

NORTH LINCOLNSHIRE COUNCIL

CABINET

NORTH LINCOLNSHIRE OBESITY STRATEGY

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The Healthier Communities & Older People Scrutiny Panel made a set of recommendations to tackle the problem of obesity levels in North Lincolnshire. The North Lincolnshire Tackling Obesity Partnership has considered the recommendations and this report sets out its response.

2. BACKGROUND INFORMATION

2.1 In June 2006, Cabinet approved a joint strategy with the Primary Care Trust in respect of tackling obesity.

2.2 The Healthier Communities & Older People Scrutiny Panel has subsequently carried out a study into obesity in North Lincolnshire as a result of an Annual Report by the Director of Public Health, which highlighted obesity as one of three major health problems in North Lincolnshire. Its conclusion is that a serious problem exists.

2.3 The Panel formulated a set of recommendations, which were considered by the North Lincolnshire Tackling Obesity Partnership. The Partnership has responded to the recommendations and a table is attached to this report at Appendix 1.

3. OPTIONS FOR CONSIDERATION

3.1 That Cabinet supports the responses made by the North Lincolnshire Tackling Obesity Partnership in Appendix 1 as the basis of an Action Plan.

3.2 That Cabinet does not accept the responses and requests further work to be carried out.

4. ANALYSIS OF OPTIONS

4.1 Approval of the responses made by the North Lincolnshire Tackling Obesity Partnership in Appendix 1 will enable the problem of obesity in North Lincolnshire to be addressed.

4.2 Should the responses not be approved, the problem of obesity in North Lincolnshire will not be addressed until further analytical work is carried out.

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

5.1 There are no specific financial, staffing or property implications arising out of this report. However, existing resources will need to be maintained and enhanced where appropriate and subject to the necessary approvals.

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

6.1 There are no other implications.

7. OUTCOMES OF CONSULTATION

7.1 The North Lincolnshire Tackling Obesity Partnership has undertaken widespread consultation, which has enabled it to formulate a set of responses to the recommendations made by the Healthier Communities & Older People Scrutiny Panel.

8. RECOMMENDATIONS

8.1 That the responses of the North Lincolnshire Tackling Obesity Partnership to the recommendations of the Healthier Communities & Older People Scrutiny Panel to tackle obesity in North Lincolnshire are supported.

8.2 That the responses form the basis of an Action Plan to tackle the problem of obesity in North Lincolnshire.

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Background Papers used in the preparation of this report

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

Appendix 1

Responses to the Recommendations from the Obesity Scrutiny Panel
December 2008

Recommendations	Responses
<p>1. Director of Public Health, in consultation with NLTOP agrees the drafting of a comprehensive implementation plan to build upon existing work. Also consider a potential restructure of NLTOP, including themed sub-groups and wider representation.</p>	<p>The existing strategy, which was approved by Cabinet in June 2006 is being reviewed in the light of further national guidance and the Scrutiny Panel recommendations.</p> <p>The North Lincolnshire Tackling Obesity Partnership (NLTOP) is in the process of reviewing membership and structure of the partnership. This will include reviewing and strengthening the aims and objectives of the NLTOP and to consider strengthening the existing partnership by seeking further strategic links across the LA and the PCT.</p>
<p>2. The panel reiterates the vital recommendations related to tackling obesity as set out within the Director of Public Health's report. The council's cabinet and the PCT to act together, where appropriate, to implement these as a priority issue.</p>	<p>Recognised through inclusion in the Local Area Agreement priorities and in the PCT's 5 year Plan. The PCT recognises that progress is limited in some areas due to the PCT's financial pressures.</p>
<p>3. To establishing a robust monitoring and evaluation framework.</p>	<p>Individual projects are monitored and evaluated. However, there is an acknowledgement that there is a need for robust monitoring and evaluation through the strategy and action plan using the standardised monitoring tool. This will be a feature of the new strategy.</p>
<p>4. Action be taken to launch a renewed, risk-based and community centred focus to support and inform</p>	<p>As part of the Council's focus on area development and Children and Young People, this recommendation will be a key agenda item for community discussion as part of developing the Children and Young People plan priorities. In terms of links to the</p>

<p>pre-school children and their families and carers. This should fit into the existing children's centres and, if appropriate, the proposed community weight management programme (see recommendation 13) and involve all key partners who play a role in maintaining children's health</p>	<p>children's centres/extended schools provision there needs to be a shared dialogue re identification, support, training and information sharing. A great deal of thought needs to be given to key transitions within children and young people to develop and embed the concept of healthy living.</p> <p>The work within all early years settings needs to be considered when developing strategies to ensure there is a consistent integrated and collaborative approach to initiatives with clear outcomes for success defined at the outset. Integrated provision and services will play a key role with partners to take this agenda forward.</p>
<p>5. The council and PCT continue to press national government to introduce comprehensive and strategic measures to tackle obesity.</p>	<p>North Lincolnshire Council and PCT have active representation on the Yorkshire and Humber Regional Obesity, Physical Activity and Food networks. This will continue to strengthen regional and national links with Department of Health (DOH), Government Office for Yorkshire & Humberside (GOYH) and Strategic Health Authority (SHA) to ensure North Lincolnshire is on an equal footing within the region.</p>
<p>6. That the council and PCT (possibly jointly) develop human resource policies that encourage physical activity and healthy lifestyles amongst all staff. The organisations ensure that these policies are fully in-line with guidance from the National Institute of Clinical Excellence.</p>	<p>The Work Place Health Award scheme will be presented to the LSP Board. This will be followed up with discussions with Human Resources within the LA and PCT to encourage physical activity and healthy lifestyles amongst all staff.</p>
<p>7 The council and PCT begin planning a co-coordinated training programme for front-line staff to</p>	<p>Training is provided to frontline staff by the Community Nutrition and Dietetic Service; however, this is limited due to the resources available. There is the potential to pursue the development of expanding the training already provided.</p>

<p>enable them to discuss weight issues as part of their role in promoting the benefits of a healthy lifestyle, and where required, make referrals as appropriate. This recommendation should incorporate staff working in the service provider organisations that the council and PCT commission.</p>	
<p>8. The acute trust, in co-operation with all active partners, move towards UNICEF Baby Friendly status within the next 12 months. The partners involved in delivering the breastfeeding strategy take steps to move towards the wider Community Baby Friendly Certificate within the next three years.</p>	<p>UNICEF Baby Friendly status is being pursued through the development of the breastfeeding action plan. Negotiations will take place with the acute trust to develop this further through both the contracting route and through public health.</p>
<p>9. Steps be taken to more closely align the planning and transportation teams within the council and the PCT (and public health department in particular) in order to address the elements of the environment that encourage obesity.</p>	<p>Strategic links are being made e.g. the Local Transport Plan is being presented to the Wellbeing and Health Improvement Partnership, as well as other themes within the LSP.</p>
<p>10. The PCT works with GPs and other primary care workers in order to routinely calculate patients' BMI</p>	<p>PCT quality assessment visits to all North Lincolnshire general practices have included discussions on the issue of BMI measurements. Performance will continue to be monitored through the monthly PCT performance report.</p>

<p>11. The provision of school nursing throughout North Lincolnshire be reviewed on an urgent basis, as part of the Every Child Matters agenda.</p>	<p>The School Nurses are currently facing pressures due to additional demands on their time (e.g. the new HPV immunisation programme) and a review of the role in Safeguarding. The implementation of the National Child Measurement Programme is being reviewed in the light of this to ensure performance targets are met.</p>
<p>12. The Yorkshire and Humber Specialised Commissioning Group clarify the issue of bariatric surgery specification, in line with the Healthy Ambitions recommendation.</p>	<p>Guidance has now been issued by Yorkshire and Humber Specialised Commissioning Group and North Lincolnshire will be following this so we are in step with other parts of the region. We acknowledge that a local pathway needs to be developed to support this.</p>
<p>13. The PCT, in co-operation with the Tackling Obesity Partnership and the Local Strategic Partnership, explore options for establishing a multi-disciplinary community weight management programme. This should involve all key partners and should be rolled out within the next 18 months</p>	<p>Due to the guidance by the Yorkshire and Humber Specialised Commissioning Group, we acknowledge that the obesity care pathway will need to encompass local community weight management services by April 2009.</p>
<p>14. 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. The review should involve all local partners, and steps should be taken to ensure "buy-in" and a co-coordinated focus at a strategic level into the quantity and quality of play provision. When completed, the review should</p>	<p>There will be a review of Play Alert (Play Strategy) in 2009. Children and Young People Scrutiny Panel is undertaking a review of local play areas and further options for children's play. National Funding 'Play Builder' of £1 million pounds will be available to the area to refurbish or rebuild existing play areas.</p> <p>The panel need to take into account the LA's work in relation to physicality and enabling environments which underpins the statutory requirements and key principles of Early Years Foundation Stage (EYFS) 0-5 years. This will link to further developmental work in extended schools and healthy schools programmes. There will be a need to ensure close links with schools re physicality within the national curriculum 5-16.</p>

<p>sit alongside the Play Strategy to act as a mechanism to increase play amongst children and young people.</p>	
<p>15. The PCT, in cooperation with its partners, take steps to increase budgets for evidence based public health initiatives year-on-year, with a long-term (five year) goal of matching the recommended 10% investment in Staying Healthy workstreams.</p>	<p>Additional allocations are being made within the PCT to support the Staying Healthy Workstreams. Although these are relatively small amounts initially they are planned to increase substantially in years 3,4 and 5.</p>
<p>16. The PCT, in co-operation with the maternity unit, review the timing and provision of information about the Healthy Start scheme.</p>	<p>Healthy Start information is provided at the ante -natal stage of pregnancy and provision of the vouchers is universal. There is a good take up of milk and vitamin drops, (N.B. The distribution of vitamin drops under the scheme is criteria based, however those mothers who do not meet the criteria are able to purchase them through the pharmacist in each locality). There is no national guidance on monitoring of the scheme to ensure that retailers are abiding by the scheme.</p>