre 2005; Carvel 2005b). Again, this would almost certainly widen health inequalities, and could lead to further discrimination. Clearly, this is a situation that we as a society would wish to avoid.

The potential costs of rising demand and an ageing population were factored into analysis within the Wanless Report (2004). Even the most optimistic scenario envisages a rise in annual UK healthcare expenditure from the current level of around 8% of Gross Domestic Product to 10.3% in 2012, and 10.6% in 2022. A lack of progress in enabling people to take responsibility for their own health could lead to demand for expenditure reaching 12.5% by 2022, and some analysts have suggested that the situation could be even worse than this. If the predictions in the Foresight report are correct, with 90% of adults and two thirds of children overweight or obese by 2050, it may well be that access to healthcare would be much more restrictive than the system we see today.

Whilst there are obvious difficulties in calculating the financial cost of obesity to the country, a 2002 estimate put the figure at nearly £7 billion a year, including direct treatment costs. A more recent study estimated that food-related ill health cost the NHS around £7.7 billion in 2007. Welfare payments for the obese have been estimated at between £1 billion and £6 billion a year, excluding social care. The National Audit Office estimated in 2001 that obesity and its related conditions resulted in 30,000 excess deaths a year.

Obesity – what is the extent of the problem?

The figures are stark. In England almost two-thirds of adults and a third of children are either overweight or obese[4]. The Foresight report[5] has found compelling evidence that, on current trajectories, this could rise to almost *90% of adults and two-thirds of children being overweight or obese by 2050*. It has been suggested that the problem is comparable in terms of scale and complexity with climate change[5].

In the last twenty years, obesity rates have trebled in women and almost quadrupled in men[5]. Recent figures now suggest that nearly a quarter of adults can be classified as obese[2]. Childhood obesity has tripled in a decade[6]. The House of Commons Health Select Committee concluded "this will be the first generation where children die before their parents as a consequence of childhood obesity"[1].

Gaining a true picture of obesity rates in North Lincolnshire (as with elsewhere) can be problematic. Generally, figures are extrapolated from national surveys, and altered based on various locally known factors. However, this will always be an estimate, especially as people's weight may change over time. Within North Lincolnshire, the obesity rate has been estimated at 27.1% - around 5% higher than the national average, the worst in the region[7] and in the bottom 10% nationally[8]. GPs can play a role in monitoring the BMI of their patients, but as obesity is linked with poor health, the figures may not be representative of the wider population.

The high rate of obesity is partly down to a more sedentary lifestyle within North Lincolnshire compared to other areas. A 2006 survey by Sport England[27] found that only 19.1% of people regularly take part in the recommended rates of sport and physical activity, compared to a national figure of 21%. This puts North Lincolnshire in the bottom 25% within the Yorkshire and Humber area. Rates within Scunthorpe are even lower than this, falling within the lowest band. Whilst around a third of people do *some* exercise, the research found that 53.4% of the North Lincolnshire population did not do any moderate intensity sport or active recreation in the four weeks prior to the survey. This level of inactivity compares to a national rate of 50.6% nationally.

There is also evidence that people eat less healthily in North Lincolnshire than elsewhere[28]. It has been estimated that only 17.4% of adults eat the recommended 5 portions of fruit and vegetables a day, compared to a national average of 23.8%

Nutrition

In general, the diet of people in the country is poor. The average British adult eats too much salt, saturated fat and added sugar, and not enough fruit, vegetables, wholegrains and oily fish[19]. Poor diet increases the risk of becoming overweight or obese, and is also linked to a number of life-threatening diseases, such as cardiovascular disease and cancer.

Nationally, children's diets are proportionally worse than adults[19]. Children tend to consume even more saturated fat and added sugars, in particular through soft drinks. They also eat only half of the fruit and vegetables compared to the recommended rate. Coupled with this, people in North Lincolnshire eat even less fruit and vegetables than the national average[28]. Overall, the picture is of an energy-rich, nutrient-low diet, and it is likely that we eat a worse diet in North Lincolnshire than the national average. The effects of this on health are further exacerbated by a higher than average rate of alcohol consumption in the Yorkshire and Humberside area, and in more deprived areas[34], higher rates of smoking[28] and physical inactivity[27].

Links with health inequality

As has been reported widely, tackling health inequality is a key priority for the government. This is a priority shared within North Lincolnshire, and this is reflected in the work of the council, Primary Care Trust and various other bodies in the voluntary and community sector, public and independent sectors.

However, in line with many other areas, whilst life expectancy continues to improve generally, the gap in mortality rates between the richest and poorest people in our communities continues to grow. Latest figures suggest that the inequalities gap has increased by more than 100% from 2000/02 to 2003/05. The 2007 Public Health Profile shows that the mortality rate of people living in the poorest areas of North Lincolnshire is significantly higher than those living in the most affluent, and that this gap is growing[28].

There is a body of research that suggests that obesity can be negatively correlated with educational attainment and socio-economic status, particularly for women[35]. Obesity is 65% higher in poorer women than affluent women[36]. The 2004 Health Survey for England found that 33% of women in routine or semi-routine jobs were obese, compared to 21% of women in managerial or professional roles[36]. Excess rates of major

killers such as coronary heart disease and stroke, which may be related to obesity levels, are strongly linked to socio-economic status and play a significant role in explaining health inequalities.

The Foresight report states that "obesity may continue to reinforce social inequality, as the least well-off are also the least well. Individuals, including young children, seem to be making diet and physical activity choices without positive parental or social pressure, which may be ingraining unhealthy behaviour for the future."[5]

Clearly, the action required to tackle health inequalities will be significantly undermined without specific, co-ordinated and substantial action to address obesity, particularly amongst families and children in lower socio-economic groups.

Childhood obesity

Obesity is one of the most serious challenges for children and young people and, as discussed earlier, can be strongly linked to a number of poor outcomes, including poor physical and mental health[29, 30, 31, 32]. The largest risk factor is the family lifestyle. In families where both parents are overweight or obese, children are six times as likely to be so too, compared to children with parents of a healthy weight[26.] Only three percent of overweight or obese children have parents who are not overweight or obese.

Since 2005 PCTs have been required to measure all primary school children in reception year (ages 4 and 5) and in year 6 (ages 10 and 11). The results are shown in Table 1 on the next page. Of the children that were measured during the last round (2006/07), there are more obese children at reception year than regional or national averages, but less overweight children. The trend reverses in year 6, with more overweight children than regional and national averages, but less obese children.

Whilst it could be argued that the figures suggest a relationship between lower levels of obesity and longer-term attendance at schools, the situation is likely to be more complex. Low take-up rates at year 6 could be masking higher rates of obesity as children and parents may be concerned about measurement leading to bullying, poor self-esteem or being labelled as obese or "fat". The figures should therefore be used with caution.

Table 1. Rates of obese or overweight children in North Lincolnshire at reception and year 6.

	% overweight	% obese	% measured
Reception year (aged 4 or 5)	**11.1 %**	**11.1 %**	**94 %**
England average	13.0 %	9.9 %	83 %
SHA average	12.9 %	9.7 %	88 %
Year 6 (aged 10 or 11)	**14.8 %**	**16.7 %**	**75 %**
England average	14.2 %	17.5 %	78 %
SHA average	14.1 %	17.2 %	82 %

One of the reasons why it is important to tackle obesity within children is a "conveyor belt effect" in which weight problems in childhood continue into adulthood. A study in the US found that 55% of obese 6-9 year olds and 79% of 10-14 year olds remained obese into adulthood[11]. This trend seems to strengthen with the severity of the obesity, the age of the child and if one parent is also obese. The relationship is strengthened further if both parents are obese[33]. Clearly, family-oriented interventions are essential if childhood obesity is to be tackled.

Breastfeeding

It is widely recognised that breastfeeding their children has a range of benefits to the baby and the mother. For example, there is evidence that breastfeeding can reduce the incidence of chest infections, bowel problems and can lead to improved mental development within the infant[37]. Breastfeeding can also lower the risk of the mother developing ovarian and pre-menopausal breast cancer, and osteoporosis[37].

It has also been suggested that breastfeeding can reduce the incidence of childhood obesity, with one study[9] finding a 4% reduction in the risk of later obesity for each month a baby is breastfed. A recent review of available evidence[10] found that breastfeeding could have a protective effect on the prevalence of obesity. This relationship remained even when socio-economic status and rates of parental obesity were taken into account.

The percentage of women who breastfeed has historically showed poor results within North Lincolnshire, with fewer women breastfeeding compared to the national average. Latest figures show that only 56.2 % of new mothers initiate breastfeeding within 48 hours. This target has

now been replaced by rates of breastfeeding at 6-8 weeks (NI 53). Early indications show that rising to the standards that the government has set out will be very challenging, with the historically low rates of breastfeeding within North Lincolnshire. The government has indicated that it considers a good rate to be 85 % of children breastfed at 6-8 weeks, rising to 95 % or more. Meeting this target is likely to require substantial work, and is discussed in more depth on page 29-30.

Play

There is some evidence that children's overall calorie intake has remained relatively stable in recent years[20], or has even reduced since the 1970s[23]. However, children now live more sedentary lifestyles, with half as many children taking part in extra-curricular sport compared to 1980[21] and under-16s now watching 17 hours of television a week[20].

A range of other causal factors may also increase the likelihood of obesity amongst children. These include more use of cars for short journeys, increased time pressures in schools, and increased usage of the internet and on-line, PC or console gaming[22].

Importantly, there is a growing body of evidence that parents are increasingly anxious about allowing their children to play without adult supervision or too far away from the family home[24.] The range that parents allow their children to roam away from home has shrunk to around a ninth of what it was in 1970 for nine-year olds[25] and three quarters of parents believe that children are now more at risk than five years ago[26]. When asked about these anxieties, parents state that they would like their children to be active, but they regularly cite abduction by strangers, or road safety as risk factors. Thankfully, stranger abduction is remarkably rare in the UK and has stayed at a constant, low level for fifty years, and whilst road safety remains a concern, deaths or serious injuries have halved since 1994/98.

This has led to concern amongst parents, government, academia and elsewhere, that children are growing up without a well formed ability to judge risk, interact with other children outside of school or supervised activity, or to develop a sense of self motivation and creativity. Paradoxically, the parents' understandable desire to protect their child could result in the child becoming overweight or obese. It is therefore desirable to make parents aware of the benefits of play (particularly unsupervised, unstructured play) compared to the real, but over-estimated risk. Research has shown that children get more exercise from outdoor,

informal or unstructured play, rather than through clubs or formal sports activities[38].

It is also the case that sometimes children are not being allowed or encouraged to take part in unstructured play and recreation as they were in recent generations. Children and young people playing in streets or near housing can sometimes be seen as being linked with noise or anti-social behaviour.

Bariatric Surgery and other clinical interventions

One method of treating the most serious cases of obesity is through bariatric surgery (sometimes known as gastric bypass, gastric banding or stomach stapling). This refers to a number of procedures aimed at reducing the ability of the body to absorb food. Whilst the procedure is recommended as an effective treatment option by the National Institute for Clinical Evidence (NICE), it can lead to risks and complications, not least because of accompanying health problems that obese people typically suffer.

North Lincolnshire Primary Care Trust agreed a set of criteria for bariatric surgery in January 2008. The PCT policy stated that "bariatric surgery is recommended as a treatment option for adults with obesity if all of the following criteria are fulfilled.

- They are over 18 years of age and have a BMI of 40kg/m^2 or more, or between 35kg/m^2 and 40kg/m^2 and other significant disease (e.g. type 2 diabetes or high blood pressure that could be improved if they lost weight).
- All appropriate non-surgical measures have been tried but failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months.
- The person has been receiving or will receive intensive management in a specialist obesity service.
- The person is generally fit for anaesthesia and surgery.
- The person commits to the need for long term follow-up.

Bariatric surgery is also recommended as a first-line option (instead of lifestyle interventions or drug treatment) for adults with a BMI of more than 50kg/m^2 in whom surgical intervention is considered appropriate." This is wholly in compliance with NICE guidance.

What is currently being done?

a) government level

There have been a number of actions, policies and strategies developed at a national level. Many of these have increasingly tended to focus on children and schools, and include steps to improve school meals, play and increase physical activity. In January 2008 the government launched a wide-ranging strategy to tackle obesity, entitled Healthy Weight, Healthy Lives: A Cross-Government Strategy for England[2]. This document, along with accompanying guidance[12], set out clear evidence of the need for action, ambitions, and guidance for setting up local methods of delivery. Importantly, the government set out the challenging target to "halt the year-on-year rise in obesity among children aged under 11 by 2010".

The government's ten-year Children's Plan was launched in December 2007, and highlighted required action to "secure the wellbeing and health of children and young people." This accompanied a Child Health Promotion Programme[13], which provides a blueprint for achieving the requirements of a range of Public Service Agreements, including those related to obesity. These documents are intended to fit into the current agenda around Every Child Matters and the National Service Framework for Children, Young People and Maternity Services.

The government also released its Operating Framework for 2008/09 in December. Within this document (and to a large part, the national obesity strategy referred to above), a particular focus on PCTs working with local authorities to tackle obesity within primary schools has been set out. Stressing the high priority that the government has placed on this issue, the framework states that:

> *"In particular, PCTs should pay special attention to obesity as one of the most serious, and growing, health challenges for children. This requires action across services to change public perceptions and behaviours relating to physical activity and diet, and to empower children, young people and families to make healthy choices….PCTs will need to work with local authorities and other partners to agree key actions to reduce obesity."*

This approach has been reinforced by listing child obesity as a national priority within the NHS Operating Framework and the Child Health

Public Service Agreement. Two indicators specifically related to obesity have also been established in the new National Indicator Set. These are:

- NI 55 – Obesity amongst primary school age children in reception (4-5 year olds).
- NI 56 – Obesity amongst primary school age children in Year 6 (10-11 year olds).

There are also a number of complementary indicators that could have an impact on obesity rates, including NI 52 (take up of school lunches), NI 57 (Children and young people's participation in high quality PE and sport) and NI 137 (Healthy life expectancy at age 65). A Public Service Agreement also sets out plans to provide opportunities for young people to take part in a further three hours of sporting activity every week, to tie physical activity in with the forthcoming 2012 Olympics and Paralympics.

It is clear from the above evidence that the government has identified obesity (and childhood obesity in particular) as one of a very small number of key priorities within public health.

b) local level

There are many initiatives ongoing within North Lincolnshire to tackle, in whole or in part, obesity. The following is intended only as a flavour of some of these.

Whilst obesity has been a concern within the local authority, PCT and wider health community for many years, the first multi-disciplinary, co-ordinated attempt to bring this together occurred at a conference in September 2005. This resulted in the drafting and agreement of a multi-agency strategy to combat obesity, which was adopted by the various partners in summer 2006 (see appendix 2)

The task of implementation and progress monitoring was allocated to a multi-agency group called North Lincolnshire Tackling Obesity Partnership (NLTOP). This group includes representation from the PCT, various teams across the council, the voluntary and community sector, the acute trust, Foxhills School Technology College and the public. A comprehensive evaluation on achievements to date, future priorities and funding issues was conducted by the partnership in October 2007. Unfortunately, some of the schemes, agencies or funding streams

involved in preparing or delivering the aims of the strategy have since ended, so a key role of NLTOP was to identify alternatives.

In his recent annual report[39], the Director of Public Health has selected "maintaining a healthy bodyweight" as one of his three key priorities for work, alongside coronary heart disease and tobacco. The Director makes a series of recommendations in this report, which are summarised below and commented on in more detail in the next section of this report (see page 25)

- There is a need for support at the highest levels across the Local Strategic Partnership for:
  - Physical activity and healthy eating through the Obesity Partnership.
- The PCT need to be exemplars for promoting physical activity [and] healthier eating…in workplaces and to prioritise these issues within their delivery plans.
- Efforts need to be made to reduce the 'obesogenic' nature of the environment through the planning process and building design to encourage physical activity.
- Advice from a General Practitioner is very powerful – Primary Care Professionals need to be supported in promoting…physical activity and healthy eating both in consultations and through practice based commissioning.
- Community weight management services will need to be developed and primary care involvement in the Obesity Services Pathway is required.
- Consistent delivery of evidence-based health improvement messages is required across North Lincolnshire in all settings including through public services, workplaces and in communities. Consideration needs to be given as to the role of health trainers and social marketing in delivering such messages,
- There needs to be a targeted, comprehensive and sustained strategy to reduce Coronary Heart Disease mortality in the next three years in our 20% most deprived areas.

Further evidence of the high profile given to the need to tackle obesity in North Lincolnshire is highlighted within the 35 indictors that the Local Strategic Partnership has identified as priorities. Four of these are crucial to the required efforts to tackle obesity: NI 008 measures adult participation in sport, NI 055 measures obesity at reception year, NI 053

measures breastfeeding rates at 6-8 weeks and NI 110 measures young people's participation in positive activities.

The Healthy Schools Programme is a national initiative to promote personal, social and health education, healthier eating, physical activity and emotional health and wellbeing within schools. North Lincolnshire is currently above the national average in implementing this programme with 57 of the 83 schools now at healthy schools status, with the remainder moving towards compliance. Healthy Schools leads a Food in Schools Group which addresses school staff training, to promote healthier eating through the curriculum and cookery clubs. The National Healthy Schools Programme has produced guidance on healthier eating called My Food, which has now been sent to all schools in North Lincolnshire. This is to accompany a Food in Schools Toolkit that covered all aspects of healthier eating, and which was sent to schools in 2006. In addition, 64 schools (74.4%) have now published their schools transport plans.

The council's Children and Young People's Plan (2006-2009) identifies the intention "to reduce obesity and promote physical activity and healthy eating" as a priority area within the "be healthy" theme. A review of progress in 2007 identified some improvements, including engaging young people in the Fit for Football programme, the introduction of breakfast clubs, and the promotion of breastfeeding within the children's centres situated around North Lincolnshire.

Finally, the council and its partners launched the Active Choices, Active Futures strategy in 2007. This sets a challenging target of increasing activity amongst over-16s by 1% every year. Recent figures provide some indicative evidence that this target may be being met, with a 5.8% increase across the Humber area. The strategy also aims to increase the community based or extra-curricular activity amongst young people. The percentage of 5-16 year olds in school sports partnerships engaged in two hours a week minimum on high quality PE and school sport show a result of 91%, above the national average of 86%. Research is ongoing to monitor progress and objective evaluation has been built into the programme.

The Active Choices programme has been incorporated within each theme of the Every Child Matters agenda. Through this, the council has set-up or facilitated a number of successful local or community-based schemes to get young people active. There is emerging evidence that schemes such as Street Sports are engaging with young people who would not

normally become involved, reducing the incidence of anti-social behaviour.

The future and the need for action today.

The need for action today is clear. If obesity trends continue as set out in the Foresight report, then in future years there will be massive (and quite possibly unsustainable) pressure on health and social care to treat the ill health that accompanies obesity. If this does happen, health inequalities will continue to increase.

In any debate about public health, there are some that feel that it is not the role of the state to intervene in an individual's lifestyle choices. They argue that this amounts to a "nanny state". However, there is evidence that many people with an unhealthy lifestyle would welcome information and guidance. This was also addressed within the Select Committee's report.[1] They stated that "we acknowledge the responsibility of the individual in respect of his or her own health but believe that the Government must resist inaction caused by political anxiety over accusations of "nanny statism". Government will, after all, have to pay for some of the huge costs that will accrue if the epidemic of obesity goes unchecked". There is also evidence that people are willing to take responsibility for their own weight. Polling by the Strategic Health Authority found that more than half of respondents saw themselves and their families as responsible for ensuring that we tackle these issues[42].

The Joint Strategic Needs Assessment, which evaluates future health and social care needs within North Lincolnshire, has highlighted the potential for obesity, and the many chronic diseases related to obesity, to impact on future provision. It also asks pertinent questions about the balance between prevention and treatment.

4. CONCLUSIONS AND RECOMMENDATIONS

General

The panel would like to publicly recognise the great deal of work that has been undertaken, most notably in the past three years, to tackle obesity within North Lincolnshire. In many ways we are ahead of the game, with an obesity strategy drawn up and an active multi-agency partnership (NLTOP) leading on implementation. Similarly, there is an Active Choices strategy in place, Parenting Strategy, Play Strategy, Children's Plan and other documents which, importantly, are being acted upon. The Director of Public Health has made obesity a key priority, and there is high level agreement of the need to take action, as evidenced by the LSPs choice of prioritising several indicators related to obesity. These are clearly aligned with the shared ambitions for North Lincolnshire.

We would like to take this opportunity to acknowledge the contribution that many dedicated staff and volunteers have made to tackle obesity. It would be very difficult to list all of these, but those working throughout the health and social care fields, leisure, education and especially the many volunteers working within the community should be thanked for their valuable and appreciated work.

Despite this, it is widely recognised that there is a great deal more to do. Obesity rates for adults and children remain above average regionally and nationally, and the accompanying poor health has a detrimental impact on people and services. Much of this work is planned or under development, and we hope that this report will also act as a springboard for change.

The Obesity Strategy for North Lincolnshire

As stated above, the panel considers the Obesity Strategy for North Lincolnshire to be a comprehensive, well-written and evidence-based document. It has gathered together many key figures with years of relevant experience, and with a dedication to deliver on the document, and NLTOP is active and effective.

The partnership recently conducted a comprehensive review of the strategy, highlighting where progress had been made and areas for future work. Whilst we feel that this was a very useful piece of work, we believe that the drafting and agreement of a full implementation plan for the strategy could add value.

Whilst this should be drafted and agreed by NLTOP in consultation with all key partners, the implementation plan could include discussion of how the strategy is delivered on the ground, challenging but realistic targets, firm timescales, reporting mechanisms, measures and indicators to be used to monitor progress. Robust service-specific evaluation methods and nominated lead agencies could be built in, and vague or idealistic "wish-list" actions on the strategy weeded out in order to focus on deliverables. While there may inevitably be attention on the National Indicator Set and Vital Signs indicators, additional locally set targets may be more appropriate.

Similarly, we believe that NLTOP should consider if there is a need to review membership and structure of the partnership. The national strategy sets out five key themes that should shape decisions on delivery, planning and commissioning.

- Promoting healthier food choices,
- Creating incentives for better health,
- Building physical activity into our lives,
- Children: healthy growth and healthy weight,
- Personalised support for overweight and obese individuals

A better model might be to have five smaller sub-groups, based on the above themes, feeding back to NLTOP and the Director of Public Health, then up to accountable bodies such as the council's cabinet, PCT Board and the Local Strategic Partnership. Wider representation should also be considered. For example, as health trainers begin to roll out across North Lincolnshire, they might be well placed to sit on the "personalised support" group. The panel would be keen to see invitations extended to involve representatives from planning, transport, General Practitioners, youth workers, etc.

Recommendation 1: The panel recommends that the Director of Public Health, in consultation with NLTOP, agree the drafting of a comprehensive implementation plan to build upon existing work. We further recommend that consideration be given to a potential restructure of NLTOP, including themed sub-groups and wider representation. Given the public health concern on this issue, we would ask for an update on progress in six months from publication of this report, and every subsequent six months.

The Director of Public Health's Annual Report

As was discussed earlier, the Director of Public Health has set out a number of recommendations to tackle obesity within his annual report. These are set out on page 20. We intend to adopt each of these recommendations, in co-operation with the Director, and we will regularly seek evidence of implementation. Some related issues are addressed separately within this report (see recommendation 6, 9 and 13)

Recommendation 2: The panel reiterates the vital recommendations related to tackling obesity as set out within the Director of Public Health's report. We ask the council's cabinet and the PCT to act together, where appropriate, to implement these as a priority issue. We would like to signal our intention that we will closely monitor progress, taking action as deemed necessary by members, including providing evidence to the Healthcare Commission under core standards C22a and C22b of the annual health check.

Evaluation of Initiatives

The recent Comprehensive Performance Assessment (CPA) and Joint Area Review (JAR) both found many positive aspects of service provision throughout North Lincolnshire. However, both reviews suggested that improvements could be made in how services are evaluated. The CPA report stated that "the council is not always able to measure the impact of its many initiatives to improve health", whereas the JAR found that "some plans do not always identify baseline information and milestones".

Obviously, to ensure initiatives are effective, evidence-based and value-for-money, evaluation must be built into the scheme methodology and there must be robust performance monitoring and management arrangements built in. Whilst we have heard evidence that the situation is improving, we believe that every health initiative should incorporate an element of evaluation as a matter of routine.

Recommendation 3: We recommend that part of the implementation plan be devoted to establishing a robust monitoring and evaluation framework. Each existing and planned initiative dealing, in whole or in part, with obesity management or prevention needs to be regularly evaluated using accurate data collection to ensure effectiveness and value for money. This analysis should then be fed into the normal commissioning arrangements within the council and PCT.

Early Years or Pre-School Initiatives

As table 1 on page 15 shows, the number of obese children measured in reception year is higher than the regional or national average. Given the high rates of obese children going on to become obese adults, and the serious mental and physical health issues outlined on pages 9-10, we believe that there needs to be a renewed focus on this group of young children. We feel that there is a need for a comprehensive, multi-agency strategy for antenatal, early years and pre-school children, focused on those most at risk. As stated on page 15, one of the main risk factors is where one or both parents are overweight or obese, but other factors are also important. As early risk factors can be identified, targeted action or the provision of information at this age could prevent future obesity. This is clearly not about labelling or identifying families at risk, but about providing necessary support and information. Research shows that many parents underestimate their child's weight[40] and the associated risk factors, so support at this stage is crucial.

Obviously, the existing children's centres and health visitors would play a key role here, but it may be that the proposed multi-agency "Children: healthy growth and healthy weight" theme group of NLTOP should lead in ensuring a comprehensive service, identifying gaps and bringing all partners together with the families. Active Choices, Active Futures sets out a framework for progress here. The strategy says "the development of children's centres in North Lincolnshire provides the chance to include physical activity within programmes to support children, parents, carers and families in deprived communities. Children's centres can help to build the confidence of parents to engage in physical activity with children, raising expectations of families and young people". A multi-agency, family-centred approach within the children's centres could encourage very young children to become more active, normalising this behaviour with the child, passing information to the families and playing a key role in achieving progress in Every Child Matters.

We would envisage that GPs, schools (including extended schools), primary care workers, the childminder network, etc. should also be involved. It should be noted that this could have implications for service delivery, budgets and training. Because of the danger of labelling children, this issue should be closely linked to the provisions within recommendation 7 and 13.

Recommendation 4: The panel recommends that action be taken to launch a renewed, risk-based and community centred 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.

The Need for National Action

There are a number of issues related to obesity that can only be effectively tackled by national government. Issues such as investment in Healthy Towns, working with the food and drink industry around food packaging and advertising, and personal incentive schemes require a national lead.

Recommendation 5: We recommend that the council and PCT continue to press national government to introduce comprehensive and strategic measures to tackle obesity.

Healthy Human Resource Policies

Obviously, many adults spend a great deal of their time in work. Whilst, in years gone by, this often used to provide a means of burning off calories through physical activity, many jobs nowadays offer less chance for being active. The PCT is operating an innovative scheme to work with workplaces to encourage healthy lifestyles amongst their staff. This can help to reduce staff illness and increase productivity, whilst also having a beneficial impact on workers' health.

The guidance accompanying the national strategy states that "as part of the commissioning process, it will be important for PCTs and LAs [Local Authorities] to consider the role of service providers in relation to their own staff. This may include food for the workforce, physical activity opportunities, organisational procurement and purchasing policies, as well as opportunistic, but sensitive, interventions with staff who are overweight or obese or through support commissioned specifically from their occupational health service providers."

It continues "if local public services are to act as exemplars, this will require support at the highest level. For example, indicators on the availability of healthy food and physical activity choices could be considered at board level."

This is not about providing preferential conditions for staff working in the public sector. It is about recognising that as two of the largest employers within North Lincolnshire, the council and PCTs role in achieving better services by promoting the physical and mental health of their staff should be a key priority. As lessons are learned, this provides evidence to take to other employers throughout the area about the benefits of promoting healthy lifestyles. We would expect this to include consideration of the healthy human resource policies of service providers that the council and PCT commission, such as providers of acute, mental health and ambulance services.

There are some obvious areas for improvement, such as providing showers for people jogging or cycling into work, providing healthy options within canteens, making stairwells well-lit and attractive, setting up work-based sports leagues, removing snack machines and biscuits at meetings, etc. However, this is ultimately down to the organisation after consultation with staff and Trade Unions, and consideration of national guidance.

Recommendation 6: We recommend that the council and PCT (possibly jointly) develop human resource policies that encourage physical activity and healthy lifestyles amongst all staff. We further recommend that the organisations ensure that these policies are fully in-line with guidance from the National Institute of Clinical Excellence.

Staff Training

The guidance from government also discusses the need for staff training. It states that "…local partners will want to commission training to ensure that all those working at a local level – both health and non-health professionals – are aware of their role in promoting the benefits of a healthy weight. This will need to build the confidence of staff to be able to raise this issue sensitively, and know how to influence behaviour change. As members of the general public, many staff will themselves have weight issues: they may be overweight, obese or underweight. Training packages must take account of this and build in tools for staff to raise the issue that takes account of their own weight."

Many front-line staff will come into contact on a daily basis with people who wish to lose weight or help their children or another family member lose weight, but are unsure where to seek support or advice. It is important that these staff are confident in discussing weight issues in a sensitive, supportive manner, and can provide information or make

referrals as appropriate (see recommendation 13, pages 33-34). The Healthy Ambitions report[42] recommends that "NICE guidance on brief interventions should be implemented consistently by a wide range of NHS settings and staff. Ideally, this would include primary care, secondary care, community services, family centres, local authority and family settings."

Recommendation 7: We recommend that the council and PCT begin planning a co-ordinated 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.

Breastfeeding

As discussed on page 15-16, North Lincolnshire has historically had a low rate of new mothers' breastfeeding their children. This can lead to the children suffering ill-health, and of course, this has a financial impact on the PCT and local authority. To meet the government's new and extremely challenging targets, the panel believes that there is clear evidence of the need to reinvigorate the issue.

We have heard evidence that areas such as Darlington, that have campaigned to become breastfeeding friendly, have seen their rates increase substantially[44]. Sustained effort within Darlington saw the rate of breastfeeding at 8 weeks more than double from 16% in 2005/06 to 34% in 2006/07. This will almost certainly have a long-term beneficial effect on the health and wellbeing of the children and their mothers. The various partners leading on promoting breastfeeding have recognised this, and are currently in the process of re-writing the breastfeeding strategy. However, we believe that by agreeing a formalised campaign, it could provide a focus, raise the profile of breastfeeding and ensure that the Foundation Trust is seen as an attractive option for families expecting babies.

The United Nations Children's Fund (UNICEF) facilitates a baby friendly initiative that encourages and accredits maternity services within acute trusts, and wider community-based services, who actively promote and support breastfeeding. Providing evidence on ten steps such as staff training, informing women of the benefits and management of breastfeeding, instruction, etc. can result in a UNICEF Baby Friendly

status award within maternity services or a wider Community Baby Friendly Certificate.

We have heard that much of the evidence that UNICEF would require is already in place thanks to the hard work and planning of key figures from the PCT, maternity unit and elsewhere. The move towards a Community Baby Friendly Certificate is further away, although much good work is ongoing, for instance through volunteers providing help within the children's centres.

Recommendation 8: We recommend that the acute trust, in co-operation with all active partners, move towards UNICEF Baby Friendly status within the next 12 months. We further recommend that the partners involved in delivering the breastfeeding strategy take steps to move towards the wider Community Baby Friendly Certificate within the next three years.

Planning and health

As was recognised by the Director of Public Health, now, more than ever, there is a requirement for council's planning and transportation teams to work very closely with health and social care organisations. This is to ensure that any proposed development builds in appropriate steps to ensure (amongst other things) good health and wellbeing, that sufficient green space and care facilities are available, and that transport links are co-ordinated and safe.

It is very likely that better alignment of the planning system and public health could promote an environment that encouraged physical activity. Similarly, ongoing work on spatial mapping of obesity and other social or health issues could inform planning, licensing and other decisions. The government highlighted an example within their obesity strategy, that authorities could "use existing planning laws to manage the number and location of fast food outlets in their area."

This was recognised within the Active Choices, Active Futures strategy, which highlighted a key action to "Use the local planning frameworks to ensure that the principles of 'active design' are included with all new developments (schools, housing etc.) to create better environments for activity". Planning can address this in a number of ways, including through Section 106 agreements with developers to require them to incorporate measures that will have benefits on health, wellbeing and physical activity.

Similarly, the Children's Plan states that "PCTs will be required to work closely with local authorities and other partners **(within a joint strategic planning and commissioning framework)** to develop a local strategy setting out how they will effectively tackle the challenge of tackling the rising obesity levels in their areas, with a particular focus on interventions aimed at children and families".

As set out in recommendation 1, we believe that planning and transportation (amongst others) should become more involved in tackling obesity, through the existing partnership. We are aware that the situation has improved significantly in recent years, but there is scope to improve this further. We recognise that this is obviously going to be a long-term project, but we are convinced that there are a number of "quick-wins" that could provide evidence of the beneficial impact that health and planning can have on each other.

Recommendation 9: We recommend that 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. We further recommend that active design be considered and built into all substantial new planning applications, in accordance with the agreed Active Choices, Active Futures strategy.

Measurement and baselines

As described on page 12, obtaining robust figures for levels of overweight and obesity is difficult. National figures can be applied locally, incorporating estimated variables such as activity rates and healthy food choice, but these might not be accurate. Some figures will be obtained by GPs, but these may not be representative, as ill-health is linked with obesity. Probably the most valid data is provided by the NCMP scheme within schools as discussed on page 14-15, but even this is unlikely to be wholly accurate as parents and children may withdraw from the measurement.

Given the significant cost of initiatives to tackle obesity, it is important to build evaluative methods in to ensure that the intervention is effective and value for money. This was set out in recommendation 3. Notwithstanding, because of the large number of people they come into contact with, their expertise and experience, and the financial incentives on offer, we believe that GPs are best placed to gather data on overweight and obesity. Increasing the numbers of patients weighed and measured

enables clearer and more statistically valid data to be collected in order to ensure that interventions are successful and the strategy is delivering real improvements. Currently less than half of patients have their BMI measured.

Recommendation 10: We recommend that the PCT works with GPs and other primary care workers in order to routinely calculate patients' BMI

School Nurses

Throughout the review, the issue of a perceived shortage of school nurses arose. Concern was also raised that, because the nurses are employed in term time only, children couldn't be effectively supported outside of these dates. There are currently 8.4 term time nurses operating in North Lincolnshire, significantly below the figure suggested by national guidance of 14 whole-time equivalent nurses. Given that the power to make health-related referrals within schools is increasingly limited to school nurses, there is some evidence that the limited coverage can have a detrimental impact on referrals.

Whilst one option would be to employ more nurses, it may be appropriate to look at the wider issue of coverage and skill mixes in order to ensure that our young people get the support they require. The government document Aiming High: A Ten Year Strategy for Positive Activities[41] discusses this issue. Signalling an ongoing government review, the evaluation "will involve looking at the potential for reshaping the existing school nursing service and, where appropriate, locating them within emerging or newly developed multi-disciplinary teams being established as part of the Every Child Matters reforms."

We believe that existing school nursing, or the more multi-disciplinary approach as envisaged by the government, is vital to implementing the support and action necessary to tackle obesity (and many other issues) within young people and adolescents. Limited resources and problems associated with term time or time-limited funding were repeated throughout the review and remain a cause for concern.

Recommendation 11: We recommend that the provision of school nursing throughout North Lincolnshire be reviewed on an urgent basis, as part of the Every Child Matters agenda. This is required in order to ensure that young people receive the necessary support to address and reduce levels of obesity and a range of other social, emotional, behavioural or health related problems. We further recommend that this

review include consideration of skill mix, the potential for gaps caused by term-time only provision, and the issues set out in the Aiming High document.

Bariatric Surgery

As discussed on page 17, the current PCT policy on bariatric surgery is in line with National Institute for Clinical Excellence (NICE) guidance. Surgery *can* be cost-effective and clinically effective for some people, and we feel that the PCT should remain in line with NICE. Despite this, the Healthy Ambitions report recommends that "PCTs should proactively collaborate on setting the specification and agreeing when these services should be commissioned so that there is a common standard across the region." A Specialised Commissioning Group is already in place, covering all of the PCTs in Yorkshire and the Humber, and we feel that this issue should be discussed at the group. This would have the benefit of clarifying criteria, ensure consistency across the region (ending any accusation of a "postcode lottery"), and discussing options for tertiary care.

Recommendation 12: We commend the PCT for ensuring that their policy is in line with national guidance, but recommend that the Yorkshire and Humber Specialised Commissioning Group clarify the issue of bariatric surgery specification, in line with the Healthy Ambitions recommendation. In the meantime, we would expect the PCT to continue to operate in line with existing practice.

Community Weight Management Programme

The 2004 Choosing Health: Making Healthy Choices Easier White Paper[41] set out the government's vision for supporting people to lead healthier lifestyles and make more informed choices. One of the priority areas for future development was "improving services to help people who are overweight or obese and prevent overweight gain from an early age." It goes on to say that "the number of people who are overweight and obese means that each PCT area will need a specialist obesity service with access to a dietician and relevant advice on behavioural change."

This was echoed in the recent Healthy Ambitions report from Yorkshire and the Humber Strategic Health Authority[42], which recommended that "Every PCT should develop and commission localised weight management services for their local population. These services are

available from a range of providers who offer support and information for dieters".

The panel agrees that there is a real and increasing need for a comprehensive community weight management programme, with appropriate multi-disciplinary team make-up and clear referral mechanisms in from a number of sources. This should be tailored for adults and children/families, and should promote motivation, physical activity and healthier eating. It should be linked into existing work such as Walking the Way to Health, Active Choices, Active Futures and other initiatives, and aligned with the Practice Based Commissioning guidance. This will almost certainly have significant budgetary implications in the short to medium term. We are aware that work is ongoing to draft a comprehensive obesity care pathway, and feel that this is an excellent opportunity to improve on existing GP-led weight management approaches.

Whilst some PCTs (normally through their respective Local Strategic Partnerships) have established formalised tiered systems, we believe that an element of choice should be factored in to increase motivation and the likelihood of weight loss. For instance, referral from a GP or the community weight management team to free or subsidised leisure facilities is an option that should be examined, but it may not be appropriate for some obese or overweight people, and may even discourage them from tackling their weight.

Recommendation 13: We recommend that 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

Play

Given the increasing sedentary lifestyles of many young children, increasing opportunities for 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, healthy lifestyles, social inclusion, mental and emotional health, and promoting positive behaviour.

Unfortunately, with the emphasis that is currently placed on the statutory parts of children's services (education, social care etc) the benefits to *all* children of play can often be overlooked to the detriment of children's lives. There is good evidence that it is through play and activities that future healthy lifestyle choices are made. However, this is often undermined by the barriers discussed on pages 16 and 17, and a lack of understanding amongst some of the importance of play. NICE has produced guidance to encourage play and physical activity, which seeks to remove these barriers. Recommendations include local authorities working with local partners to align health and planning (see page 30-31), increase safety on the roads and in play areas, and supporting schools and early years childcare providers to involve parents and carers in order to increase physical activity.

Again, much work is ongoing through the successful play strategy, children's centres, Active Lifestyles for Young People, etc. However, we believe that all partners need to continue to work strategically to ensure that existing strategies are implemented. We feel that a comprehensive review at a local strategic level will test local arrangements, prepare for a new national indicator, and ensure that the guidance and Play England's Charter for Children's Play is actively adopted.

A substantial amount of external funding is likely to be made available to local authorities in the forthcoming months for play, so it is important that the targets and outcomes within the Play Strategy are achieved, in order to build towards the future.

Recommendation 14: We recommend that a wide-ranging review of local play arrangements be conducted based on the Every Child Matters agenda, NICE guidance and the Charter for Children's Play. We believe that 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.

Public Health and Treatment

The consultation on the Joint Strategic Needs Assessment (JSNA)[43] provides clear evidence that the population of North Lincolnshire is changing. As a community, we are ageing, and this is likely to mean a subsequent increase in long-term conditions such as coronary heart

disease, hypertension or diabetes. Each of these conditions can be linked with obesity.

The report states that "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." These consequences obviously carry a significant human cost, but are also associated with a financial cost to families and carers, and to the PCT and council. It is estimated that each stroke, which can be caused by weight-related hypertension, costs health and social care commissioners around £7,300 a year[43]. Families will also suffer financially as they may have to take time off work to care for the stroke victim.

The JSNA consultation asks a number of questions, including "Given the projected costs to health and social care services, have we got the balance right between *preventing* diseases in older age, improving quality of life, ad treatment". Co-incidentally, this consultation was launched in the same week as a ten-year NHS Next Stage Review in Yorkshire and the Humber produced by the Strategic Health Authority[42]. A multi-disciplinary "Staying Healthy" Clinical Pathway Group found that "Investment in support and services now needs to be stepped up systematically to halt the rise in obesity and reverse the growing trends."

The Clinical Pathways Group also recommends that a *minimum of one in ten pounds* should be invested in Staying Healthy workstreams, and that this target be shared across the public sector. The group recommends that, in order to meet this challenging "invest to save" approach, "PCTs should set out a strategic investment programme to deliver a shift in the proportion of resources for staying healthy." Further, that this should be included in the 2008/09 commissioning plans.

Of course, the panel recognises that PCTs are under pressure to treat patients with a clinical need as soon as possible. Statutory targets from above, short-term planning and rising patient expectations mean that it would be difficult to divert money and resources away from treatment, and towards "Staying Healthy" projects that may not provide benefits for ten years or more. Despite this, we believe the evidence is clear that investment now would mean real savings (financial and human) in future years. We intend to respond to the question posed in the JSNA document, that the balance of priorities needs to be shifted more towards prevention. This approach undoubtedly requires strong and bold leadership by the PCT and its partners, but we are confident that only this

approach will provide benefits that will ensure North Lincolnshire is well prepared for the changes in society that we are likely to see.

Recommendation 15: The panel recommends that the PCT, in co-operation 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 workstreams.

Healthy Start

Healthy Start is a government-funded scheme to provide vouchers to families on certain benefits that they can then use to get free milk, fruit and vegetables or vitamins. Take up is relatively low, and it was suggested that this might because it is publicised within the maternity pack given to all new mothers. Given the priorities of a new mother, it may be more appropriate to provide or reinforce the information when the child is being weaned

Recommendation 16: We recommend that the PCT, in co-operation with the maternity unit, review the timing and provision of information about the Healthy Start scheme.

Review

Given the importance of this issue, the Healthier Communities and Older People Scrutiny Panel signal our intention to revisit this issue in autumn 2009 in order to monitor progress on these recommendations.

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Appendix 1

Scrutiny Brief – overview of the Obesity Action Plan

1. To monitor the progress on the agreed action plan, and to work with all partners to evaluate whether revisions to the plan are required.

2. To seek best practice through a literature search, benchmarking, speaking to expert witnesses, and other evidence gathering techniques, and forming conclusions and recommendations based upon this evidence.

3. To identify gaps in current service provision, taking appropriate action if required.

4. To evaluate progress on LPSA 2, seeking evidence on the likelihood of meeting this stretched target, current and future spending and service priorities.

Appendix 2 - Obesity Strategy for North Lincolnshire

North Lincolnshire Strategic Partnership
Health Improvement Strategy Group

"Choosing Health: Making Healthy Choices Easier"
The Public Health White Paper

Obesity Strategy for North Lincolnshire

The Obesity Strategy has been 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.

The Strategy has identified that its 2 major areas for action for the next 3 years are:-

1. Children

To reduce the numbers of young people becoming obese and overweight. This will be done through support for parents to help them establish healthier lifestyles for their children and for local initiatives that promote healthy lifestyles for young people.

Supporting parents to help them establish healthy lifestyles for their children from as early an age as possible is vital in setting children on the right path to good health. The Action Plan identifies the following key measures to achieve this :-

- Promoting breastfeeding, healthy infant feeding, active lifestyles for young families and 'positive parenting'
- Increasing resources to the National Healthy Schools programme
- Expanding the 5 A DAY programme
- Implementation of the Food in Schools programme to actively provide access to healthy and nutritious food and drink.
- Supporting the development of the Fit For Football Healthy Living project and the healthier eating and physical activity elements of the Crosby Bridge and Barton and District Healthy Living projects
- Encouraging more walking and cycling
- Providing personalised support and a range of options for children and young people seeking help to control their weight
- Targeting parents and children together with new healthy lifestyle initiatives
- Supporting the implementation of the Sport and Active Recreation Strategy
- Establishing accurate baselines for obesity in children.

2. Adults

To help overweight and obese adults to control their weight through specific weight management programmes. Action to help reduce the numbers becoming overweight will also be taken through support for 5 A DAY , Walking the Way to Health, Healthy Living centres and similar initiatives.

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. It is expected to draw on experienced staff working in disadvantaged communities as part of existing projects to facilitate this.

The Action Plan identifies the following :-

- Provision of weight management programmes utilising the current evidence-base and guidelines for the management of obesity
- Closer working with GP's and other health professionals to identify persons who may benefit from the programmes
- Working closely with Health trainers when this service in introduced in 2007.
- Support and encouragement 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
- Harnessing the power of the local media and retailers to promote physical activity and healthier eating
- Establishing accurate baselines for obesity in adults

Nationally, the prevalence of obesity has trebled since the 1980's. In the United Kingdom, over 22% of adults are now obese (males 22%, females 23%) and a further 38% are overweight (males 43%, females 33%). Using these percentages, it is estimated that in North Lincolnshire, over 27,000 adults locally are obese and a further 46,000 are overweight. Obesity is also increasing significantly in children and it is estimated that 5,000 children in North Lincolnshire under 15 years of age are obese.

The 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. Although there is no local data to identify current trends in local food consumption, it is known that nationally, a significant proportion of the population consume less than the recommended amount of fruit and vegetables and fibre but more than the recommended amount of fat, salt and sugar. In relation to physical activity, local residents are less active than the

national average and only 35% achieve the recommended levels of 30 minutes of moderate activity 5 times per week. Many children (3 out of 10 boys and 4 out of 10 girls) are not active enough to benefit their health. Further information is provided in Appendix 2 of this document.

The current trends are of real concern and action to tackle these issues needs the support of a wide range of local organisations and partnerships working together.

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. Progress against any targets that have been set will be monitored by the North Lincolnshire Choosing Health Tackling Obesity sub group on an annual basis and the Strategy reviewed every 3 years.

Some of the proposed measures will need additional funding to make an effective contribution to the problem. Partner agencies will actively seek to provide funding both internally and from external sources to support this.

Your views on any aspect of the Strategy would be welcome. If you wish to make any comments, please contact Dr Abdallah Mangoud, Consultant in Public Health Medicine, Public Health Directorate, North East and North Lincolnshire Primary Care Trust,1 Prince Albert Gardens, Grimsby, North East Lincolnshire, DN31 3HT.

Email : Abdallah.mangoud@nelpct.nhs.uk January 2006

NORTH LINCOLNSHIRE OBESITY STRATEGY

DRAFT ACTION PLAN (2006-2008)

Key area	What is to be achieved	**How will we measure it**	**Lead Agency or Agencies**
FAMILY SETTINGS			
Promotion of: ▸ Breastfeeding ▸ healthier infant feeding ▸ healthier eating ▸ active lifestyles for young families ▸ 'positive parenting'	▸ Production of a Northern Lincolnshire Breastfeeding Strategy ▸ Action Plans to promote breastfeeding in line with Breastfeeding Strategy ▸ Updating of policy and guidelines for Infant Nutrition for development or adoption of appropriate weaning and infant feeding resources. ▸ Production of standardised pack on breastfeeding and healthier infant feeding. ▸ Action to promote healthier eating and physical activity for young children: ▸ Provision of 'Positive parenting' advice/classes ▸ Training for childminders and playgroup leaders around healthy eating and active play ▸ Training / updating for professional staff ▸ Development of additional safe play areas	▸ Breastfeeding initiation rates ▸ **Target**: 2% increase per year on mothers initiating breastfeeding ▸ Training in breastfeeding and infant feeding guidelines for professional staff working in health, education, social services , Sure Start, Children's Centres, Voluntary Agencies and others. ▸ Availability and quality of information materials on breastfeeding and weaning ▸ Breastfeeding, infant feeding including weaning and healthier eating established in parenting programmes delivered through Health Visitors, Midwives, Children's Centres, Extended Schools, Healthy Living Centres, Voluntary Organisations and others. ▸ Number of new play areas provided and play areas for children included in facility plans + community strategies ▸ Training for nurseries in promoting physical activity	Children's Trust Board Local Authority Early Years Departments Primary Care Trust Clinical Lead for Health Visiting
EDUCATION SETTINGS			

Key area	What is to be achieved	How will we measure it	Lead Agency or Agencies
Develop a whole-school health-promoting environment	▸ Implementation of Healthy Schools Partnership at Strategic level – includes priority focus on healthier eating and physical activity standards. ▸ Implementation of National Healthy Schools standards - the vision should focus on early intervention and prevention including sensitivity around self image and self esteem as well as respect of cultural and social practices. ▸ Promotion of healthier lifestyles should take account of local circumstances, facilities, interests and opportunities with an understanding of the needs and contexts of schools and their wider communities	▸ Number of partner organisations involved in the partnership ▸ Number of schools achieving level 3 accreditation **Target** : All schools to achieve level 4 standard by 2009(59 out of 84 schools have achieved accreditation) ▸ Number of schools achieving Healthy Schools Status. Commenced October 2005 **Target** : 50% of schools to achieve Healthy school status by the end of 2006.	Healthy Schools Co-ordinator School nurses
Obtain baseline information on obesity	Identification of actual levels of obesity to determine trends and baseline for future benchmarking	Routine collection of height and weight data for school children in reception and Year 6.	School nurses

Improving food in schools working within the school meals improvement programme	Delivery of healthier eating programmes and skills development through:- ▸ Slots for nutrition in the curriculum ▸ Provision of healthier eating programmes within curriculum time (practical food skills development) ▸ Positive parenting learning opportunities on healthier eating ▸ Improved access to healthy school meals, healthy snacks and drinking water. ▸ School nutrition policy ▸ Developing new initiatives to support packed lunches ie pack up pals.	▸ Number of interventions ▸ Number of beneficiaries	Food in Schools Co-ordinator Community Nutrition and Dietetic Service School governing bodies

- **EDUCATION SETTINGS (continued)**

Key area	What is to be achieved	How will we measure it	Lead Agency or Agencies
Improving food in schools working within the school meals improvement programme (cont.d)	▸ Implementation of guidelines on minimum nutritional standards for school meals through education/procurement. ▸ Replacement of sugared drinks and high calorie snacks (eg in vending machines) with healthier alternatives (eg fruit tuck shops ▸ Healthy catering guidelines written into catering contract ▸ Breakfast clubs to include healthier eating messages ▸ Working with parents and schools e.g. presentations at parents evenings, tasting and sampling sessions and raising awareness of nutritional guidelines	▸ % of children taking school meals ▸ % of schools offering fruit tuck shops ▸ % of schools offering breakfast clubs	Food in Schools Co-ordinator Local Authority Community Nutrition and Dietetic Service
Increased uptake of physical activity and sports	▸ Encouraging play, physical activity and sports sessions to be built into the curriculum and extended schools, including such non-traditional forms as dance in order to develop skills in enjoyable ways ▸ Establishing 'Walking buses' (children walking in supervised groups) and other forms of active travel to/from school	▸ Number of schools achieving physical activity standard, and target 2hrs/wk in or out of school sports bodies. ▸ Number of new extended schools programmes established focusing on healthier lifestyles ▸ Number of walking buses established	Local Authority (Senior Education Officer) Primary and secondary schools
Provision of personalised support and a range of options for children and young people seeking help to control their weight	▸ Increased support from community and specialist services to the school nursing service to assist children and parents. ▸ Community activities for families to support healthier lifestyle changes	▸ Number of schemes in place ▸ Referral pathway + protocols developed	Community Nutrition and Dietetic Service School nurses
Strengthen healthier eating and physical activity within Further and Higher Education settings	▸ Providing access to healthier food in canteens, sports and active leisure ▸ Limiting promotion of high calorie snack and sugary drinks ▸ Provision of facilities to encourage activity eg bicycle racks, links with public transport ▸ Curriculum development to widen knowledge and skills in healthy eating and physical activity within	▸ Range of health food options and facilities available. ▸ Number of bicycle rack spaces provided	Further and Higher Education Establishments

	relevant courses		

- **WORKPLACE SETTINGS**

Key area	What is to be achieved	How will we measure it	Lead Agency or Agencies
Healthy lifestyles amongst staff, including weight control supported through healthier eating and increased physical activity	▸ Increased opportunity for healthier choices in workplace canteens and other workplace eating facilities ▸ Physical activity sessions ▸ Occupational health checks ▸ Workplace health programmes ▸ Corporate partnership schemes with leisure providers ▸ Increased availability of drinking water facilities ▸ Developing new initiatives to support improvements in packed lunches. ▸ Encourage the development of management policies that support enhanced workplace facilities for heath.	▸ Establish and implement a Healthy Workplace Award scheme ▸ Number of workplaces offering physical activity sessions for employees ▸ Number of workplaces taking up the scheme ▸ Number of workplace walking schemes established	Primary Care Trust (Health in the Workplace - Programme Co-ordinator)

- **HEALTH SETTINGS**

Key area	What is to be achieved	How will we measure it	Lead Agency or Agencies
Advice and support on healthier eating and physical activity aimed at priority groups	▸ Protocols for providing appropriate advice and support for different types of patient/client ▸ Develop role of NHS Health Trainers to support people in changing lifestyles More closely align work of Healthy Living Centres to Statutory Health settings	▸ Number of accredited health trainers ▸ Number of beneficiaries of health trainer advice	Health Trainer Coordinator
Monitor obesity in both adults and children, in Primary Care	Identification of actual levels of obesity of each GP catchments area. Determine trends and baseline for future benchmarking	▸ Routine collection of height and weight data for people attending GP clinic Measure the BMI for high risk groups such as diabetics	Practice Mangers/ Clinical Governors/ Practice nurses/
Advice and support for overweight/obese children	▸ Support for all parents in providing a healthier diet and physical activity for and with their children	▸ Number of GP's and other Health professionals referring into community health initiatives	Connexions Parents

and young people and their families	▸ Use of existing guidance to support children who wish to control their weight gain, referring for specialist help when needed		Childrens Centres Healthy Living Centres
▸ **COMMUNITY SETTINGS**			
Key area	**What is to be achieved**	**How will we measure it**	**Lead Agency or Agencies**
Provision of advice and support on healthier eating and physical activity in community settings	**5 A DAY scheme** (North and North East Lincs) Increase in fruit and vegetables consumption Supporting schools in developing initiatives that promote healthier eating ie breakfast clubs Provide a range of accessible adult education activities which promote and develop skills, including development of Skills for Health Currently funded until April 2006	▸ Number of interventions ▸ Number of beneficiaries ▸ **Target** : 1 portion per day increase in specific targeted initiatives for 5 a day (Currently average consumption less than 3 portions for adults, 2 for children.	5 A DAY Joint Management Team
	Black and ethnic minorities activities Increase in physical activity amongst target population.	▸ Number of interventions ▸ Number of beneficiaries	Crosby Bridge(Seth Mannd) project. .
	Fit for Foot ball Healthy Living project Advice on healthier eating and physical activity provided to Year 5 and 6 children. Extension of provision to Years 7 and 8. Currently funded until December 2006.	▸ Change in knowledge and behaviour ▸ Increase in fruit and vegetable consumption ▸ Increase in physical activity. 1 portion per day increase in fruit and vegetable consumption compared to non participants 5% increase in physical activity per week compared to non participants ▸	Fit For Football Partnership
	Crosby Bridge healthy living project Provision of Food and Health courses, Physical activity for young people and ethnic minorities Provide a range of accessible adult education activities which promote and develop skills, including development of Skills for Health Currently funded until June 2007.	▸ Increased uptake of physical activity ▸ No of beneficiaries on food and health programmes ▸ Increased sense of physical well being ▸ 150 beneficiaries per year on Food and Health programmes ▸ At least 1,500 beneficiaries on physical activity programmes	Crosby Bridge Board

▸ **COMMUNITY SETTINGS (continued)**			
Key area	**What is to be achieved**	**How will we measure it**	**Lead Agency or Agencies**
	Barton and District Healthy Living project Provision of advice on skills development and healthier eating Provide a range of accessible adult education activities which promote and develop skills, including development of Skills for Health Currently funded until September 2006.	▸ No of beneficiaries on food and health programmes	Barton &District Healthy Living Centre Board
	Walking the Way to Health Increase in number of residents of North Lincolnshire taking up walking Currently funded until June 2006.	▸ No of walkers participating in led walks ▸ No of walkers participating in independent walking ▸ Number of packs of local walking routes sold. 1000 walkers regularly taking part per year (Currently 550)	Walking the Way to Health Partnership
	HeartWell Development and support for initiatives that provide opportunities for groups and individuals to make healthier lifestyle choices.	▸ Specific evaluation of funded projects ▸ Number of projects funded ▸ Number of beneficiaries	HeartWell Locality group
	Fresh Start Centres (Older People) Development and support for initiatives that provide appropriate support for older people to make healthier lifestyle choices	▸ Increased uptake of appropriate physical activity ▸ Increased uptake in healthier eating initiatives ▸ Increased sense of physical and mental wellbeing	Fresh Start Programme Manager
Voluntary and Community sector	▸ Harnessing the expertise and links within the community of voluntary and community organisations to reach disadvantages groups and isolated individuals within communities .	▸ Number of voluntary and community organisations involved in specific initiatives to tackle obesity ▸ Number of voluntary and community organisations having one or more of its members training under the Health Trainers programme.	Voluntary and Community Organisations
Systematic advice and support in managing cases of overweight/obesity Referral of appropriate cases for more specialist advice and support	▸ Provision of a weight management programme ▸ Criteria for referral to a community dietician ▸ Criteria for referral to personal support, such as health trainer or programme within local schemes, exercise or referral programme ▸ Criteria for referral to a hospital specialist when needed	▸ Number of programmes held ▸ Number of beneficiaries	PCT (Community Nutrition & Dietetic Service) Northern Lincs and Goole Hospitals Trust(Clinical Nutrition Professional Lead)

Advice and support on healthier eating and physical activity aimed at priority groups	▸ Protocols for providing appropriate advice and support for different types of patient/client ▸ Develop role of NHS Health Trainers to support people in changing lifestyles ▸ More closely align work of Healthy Living Centres to Statutory Health settings	▸ Number of accredited health trainers ▸ Number of beneficiaries of health trainer advice	Health Trainer Coordinator

WIDER POPULATION (INCLUDING MEDIA)			
Key area	**What is to be achieved**	**How will we measure it**	**Lead Agency or Agencies**
To harness the power of the retail industry to provide physical activity and healthier eating	▸ Engaging large chain stores and other local retailers in promotions and campaigns to sell campaign messages to customers ▸ Involving retailers of fruit and vegetables, juices etc in the same way ▸ Provide knowledge of healthy eating, food preparation + menu choice among industry staff. ▸ Fruit near the tills rather than fatty high sugar snacks	▸ Measure number of retailers promoting 5 A DAY campaign. ▸ Retailers providing or promoting healthy choices	Community Nutrition & Dietetic Service
To harness the power of the local media to promote physical activity and healthier eating	▸ Articles/features/interviews in local newspapers and radio/TV programmes ▸ Promotion of local health days, ▸ Agreements preventing children from exposure to unnecessary marketing of high fat/sugar foods and drinks	▸ Number of articles/features ▸ Number of events organised ▸ To effectively communicate the message of healthier lifestyles, the provision of a Social Marketing post is required for which additional funding will be sought	Specialist Health Promotion Service
Healthier eating campaigns	▸ Media campaigns ▸ Health eating promotions in restaurants and food outlets Removal of promotion of high fat/sugar foods and drinks from leisure centres, schools and hospitals	▸ Number of campaigns	Specialist Health Promotion Service
Strategies to minimise barriers to healthier eating by improving availability and access	▸ Mapping of 'food deserts' ▸ Supermarkets pricing policies to encourage healthier choices ▸ Town planning to site food shops selling fruit and vegetables close to areas of deprivation	▸ Targeted surveys	Local Food Partnership
Improving skills and knowledge	▸ Provide a range of accessible adult education activities which promote and develop skills, including development of Skills for Health	▸ Number and type of courses available	Adult Education

North Lincolnshire Strategic Partnership
Health Improvement Strategy Group

"Choosing Health: Making Healthy Choices Easier"
The Public Health White Paper

Background Information

Why have a strategy to tackle obesity for North Lincolnshire?

This strategy is about enabling North Lincolnshire residents to lead healthier lifestyles by:

- Eating more healthily
- Being more physically active
- Achieving a healthier weight for those who are overweight or obese

It outlines a strategic direction to guide partnership working across all local organisations to achieve health improvement. It is clear from the consultation, which was held in North Lincolnshire on 8 September 2005, that there is widespread support across many agencies, for the development of a local strategic framework to promote healthier eating and physical activity.

Much of the action will be taken forward by local agencies working together, co-ordinated through a variety of local partnerships, within their existing planning and delivery mechanisms. The strategy will also support and acknowledge individual agencies contributions. It is a population approach which aims to facilitate the uptake of healthier lifestyles for all residents, within a context of informed choice. By adopting a systematic approach across a range of settings, a context which promotes health, reduces the factors that contribute to obesity and provides a supportive environment for those who are seeking to reduce or maintain their weight will be created.

This strategy aims to achieve health benefits for people of North Lincolnshire. It outlines ways in which the NHS and key partner agencies can work together to promote healthier eating and physical activity. There are many current and relevant initiatives that are making a positive contribution to tackling obesity in North Lincolnshire. By developing this strategic framework with partners, it will offer greater opportunity and give impetus to this work, give it a higher profile and ensure it is well co-ordinated.

This document has been developed through consultation with a wide range of partner organisations within North Lincolnshire. This consultation was initiated in September 2005 by North Lincolnshire Primary Care Trust and North Lincolnshire Council.

Obesity is one of the biggest public health challenges facing the United Kingdom today. Excess weight can lead to a number of debilitating conditions

including Type II diabetes, cardiovascular disease and stroke. The prevalence of obesity is a rapidly increasing problem. In the last 20 years obesity has nearly trebled in adult women and nearly quadrupled in men (Royal College of Physicians, 2004) and thus it now affects over one in five adults in the UK. This rise is attributed to food consumption and physical activity patterns which have changed significantly over the past few decades, due to environmental, behavioural and lifestyle changes. Palatable energy dense foods are highly marketed and readily available, and at the same time, people spend less time participating in physical activity than in the past. The impact of obesity on both individuals and the NHS is enormous.

The government published a white paper for England, 'Choosing Health: Making Healthier Choices Easier' in November 2004. The paper highlighted a range of measures to improve public health. Amongst other things, these aim to reduce obesity, improve diet and nutrition and increase levels of physical activity.

Obesity is a problem, which must be tackled now. It needs to be addressed throughout society. The responsibility lies with everyone, from the Government and NHS to parents and individuals. Inaction on this issue will cost lives.

This strategy aims to achieve health benefits for people of North Lincolnshire outlining ways in which the NHS and key partner agencies can work to reduce the prevalence of obesity through promotion, prevention and intervention.

What is obesity?

Body Mass Index (BMI) is the most commonly used measure. BMI of 20-24.9 corresponds to a range of healthy weights.
For adults, a body mass index of 25 – 29.9 is considered 'overweight' and a BMI of 30 or more is considered 'obese'.
The use of waist circumference can be used in addition, to refine the prediction of ill health associated with overweight and obesity.
For children, the charts of Body-Mass-Index for Age are used, where a BMI greater than the 85th percentile is considered 'at risk of overweight' and a BMI greater than the 95th percentile is considered 'obese'. (World Health Organisation,1997; National Heart, Lung and Blood Institute, 1998).

Health risks of overweight and obesity

Obesity is associated with increased risk of many diseases and other health related problems, including:

- Coronary Heart Disease
- Type II Diabetes
- Cancer
- Hypertension
- Respiratory disorders
- Reproductive disorders

- Osteoarthritis
- Back pain
- Pregnancy complications
- Social and psychological problems

The World Health Organisation estimates that around 58% of Type II diabetes, 21% of heart disease and between 2% and 42% of certain cancers are attributable to excess body fat.

As BMI increases over 25, so does the risk of developing a number of health problems. The general pattern is that the relative risk of mortality increases as BMI increases. For example, the risk of coronary heart disease is doubled if the BMI is over 25, and increased four fold if BMI is greater than 29.

For those who are already obese, even a modest weight loss can have substantial benefits. A 10kg weight loss is associated with a 20% fall in mortality, a 10% reduction in cholesterol and a reduction in blood pressure (Jung RT, 1997).

The rapid rise in obesity has been mirrored by an increase in the prevalence of diabetes. In the UK 75% of adults who are newly diagnosed with type II diabetes are overweight or obese. In 2002, cases of Type II diabetes in obese children were reported for the first time in the United Kingdom. (Chief Medical Officer Annual Report, 2002).

Who is most at risk?

A number of population groups have a much higher risk of becoming obese:

- Overweight children and young people
- Children of overweight parents
- People on low incomes
- People living in multiple areas of disadvantage
- People who have recently completed a weight reduction programme and have reduced support mechanisms (Hubbard, Van S, 2000)
- People who have recently stopped smoking
- People with disabilities, including people with learning disabilities

The cost of obesity

It is estimated that the treatment of ill health from a poor food intake costs the National Health Service at least £4 billion each year. (Dept of Health, 2004). However, there are other economic costs attributed to obesity, including:

- Direct costs to the individual and the service provider associated with treating obesity
- Individual personal costs, i.e. the social and personal loss associated with obesity, generally arising from premature death or attributable morbidity

- Indirect costs, usually measured as lost production due to absenteeism from work and premature death

The economic costs of obesity as assessed in several developed countries are in the range of 2 to 7 percent of total health care costs. (World Health Organisation, 2002)

Overweight and obesity trends

The most comprehensive data on the prevalence of obesity worldwide are those of the World Health Organisation MONICA project, - monitoring of trends and determinants in cardiovascular diseases study (World Health Organisation, 1989). Together with information from national surveys, the data shows that the prevalence of obesity in most European countries has increased by 10-40% in the past 10 years, ranging from 10-20% in men and 10-25% in women (World Health Organisation, 2002)

The most alarming increase has been observed in Great Britain, where nearly two thirds of adult men and over half of adult women are overweight or obese (Ruston, D et al, 2004).

Between 1995 and 2002, obesity doubled among boys in England from 2.9% of the population to 5.7%, and amongst girls increased from 4.9% to 7.8%. One in 5 boys and 1 in 4 girls are overweight or obese. Among children, 16% of 2 to15 year olds are obese. Among young men, aged 16 to 24 years, obesity increased from 5.7% to 9.3% and among young women increased from 7.7% to 11.6% (Sprotson, K and P. Primetesta, 2002).

If current trends continue, a conservative estimate is that at least one third of adults, one fifth of boys and one third of girls will be obese by 2020. If the current accelerated trends of the past 10 years continue, the predicted prevalence of obesity in children will be in excess of 50%. (World Health Organisation, 1989)

The national picture - a summary

Obesity

Unhealthy food intake, along with physical inactivity, have contributed to the growth of obesity in England. Twenty two per cent of men and 23 per cent of women in England are now obese – a threefold increase since the 1980s. Sixty five percent of men and 56 per cent of women – 24 million adults – are either overweight or obese. Obesity is a growing problem among children and young people too. Sixteen per cent of 2-15 year olds are obese. Obesity and related ill health such as hypertension, heart disease and type II diabetes is responsible for an estimated 9000 premature deaths per year in England. It is estimated that the treatment of ill health from a poor food intake costs the National Health Service at least £4 billion each year. (Dept of Health, 2004)

Healthier eating

Healthier eating is a key component of a healthier lifestyle. A large number of people in the UK, have a less than optimal nutritional intake. Those living in areas of disadvantage or who are vulnerable in society are the most likely to have an unhealthy food intake. Choosing a Better Diet: a food and health action plan (Department of Health, 2005) states that:

- A significant proportion of the population consumes less than the recommended amount of fruit and vegetables and fibre but more than the recommended amount of fat, saturated fat, salt and sugar.
- Poor nutrition is a major cause of ill health and premature death in England.
- Cancer and cardiovascular, including heart disease and stroke, are the major causes of death in England, accounting together for almost 60% of premature deaths. About one-third of cancers can be attributed to a poor food intake.

Work to improve the nutritional balance of the average food intake in England is directed by the recommended intake of dietary components shown in the table below.

The table shows the recommended average intake of dietary components per person and the current average intake per person taken from The National Diet and Nutrition Survey (Department of Health 2002).

Nutrient	Recommended population average intake per person	Current average intake per person
Total fat	35% of total energy intake	35.3 % of total energy intake
Saturated fat	11% of total energy intake	13.3% of total energy intake
Added sugars	11% of total energy intake	12.7% of total energy intake
Salt	6 grams per day	9.5 grams per day
Fruit and vegetables	5 portions per day	2.8 portions per day
Dietary fibre	18 grams per day	13.8 grams per day

One of the key aims within the Every Child Matters framework aims for children to lead healthier lifestyles; consuming a healthier food intake will contribute to the achievement of this.

Physical activity

The quality and quantity of participation in sport and physical activity in the UK is lower than it should be, and levels have not changed significantly over recent years:

- For physical activity: only 32% of adults in England take 30 minutes of moderate exercise 5 times a week, compared to 57% of Australians and 70% of Finns.

Sport England's aim is to increase levels of physical activity by 1% year on year. By the year 2020 the aim is to have 70% of the population taking part in moderate physical activity for at least 30mins five times per week.

The most likely participants in physical activity are young white males, however, those most unlikely to participate in physical activity are the traditionally hard to reach groups, for example:

- Participation falls dramatically after leaving school, and continues to drop with age. But the more active in sport and physical activity you are at a young age the more likely you are to continue to participate throughout your life;
- Women are 19% less likely to take part in sport and physical activity than men;
- The impact of social group is significant, with levels of participation almost three times higher for professionals than manual groups, and;
- Ethnic minority participation is 6% lower overall than the national average. (Dept of Health, 2004)

One of the key aims within the Every Child Matters framework is for children to lead healthier lifestyles, participating in regular play sport and physical activity contributes to this.

The Local Picture - a summary

Obesity

The prevalence figures in 2004 range between figures obtained by applying the national rates (NR) to local population figures and those obtained from using the synthethic estimates (SR) for North Lincolnshire.

The true 2004 prevalence figures would be higher than the figures obtained because of the fact that obesity has greatly increased over the years and across all age groups.

There is very limited accurate local data in North Lincolnshire, but a crude estimate based on national prevalence data applied to our local population gives the following figures:

Estimated number of overweight and obese residents of North Lincolnshire 2004

Age group	Category	Males	Females	Total
0-15 year olds	Number in age group	15,847	15,095	30,942
	% obese (based on national statistics)	16%	16%	16%
	Estimated number of obese children	2,535	2,415	4,950
Adults	Number in age group	58,930	62,986	121,916
	% obese	22%	23%	22.5%
	Estimated number of obese adults (based on national statistics)	12,965	14,487	27,456
	% overweight	43%	33%	38%
	Estimated number of overweight adults (based on national statistics)	25,340	20,785	46,125

Current activity in this area includes work in community settings through projects managed by partnerships of Local Authority, Health and the voluntary sector. Specific projects providing healthier eating messages and physical activity are the Crosby Bridge Healthy Living Project, Fit For Football as well as 5 A DAY in North and North East Lincolnshire. The Healthy Schools programme delivers joint working on physical activity and healthier eating. HeartWell is a specific local programme that seeks to improve heart health and targets disadvantaged communities.

Advice on Food and Health as well as Obesity are part of clinical services, most notably in primary care aimed at people where being overweight or obese is causing clinical problems or presenting a high risk.

Healthier Eating

Whilst Sport England undertook a pilot that enabled North Lincolnshire to access relevant baseline data on physical activity participation rates, there is no equivalent raw data for local food consumption. Detailed surveys of dietary patterns are based on large national surveys which indicate:

- The recommended level of fruit and vegetables is 5 portions per day. Currently the average consumption by adults is 2.8 portions per day, with households with lower incomes eating less.

- We consume more 'empty calorie' snacks and sugary drinks than ever before – soft drink and confectionary consumption is now respectively thirty and twenty five times what it was in the 1950s. (Dept of Health, 2004)

- Availability and acceptability of highly processed energy dense convenient foods within current eating patterns is contributing to the rise in obesity,

- Individuals who consume these processed foods are most likely to have a higher than recommended intake of salt.

- In addition, individuals who are obese and have a high salt consumption are at an increased risk of coronary heart disease, stroke and hypertension.

According to the North Lincolnshire Adolescent Lifestyle Survey (North Lincolnshire Primary Care Tust, 2004) the majority of young people had been exposed to the 5 A DAY message, and when asked how many portions of fruit and vegetables they thought experts recommended they should eat every day, more than half (52%) said five, a quarter said less than five and 15% did not know. There was no difference between year groups or between gender in these responses.

When asked how many portions of fruit and vegetables they ate every day, only 10% thought they ate 5 or more, whilst 15% said they ate none. The most common response was between 2-3 portions a day. Whilst this is similar to the national average, it is suspected that young people overestimated their average consumption as very few (at most 15%) could correctly identify what a portion looked like.

Knowledge of the health benefits associated with eating 5 A DAY was also inconsistent. Just over a third knew that eating more fruit and vegetables could help prevent heart disease and just over a third knew it could help prevent some forms of cancer. However, between 10%-20% of pupils believed that eating more fruit and vegetables could help alleviate other health problems including back pain and hearing impairments.

Participants at the Choosing Health, Tackling Obesity consultation that took place in September 2005 recognised the following are currently having a positive impact in the plan to reduce Obesity:

- 5 A DAY in North and North East Lincolnshire aims to increase fruit and vegetable consumption amongst disadvantaged groups with an associated increase in the proportion of people eating

the recommended 5 portions of fruit and vegetables a day. The project provides a range of initiatives such as taster sessions, cook and eat programmes and work with schools that includes addressing issues such as access and availability to fresh fruit and vegetables for people on a low budget.

- Crosby Bridge Healthy Living Project provides a specific Food and Health theme which addresses barriers to healthier eating through a range of food and Arts in Health activities. These include; Food and Health programmes, taster sessions, Gardening group and hands on Art activities.
- Barton & District Healthy Living Project addresses barriers to healthier eating through a range of Food and Health programmes, taster sessions and activities.
- The Fit For Football Project promotes healthier lifestyles using Football as the tool to motivate and focus young people.
- SureStart provide support to parents in the form of breakfast clubs, after schools clubs, weaning, cooking clubs.
- School Nurses promote and support healthier eating initiatives ie healthier tuck shops, breakfast clubs and water provision.

Physical Activity

In the North Lincolnshire Adolescent Survey (North Lincolnshire Primary Care Trust, 2004) the majority of children said they spent up to two hours a week engaged in organised sport activity outside school time, whilst two thirds said they spent up to two hours a week on sport during school time. The most popular sport and leisure activities amongst boys were Football and Rugby, whilst among girls it was Swimming, Netball, and Dancing.

Participation in Sport & Physical Activity in the Yorkshire Final Report (Humber Sports Partnership, 2005) collated the following findings:

- Twenty-three per cent of North Lincolnshire residents are 'active' in their leisure time and a further 32% are 'nominally active'. North Lincolnshire residents are less active than Yorkshire as a whole (24% 'active', 35% 'nominally active') and the Humber (25% 'active', 34% 'nominally active').

- Thirty-five per cent of North Lincolnshire residents participate in at least 30 minutes of 'moderate intensity' sport and recreation at least three times a week. People aged 16-44 years, those of social class I & II and those without a disability are more likely to be active than other groups (39%, 39% and 38% respectively).

- Levels of transport-related physical activity in North Lincolnshire are on a par with the Yorkshire average (both 29% 'active'), but below the average for the Humber region, where 33% of the region are 'active'. One in five residents are 'nominally active' compared to 19% in Yorkshire and 21% in the Humber region.

Participants at the Choosing Health, Tackling Obesity consultation that took place in September 2005 recognised the following are currently having a positive impact in the plan to reduce Obesity:

- Walking The Way To Health in North Lincolnshire is a successful initiative aimed at encouraging sedentary people to improve their health through walking.
- Local skate parks and proposed skate park projects awaiting external funding aim to provide a safe environment for young people to participate in an increasingly popular form of physical activity.
- The Fit For Football Project promotes healthier lifestyles using Football as the tool to motivate and focus young people.
- Crosby Bridge Healthy Living Project provides a wide range of play, sport and physical activity within the Crosby area.
- After School Clubs have been successful in promoting participation in a wide range of physical activity.
- BEM Sports organisation, aims to increase opportunities to participate in play, sport and physical activity within the Black and Minority Ethnic communities.
- The Children's Fund provides many play activities in many areas across North Lincolnshire including, Crosby, Frodingham, Westcliff, Riddings, Ashby and Barton upon Humbre , and includes work with children with disabilities.
- The work by North Lincolnshire Council Leisure Services in developing and promoting opportunities to participate in play, sport and physical activity.

These existing services that contribute to tackling obesity and the development of new initiatives require continued maintenance and development through this strategy.

Conclusion

The Government has acknowledged the seriousness of current trends. The Public Health White Paper, released in October 2004, includes healthier eating and physical activity as central themes and based its approach on two action plans; 'Choosing Health: a physical activity action plan' and 'Choosing Health: a food and health action plan'. A number of actions and themes which form part of the White Paper's implementation programme are incorporated into the delivery plan for North Lincolnshire which was written by the Director of Public Health and was approved by the North Lincolnshire Strategic Partnership.

Principles include the three aspects of informed choice, personalisation and partnership working across agencies and communities.

A new national target was introduced in 2004 from the Public Service Agreement:

- To halt the year-on-year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole. (Obesity in children rose by an average of 0.8% per year between 1995 and 2002.)

The North Lincolnshire Obesity Strategy will assist in achieving this by setting out a systematic local agenda for action. It will link to a number of other national, regional and local plans. These include:

- Local Strategic Partnerships and community plans
- Neighbourhood Renewal Strategy
- National Service Frameworks (Mental Health, Children, Coronary Heart Disease, Diabetes, Older People)
- Department of Health targets to reduce deaths from coronary heart disease, cancer and stroke
- The Healthy Schools Programmes
- Health and Safety Policies
- Local Transport Plans

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