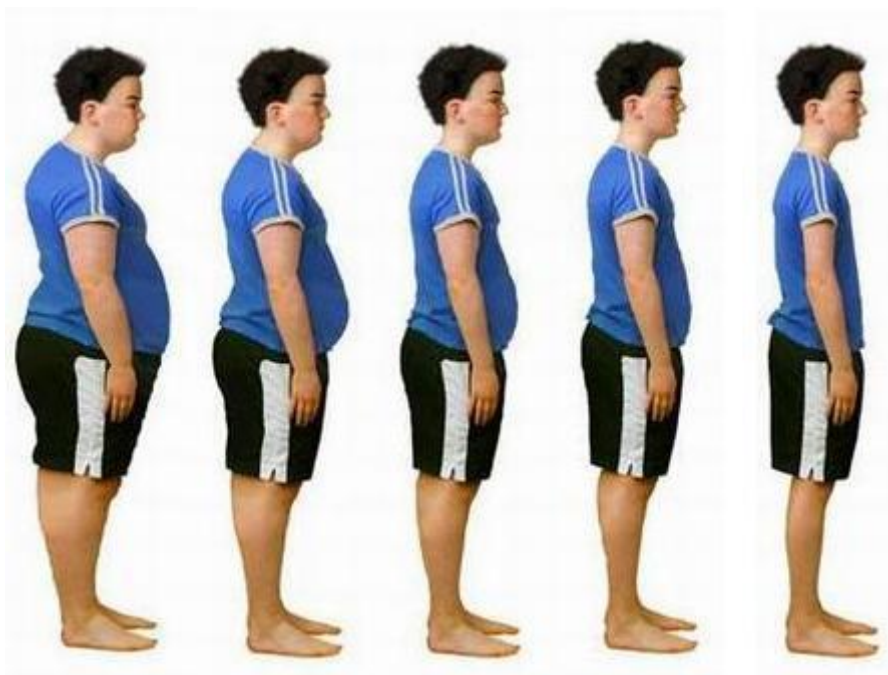


# Children and Young People Select Committee

## Review of Obesity

5 February 2009



## **Select Committee – Membership**

Councillor Harrington (Chair)  
Councillor Eddy (Vice-Chair)

Councillor Beall  
Councillor Broughton  
Councillor Mrs Cains  
Councillor Frankland  
Councillor Miss Inman  
Councillor Lewis  
Councillor Sherris

## **Co-opted Representatives (when considering education matters)**

### Diocesan Representative

Mr M Frank

### Parent Governor Representatives

Mr P Beach  
Mr R Cash

### Non Voting Co-opted Representatives

Mr D Campbell  
Mr G Davies  
Mr R G Lupton  
Mr B Percival

## **ACKNOWLEDGEMENTS**

The Committee thank the following contributors to this review:

Ingrid Ablett-Spence, Head of Health Improvement, Stockton-on-Tees TPCT  
Dave Adams, Strategic Service Manager, SBC  
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Dr Alex Barlow  
Anita Brown, Service Manager, SBC  
Sandra Brown, Obesity Lead Officer, Stockton-on-Tees TPCT  
Steve Chaytor, Managing Director, Tees Active Limited  
Carolyn Dailey, Healthy Schools Team Co-ordinator, SBC  
Neil Ellison, Group Leader Road Safety, SBC  
Rachel Fawcett, Public Health Practitioner, Stockton-on-Tees TPCT  
Barry Jackson, Development Services Manager, SBC  
Reuben Kench, Head of Arts and Culture, SBC  
Jonathan Kibble, Senior Road Safety Officer, SBC  
Neil Russell, Leisure & Sports Development Manager, SBC  
Peter Seller, Head of Children's Strategy, SBC  
Jackie Sharp, Area Co-ordinator, SBC  
Mark Telford, ISA Manager, SBC  
John Tierney, Citizenship and Democracy Officer, SBC  
Rosemary Young, Spatial Plans Manager, SBC

A special thanks to the young people from across Stockton Borough that looked at why they may become obese at a Youth Service event held at Elmwood on Sunday, 23<sup>rd</sup> November 2008.

## Foreword

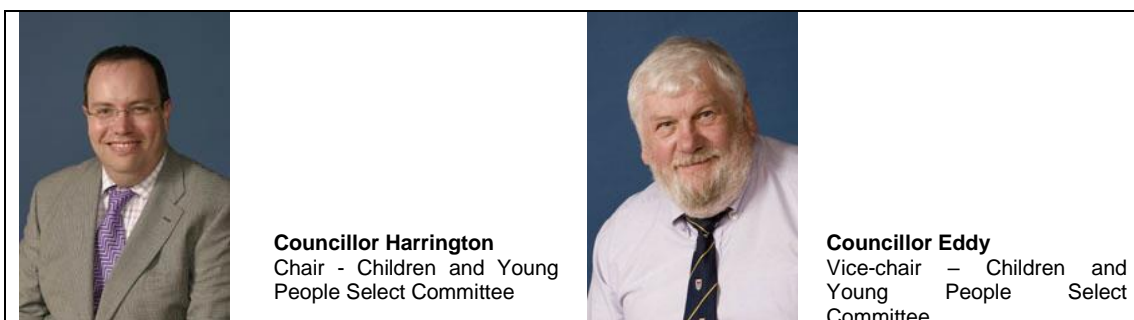
We are delighted to present this report not only to the Cabinet of Stockton-on-Tees Borough Council, but subsequently to the Board of Stockton PCT.

As Chair and Vice Chair of the Children and Young People's Select Committee, we would like to thank everyone who has presented evidence and their valuable contributions towards this review. In particular, we would like to extend our thanks and appreciation to Dr Alex Barlow who is a local GP based in Stockton for the excellent insight he provided the Committee. Dr Barlow brought a number of items to the attention of members which allowed the Committee to challenge the evidence that we have already received. Also we would like to extend our thanks to Anita Brown from the Catering Service within SBC for the superb material and supporting evidence that she presented to the Committee.

However, most importantly as Chair and Vice Chair, we would like to record our sincere thanks and appreciation to all Members of the Children and Young People Select Committee (and colleagues who have substituted) for their valuable contribution to this review. We would also like to record our appreciation to members who supported our vision to extend the review half way through this process which allowed additional evidence to be gathered. The Committee recognised that the challenges faced by professionals to combat the obesity problem and acknowledged that this issue is not just a local problem, but one shared by the western world.

During 2008, the headlines were dominated by the world economic crisis caused by the credit crunch. However, during that year the media made regular news reports, sometimes on a daily basis covering the obesity issue. One particular news story released just before Christmas quoted Sir Liam Donaldson, the Chief Medical Officer for England who warned of the "obesity time bomb" in his Annual Report in 2002. This particular news story talks about a number of issues which the Committee have examined during this review. The publication of this time bomb scenario described by Sir Liam certainly caught the attention of the media as by 2004, evaluation of media coverage of Sir Liam's reports showed that obesity became a bigger issue than either smoking or the MMR vaccine - both "hot topics". As Chair and Vice Chair of this Committee, we sincerely hope that this piece of work goes a long way to acknowledge the excellent work already been achieved in the Borough, but it is used as a benchmark for further success.

On a final note, this report could not have been possible without the support to the committee from Elizabeth Shassere, Director of Public Health for Stockton PCT, Graham Birtle, our Scrutiny Officer and Fiona Shayler both based within Democratic Services of Stockton. On behalf of the Committee, we would both like to thank Elizabeth for the professional input that she provided during this review and the guidance and support that she provided.



## Original Brief

### What are the main issues?

Increasing obesity levels will have a significant impact on the health and wellbeing of our communities and on future demand for health and care services.

There is considerable focus already nationally and locally on addressing childhood obesity (included in our LAA); need to consider the issue across all life stages.

Developing healthier lifestyles is a key strand of the Healthier Communities & Adults theme of the Sustainable Community Strategy; obesity levels are one measure of the impact of health initiatives

### The Thematic Select Committee's overall aim/ objectives in doing this work is:

To review initiatives aimed at addressing obesity.

### The possible outputs/outcomes are:

Significant public health implications for all our communities.

Improved health across all communities can impact across social, economic and environmental wellbeing.

### What specific value can scrutiny add to this topic?

Improved understanding of the impact of obesity initiatives leading to a more coordinated strategy across services to address the issue.

### Who will the panel be trying to influence as part of their work?

Health and Well-being Partnership, North Tees PCT, Cabinet, Children's Trust Board.

### What category does the review fall into?

Policy Review

Policy Development

External Partnership

Performance Management

Holding Executive to Account

## 1.0 Executive Summary and Recommendations

**(That those recommendations for Stockton Borough Council be approved, in principle, subject to a full assessment of both service and medium term financial planning implications and that recommendations for external organisations be endorsed for submission to them.)**

- 1.1 In January 2008, the Government published Healthy Weight, Healthy Lives: A Cross-Government Strategy for England. This laid out the ambition to be the first major nation to reverse the rising tide of obesity and overweight people in the population.
- 1.2 The Committee recognised the importance of the issue of obesity as it continues to affect the residents in the borough and was therefore keen to take evidence in order to understand what is currently being delivered and identify if weaknesses existed in tackling the obesity problems.
- 1.3 In December 2008 the NHS Information Centre published the latest data for the National Child Measurement Programme in Stockton Borough showing that little had changed since measuring had begun in 2006.
- 1.4 In the Stockton PCT area the estimated annual costs to the NHS of diseases related to overweight and obesity for all ages was calculated to be £51.9m in 2007, £53.9m in 2010, and £57.6m in 2015.

### Recommendations

- R1 The Committee recommends that the Director of Public Health together with appropriately identified partners from the Health and Well-being Partnership Board publish a long-term strategy to tackle obesity that is appropriately resourced. The Committee acknowledges the excellent work already carried out by stakeholders and this strategy will capture and build upon the work that is currently delivered in the borough.**
- R2 The Committee recommends that the PCT and SBC evaluates not only the success of obesity programmes currently commissioned and delivered within the Borough but also consider introducing examples of best practice elsewhere to ensure that value for money is being achieved and services are delivered in targeted areas and to targeted groups as appropriate.**
- 1.5 The Committee believe that prevention is better than cure and in wanting to see a reduction in overweight and obese residents would like to ensure that individuals always maintain a healthy lifestyle whether in what they eat or in pastimes or activities in order that their weight is maintained within healthy recommended boundaries.
- 1.6 Research has shown that breast-feeding and early growth patterns provide the only period in which there is clear evidence to support the concept of a critical period of development associated with long-term consequences. Other stages of life, however, may offer good opportunities to modify eating behaviour and exercise levels.

## **Recommendations**

### **Maternal Health**

- R3** The PCT commission the midwifery service, as part of its service level agreement to introduce progressive nutrition and cooking skills programmes during antenatal visits which should include benefits of breast feeding.
- R4** SBC and the PCT make public information available to help women planning conception to prioritise healthy eating and physical activity programmes and offer readily available and appropriate programmes to pregnant women.

### **Early Years (Prevention)**

- R5** SBC introduce cooking skills development within Children's Centres.
- R6** SBC and the PCT identify funding and commissioning opportunities and community venues to introduce cooking healthily skills for Stockton Borough residents in order to improve the quality of family eating behaviour.
- R7** SBC increase opportunities for active play in parent/carer and toddler groups.
- R8** The PCT consider commissioning the monitoring of infant weight, in particular 2 year height and weight check, in order to advise on eating behaviour where appropriate.
- R9** The Committee recommends that the standard letter regarding the National Measurement Programme that goes to all parents/carers of children eligible for the programme:-
- Clearly explains the purpose of the scheme and dispels any misconceptions.
  - Promotes the benefits of early intervention against the long-term health risks.
  - Offers signposting to any appropriate support to both the child and parent/carer.
- 1.7 Schools have a responsibility to provide a healthy environment in which children and young people can learn and develop, and to maximise the opportunity for them to live healthy lives. This is now underpinned by a duty on schools to promote the well-being of pupils.
- 1.8 The Committee was provided with a breakdown of the work being undertaken in Stockton schools, including the extended school programme, that supports young people achieve a healthy weight and healthy lives. Discussion was also held on School Gate Policies and the numbers of fast food outlets in close proximity to schools.

## Recommendations

### Schools

- R10 Promote a strategic approach to healthy eating and physical activity through the introduction of Healthy lifestyle team comprising of Nutritionist (2) and assistants to work with Healthy Schools Team. Responsibilities would include:**
- **SBC's Children, Education, Social Care (CESC) department to maximise opportunities to promote positive attitudes and behaviours related to healthy eating.**
  - **CESC to monitor implementation of School Food Trust Guidelines.**
  - **CESC to encourage the increase of school meal take up.**
  - **CESC, with School Governors, to introduce healthy lunch box policy.**
  - **CESC and the PCT to deliver training to school staff, and included in School Governors training programme, to ensure a consistent healthy lifestyle message.**
  - **CESC to explore all funding opportunities of breakfast clubs and determine standard quality levels.**
  - **CESC to address obesity related school bullying.**
  - **PCT and CESC to develop specialist treatment service for children above 98.6 centile.**
  - **PCT and CESC to develop robust pathways for referral to other weight management opportunities in the community for secondary school-age pupils.**
  - **CESC with SBC's Road Safety Team ensure that each school has in place an appropriate sustainable school travel plan.**
- R11 The Committee expects that CESC should continue to explore opportunities with School Governing Bodies to promote:-**
- **The Healthy Schools Programme**
  - **The Extended School Day including the promotion of Breakfast Clubs**
  - **The opportunity of the wider community accessing school grounds out of school time.**
- R12 The Committee recommends that schools maximise opportunities for physical activity during the school day that contributes to the objective of 5 hours per week of high quality physical education.**

### 6<sup>th</sup> Form College / FE College

- R13 CESC, in partnership with college governors, identify opportunities to support students age 16+ to develop life skills based on information related to nutrition, cooking skills developments and benefits of exercise in a similar way to how alcohol/drug misuse and smoking cessation has been targeted.**
- 1.9 Whilst the Committee ordinarily deals with matters affecting children and young people the scope of this review was widened to incorporate the effect of obesity on all ages of people in the borough.
- 1.10 Obesity was seen as a major health problem with currently a gap in service provision of a specialist weight management service for those with BMI in excess of 35 with co-morbidities or BMI 40 and over.

## **Recommendations**

- R14 SBC to investigate the effectiveness of policy S14 of Alteration no 1 to the adopted Local Plan in controlling fast food outlets outside of the defined retail centres, and ensure policies are contained in the Regeneration Development Plan Document to reduce the proliferation of such outlets outside defined retail centres with specific regards to protecting the health and well being of children, especially near parks and school.**
- R15 SBC and the PCT compile a register of current food outlets in each ISA locality to enable focussed efforts on promoting the development of healthy options and an award scheme that recognises this.**
- R16 The PCT commission seminars for restaurateurs to learn to adapt recipes with lower levels of fat, salt or sugar as part of the award programme including providing nutrition information on menus and offering smaller portions of adult menu items.**
- R17 SBC and the PCT support workplaces to adopt corporate policy on healthy catering.**
- R18 SBC and the PCT encourage take up of national convenience store initiative in Stockton to increase fruit and vegetable consumption**
- R19 SBC and the PCT establish links with private play centres to include additional opportunistic sessions around healthy eating and cooking skills.**
- 1.11 The Committee was keen to explore what is being done and what could be done by the Council Sports Development team and Tees Active Limited to help stem the rise of obesity and increase the numbers of people involved in some form of physical activity.
- 1.12 The Active Health Scheme, a service provided in partnership with Stockton-Borough Council's Sports Development Team aims to improve individual's general health and well being by increasing participation in physical activity.
- 1.13 The PCT funds Tees Active to deliver specifically on childhood obesity through the Young Persons Active Health Scheme. This includes work in around twenty schools and very intensive work with individual children referred to the scheme by doctors, parents/carers and school nurses.

## **Recommendations**

- R20 SBC and the PCT undertake a mapping exercise of family based physical activities available during school holidays to identify gaps in provision and to assist consideration of funding opportunities including the mainstreaming of free/reduced cost provision.**
- R21 SBC and the PCT encourage family swimming programmes which offer adult as well as children 'learn to swim' sessions.**
- R22 SBC and the PCT consider a social marketing campaign to gain insights into barriers that prevent women accessing sport and physical activity.**



- R23 SBC and the PCT encourage the development of more family programmes in existing and developing sports facilities so parents/carers and children could access these together.**
- R24 The Committee would urge SBC's Sports Development Team to capitalise on the public interest generated by the 2012 London Olympics and success of the games held during 2008 in Beijing and explore increasing access to sport and activity opportunities. This may include publicising that Tees Active is currently coaching a number of young people who may be competing in the 2012 Olympics to represent Team GB.**
- R25 SBC and the PCT mainstream the 'Walking for Health' campaign: encouraging at least one third more of the borough's population to achieve 10,000 steps per day by 2010.**
- R26 SBC and the PCT identify measured walks that can then be publicised to assist people achieve their 10,000 steps or for general health benefits.**
- 1.14 The Committee took evidence from a number of officers based in planning and transportation to determine the ways in which the built environment can be improved to address the issues that currently contribute to increased obesity levels.
- 1.15 The Committee learned that developers are encouraged to ensure that local facilities and services are easily accessible on foot, bicycle or other modes of transport involving physical activity noting that they such links are always sought.
- 1.16 Walking and cycling are seen as important elements for the success of local transport issues in the borough as detailed in the Local Transport Plan. The accessibility to both offer alternatives to journeys made in cars as well as health benefits that may not be otherwise achieved.

### **Recommendations**

- R27 The Committee recommends promotion of the Council's scheme encouraging the use of bicycles for travelling to and from official business.**
- R28 The Committee recommends that the PCT and SBC encourage other major local organisations to adopt a similar scheme.**
- R29 The Committee recommends to the PCT and SBC to develop a programme of measures to encourage its employees to engage in regular physical activity. When in place, the Committee would encourage both stakeholders to urge large employers to consider a similar programme for its staff.**
- R30 SBC and the PCT to promote wellness in the workplace by offering personalised health advice and lifestyle management programmes in workplace as part of core business.**

- R31 The PCT explore the delivery of a multi-component community based weight management service with special emphasis on psychology of eating behaviour.**
- R32 The PCT, through Social Marketing insights, promote men’s weight management.**
- R33 The Committee would recommend to SBC and the PCT to set the example to the wider community in the first instance by encouraging and facilitating healthy lifestyles among its workforce.**
- R34 The Committee would urge the PCT and SBC to publicise the local markets and supermarkets across the borough as an excellent healthy and good value source to purchase fruit & vegetables, meat, eggs and other good quality produce.**
- R35 The Committee would urge the PCT and SBC to review its policies on catering for events such as conferences, meetings etc to ensure that a healthy range is provided.**
- 1.17 Many people currently choose to face the obesity challenge alone, or with the assistance of commercial weight management organisations. Given the health risks associated with being overweight or obese, nationally it is considered that the NHS needs to take an increasingly proactive role in providing advice on and access to weight management services.
- 1.18 PCTs are increasing their provision for both children and adults with weight problems, and knowledge of what works is growing. However, depending on their particular needs, in many local areas it is felt will need to accelerate their provision to match the growing demand.

**Recommendations**

- R36 SBC and the PCT support a range of outlets to promote healthy lifestyle advice and signposting services to pharmacies, community centres, leisure centres, walking schemes etc.**
- R37 SBC and the PCT develop co-locating services to provide the delivery of healthy lifestyle advice supported with Health Trainer service to improve 1–1 support associated with healthy eating, cooking skills training.**
- R38 That consideration is given by the North Tees and Hartlepool NHS Foundation Trust, under the reconfiguration of hospital services (Momentum), that nutritionists and dieticians are, wherever possible, relocated into community settings to increase the level of community services.**
- R39 The Committee recommends that the PCT should engage with its GPs to develop a regular weight monitoring programme of all its patients with its aim of early intervention and appropriate support for patients.**
- R40 The Committee recognises that advising patients and also parents/carers of a child who is overweight or obese should be handled sensitively and would recommend that a training programme should be developed for those involved in any weight measuring or weight management scheme.**

## 2.0 INTRODUCTION

2.1 In December 2006 the National Institute for Health and Clinical Excellence (NICE) issued the first ever national guideline addressing both the prevention and treatment of obesity in adults and children. The guideline contained wide ranging recommendations, not just for the NHS, but also for schools and early year's providers, local authorities, employers and town planners. They included:

- Local authorities should work with local partners, such as industry and voluntary organisations, to create safe spaces for physical activity, addressing as a priority any concerns about safety, crime and inclusion, by:
  - providing facilities and schemes such as cycling and walking routes, cycle parking, area maps and safe play areas
  - making streets cleaner and safer, through measures such as traffic calming, congestion charging, pedestrian crossings, cycle routes, lighting and walking schemes
  - ensuring buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways).
- Schools should address their environment and ensure that the ethos of all policies help children and young people to maintain a healthy weight, eat a healthy diet and be physically active. This includes policies relating to building layout and recreational spaces, catering (including vending machines) and the food and drink children bring into school, the taught curriculum (including PE), school travel plans and provision for cycling.
- Diet changes and exercise, supported by behaviour change, should be the first line treatment for adults who are overweight or obese, followed by drug treatments if lifestyle interventions are unsuccessful.
- Healthcare professionals should give people advice on maintaining a healthy weight that includes:
  - Making being physically active such as walking, cycling, swimming, aerobics or gardening a part of everyday life
  - Eating five portions of fruit and vegetables a day
  - Avoiding foods that are high in fat, sugar and salt
- Interventions for children who are overweight or obese should first address lifestyle within the family and in social settings. Family based interventions are recommended for children who are overweight, but a range of physical activity opportunities for children should be a priority. Drug treatments are recommended only if there are physical comorbidities (such as orthopaedic problems or sleep apnoea) or severe psychological comorbidities.

2.2 In January 2008, the Government published Healthy Weight, Healthy Lives: A Cross-Government Strategy for England. This laid out the ambition to be the first major nation to reverse the rising tide of obesity and overweight in the population, by enabling everyone to achieve and maintain a healthy weight. The initial focus was on children: by 2020, the aim is to reduce the proportion of overweight and obese children to 2000 levels.

### 3.0 EVIDENCE/FINDINGS

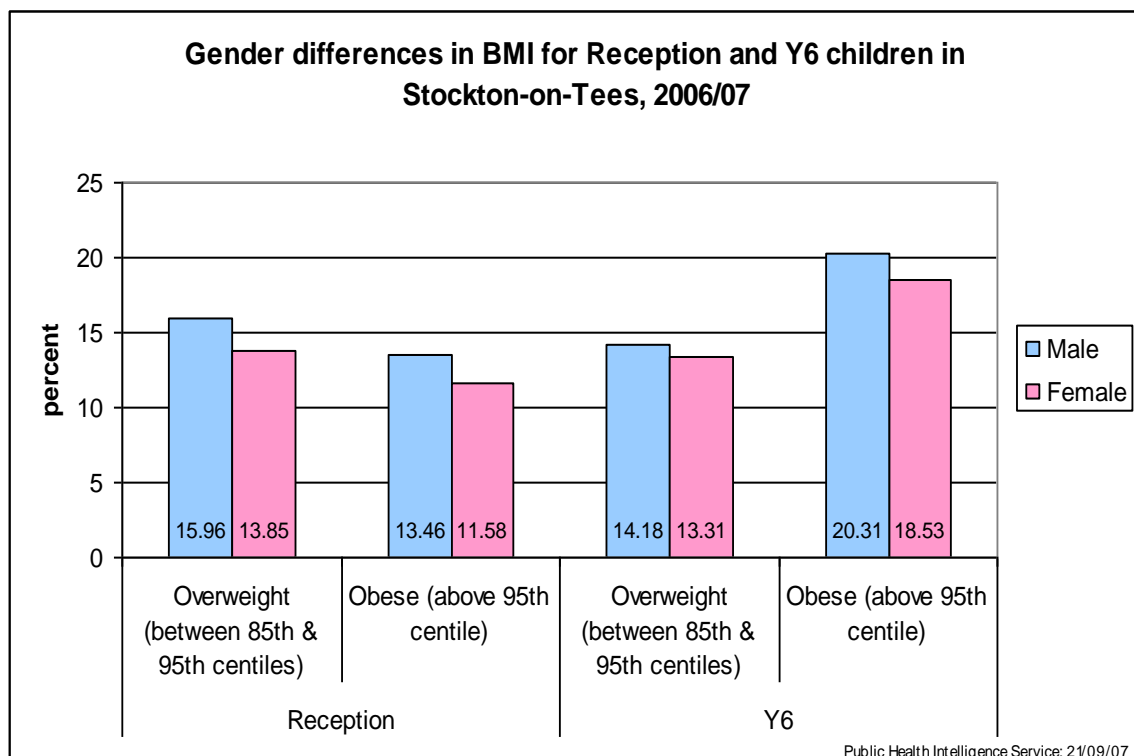
**(That those recommendations for Stockton Borough Council be approved, in principle, subject to a full assessment of both service and medium term financial planning implications and that recommendations for external organisations be endorsed for submission to them.)**

- 3.1 The Committee recognised the importance of the issue of obesity as it continues to affect the residents in the borough. Hardly a day has gone by during this review when this hasn't been reinforced by the media reports and portrayals of how the increase in food consumption and sedentary lifestyles of an increasing proportion of people is producing a health problem for individuals as well as service delivery issues for health services.
- 3.2 Members were therefore keen to take evidence from a wide variety of people involved with addressing the problems in order to understand what is currently being delivered and identify, if possible, if weaknesses existed in tackling the obesity problems. Armed with this knowledge then possible solutions and recommendations would be available to improve on services from dedicated officers already attempting to deal with this issue.
- 3.3 In 2004 the Primary Care Trust recommended to the Health Improvement Partnership that an obesity action plan for Stockton was developed following the production of a report outlining the key issues of obesity and its contribution to poor health in Stockton on Tees. The PCT and Stockton Borough Council, were both visited by the Department of Health's Childhood Obesity National Support Team in September 2007 who provided recommendations to halt the year-on-year rise in obesity among children aged under 11 by 2010.
- 3.4 The National Support Team (NST) found the scale of the challenge for Stockton was:
  - Growing health inequalities: 13 out of 26 wards fall within the worst 20% of deprived wards nationally, (8 of these wards are among the worst 10%), whilst two wards fall within the top 20% of most affluent wards nationally.
  - High levels of childhood obesity, 1 in 5 of year 6 pupils are obese and over a third at year 6 are overweight or obese. Already at 2010 national projected figures.
  - Obesity at year 6 is higher in non NRF areas.
  - Population increase and demographic change likely to increase internal health inequalities and put pressure on all public services.
  - PCT restructuring is not yet complete; a number of keys posts remain unfilled.
  - Complexity of organisational environment for health.
  - Time – limited funding for some key initiatives.
  - The issue of obesity is complex, requiring multi-agency working and multi-factorial action across a number of service areas
  - Pattern of provision for childhood obesity is reliant on a number of pilots and initiatives which are yet to be evaluated.
  - Breast feeding initiation rates have remained static and below the national averages, at 54% for the last few years.
  - High levels of alcohol consumption are a contributory factor to obesity locally.
  - Large and increasing number of people are not engaging in exercise, 45 increasing to 51% (Tees Health and Lifestyle Survey 1995 and 2000).
- 3.5 The NST offered a number of recommendations which included the need to develop a comprehensive obesity strategy encompassing all the key

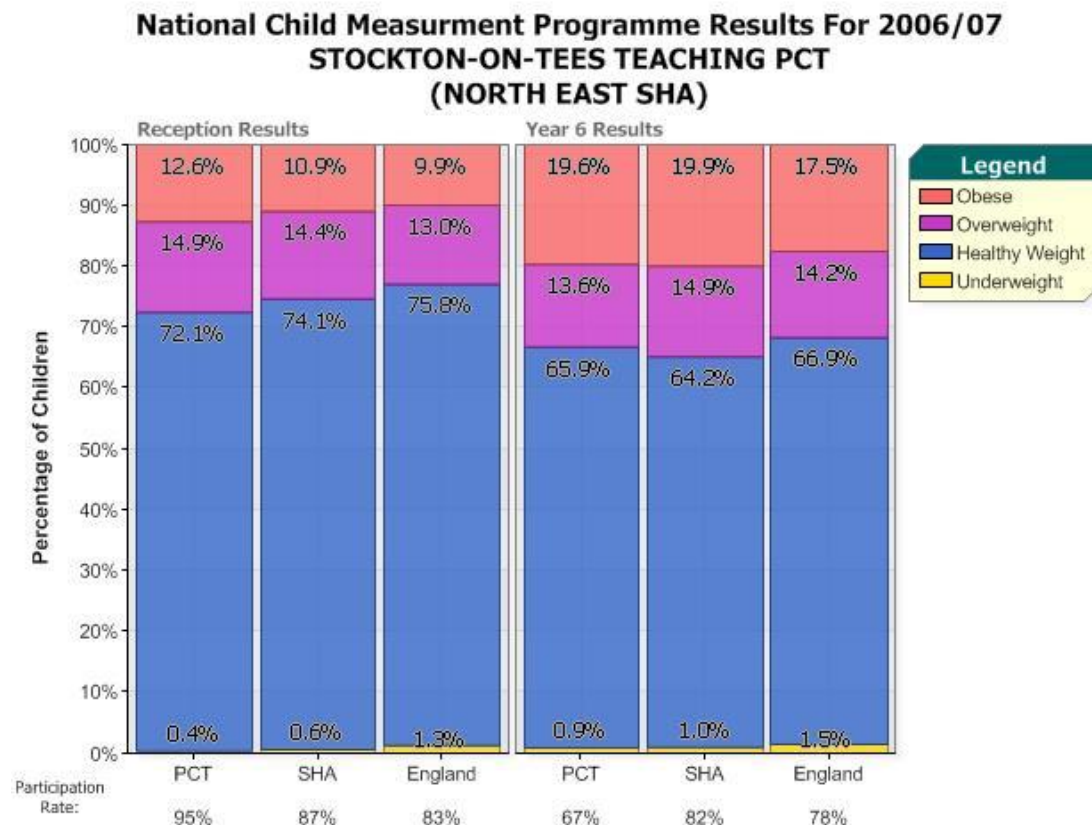
contributing factors including physical environment, food, physical activity and psychological factors and cover both prevention and management. The development of the strategy needed to involve a wide number of stakeholders including engagement by the PCT with GPs as part of the development of practice based commissioning to ensure a shared responsibility for addressing health gain including achievement of the obesity target.

- 3.6 The NST also recommended that the strategy be reviewed by the relevant scrutiny committees but Stockton Council's Children and Young People Select Committee decided that, due to the importance of this issue, that it reviewed the obesity issue as part of its policy development role in order to assist the development of the strategy.
- 3.7 The Committee was pleased to receive Elizabeth Shassere, Director of Public Health, Stockton-on-Tees Teaching PCT as its Link Officer who also leads the Health and Wellbeing Partnership's Obesity Strategy Group. Having such a well positioned Link Officer the Committee was able to gain access to the key officers within the strategy group to call to give evidence.
- 3.8 In order to gain an insight into the problems being faced the Committee heard from Sandra Brown, Obesity Lead Officer based in the PCT. Information shared with the Committee provided details of the National Child Measurement Programme (NCMP) in Stockton Borough (see diagram 1)
- 3.9 Established in 2005, each year children in Reception and Year 6 are weighed and measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity. The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues.

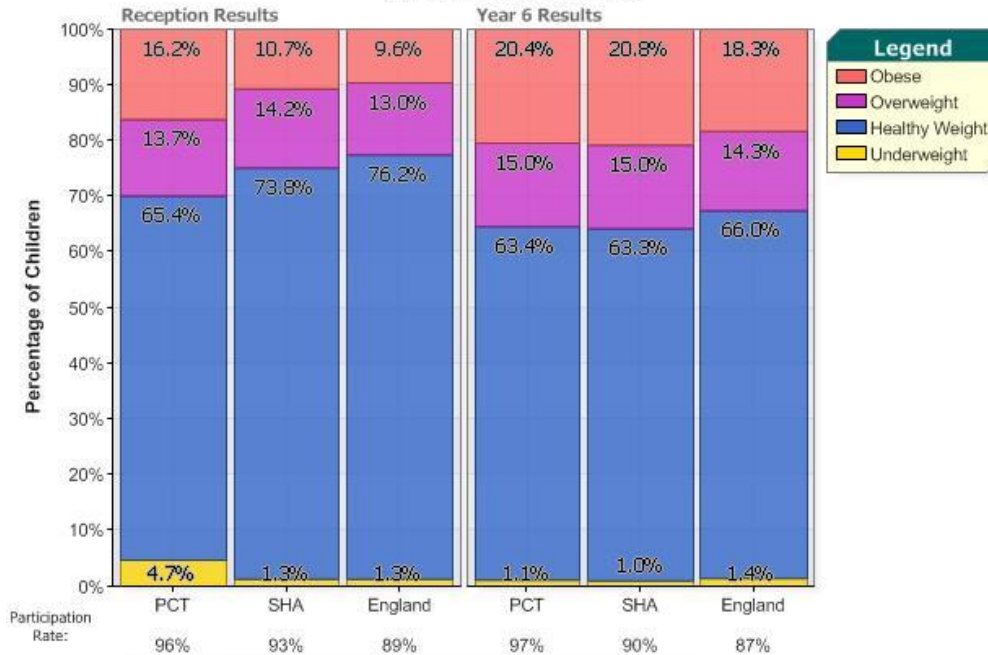
Diagram 1



- 3.10 As can be seen a slightly higher proportion of boys measured were affected by excess weight than girls in both reception and year 6 classes and the percentage levels also go some way to confirm the increasing propensity of overweight or obese incidence.
- 3.11 The Department of Health published guidance for PCTs and local authorities for the change in obesity prevalence in Reception and Year 6 that would be needed by 2010/11 to achieve a statistically significant improvement on the current national trend (of annual rises of 0.5% points). In Stockton Borough this would mean a reduction of 0.8% (to achieve a 95% confidence level) or no increase or reduction (to achieve a 75% confidence level) in reception year pupils. In Year 6 a 1.5% or 0.4% reduction is required to achieve a 95% or 75% confidence level respectively. (Use of a higher confidence level reduces the risk of incorrectly concluding that a significant improvement in prevalence of child obesity has been achieved (at 95%, the risk is 1 in 20; at 75%, the risk is 1 in 4)).
- 3.12 In December 2008 the NHS Information Centre published the latest data for the National Child Measurement Programme which showed that little had changed since measuring had begun.



**National Child Measurement Programme Results For 2007/08  
STOCKTON-ON-TEES TEACHING PCT  
(NORTH EAST SHA)**



3.13 In October 2008 “Healthy weight, Healthy lives: a toolkit for developing local strategies” was published which estimated the local cost of obesity. In the Stockton PCT area the estimated annual costs to the NHS of diseases related to overweight and obesity was calculated to be £51.9m in 2007, £53.9m in 2010, and £57.6m in 2015.

3.14 At the same time the estimated annual costs to the NHS of diseases related ONLY to obesity was £26.9m in 2007, £29.2m in 2010, and £33.5m in 2015 a rise of almost 25 per cent in eight years.

**Recommendations**

**R1 The Committee recommends that the Director of Public Health together with appropriately identified partners from the Health and Well-being Partnership Board publish a long-term strategy to tackle obesity that is appropriately resourced. The Committee acknowledges the excellent work carried out by stakeholders and this strategy will capture and build upon the work that is currently delivered in the borough.**

**R2 The Committee recommends that the PCT and SBC evaluates not only the success of obesity programmes currently commissioned and delivered within the Borough but also consider introducing examples of best practice elsewhere to ensure that value for money is being achieved and services are delivered in targeted areas and to targeted groups as appropriate.**

3.15 The remainder of this report is structured around the Government’s Healthy Weight, Healthy Lives documentation as it is hoped that the report’s use by Council and PCT staff will be easily recognised and assimilated into current working practice.

## **Children: Healthy Growth & Healthy Weight**

### Pre-school

- 3.16 The Committee strongly believe that prevention is better than cure and in wanting to see a reduction in overweight and obese residents would like to ensure that individuals always maintain a healthy lifestyle whether in what they eat or in pastimes or activities in order that their weight is within healthy recommended boundaries. As such, the Committee want to see that parents/carers of babies or pre-school children take responsibility for the types of food that their child(ren) consume.
- 3.17 Information on child health is therefore most important to parents/carers during pregnancy and the first years of life. The evidence shows that breastfeeding, delaying weaning until babies are six months old, introducing children to healthy foods, controlling portion size and limiting snacking on foods high in fat and sugar in the early years can all help to prevent children becoming overweight or obese.
- 3.18 The Committee was pleased to receive the professional medical opinion of Dr Alex Barlow who felt that it was important for the obesity problem to be tackled pre school and suggested that this might mean a bigger role for health visitors. He felt that the National Child Measurement Programme should be in place for children from 3 years old a position supported by Sir Liam Donaldson, Chief Medical Officer for England speaking to the BBC in December 2008. It should be recognized that part of the solution to childhood obesity in children was addressing obesity and lifestyles in adults and families to which the Members of the Committee agreed pointing out that adults needed to be educated in order to tackle issues of childhood obesity aware that eating habits were formed at a very young age.
- 3.19 Mark Telford, ISA Manager, CESC, has worked with Health Visitors and School Nurses across the Children's Centres. He informed the Committee that funding had been invested into the midwifery service to help and encourage mothers in the benefits of breastfeeding. Research has shown that breastfed children were less likely to be obese. More Groups were being established in Children's Centres for breastfeeding mums and a breastfeeding cafe had been established in Parkfield. Funding had been received for a Breastfeeding Co-ordinator.
- 3.30 The Government's Foresight Tackling Obesities study identified critical opportunities for intervention during an individual's life.

Age	Stage	Issue
	Preconception In utero	Maternal nutrition programmes foetus
0-6 months	Post-natal	Breast-vs bottle-feeding to programme later health
6-24 months	Weaning	Growth acceleration hypothesis
2-5 years	Pre-school	Adiposity rebound hypothesis
5-11 years	1 <sup>st</sup> school	Development of physical skills Development of food preferences
11-16 years	2 <sup>nd</sup> school	Development of independent behaviours
16-20 years	Leaving home	Exposure to alternative cultures / behaviour / lifestyle patterns (e.g. work patterns, living with friends etc.)



16+ years	Smoking cessation	Health awareness prompting development of new behaviours
16-40 years	Pregnancy	Maternal nutrition
16-40 years	Parenting	Development of new behaviours associated with child-rearing
45-55 years	Menopause	Biological changes Growing importance of physical health prompted by diagnosis or disease in self or others
60+ years	Ageing	Lifestyle change prompted by changes in time availability, budget, work-life balance. Occurrence of ill health

3.31 Research has shown that breast-feeding and early growth patterns provide the only period in which there is clear evidence to support the concept of a critical period of development associated with long-term consequences. Other stages of life, however, may offer good opportunities to modify behaviour. For example, there is some limited evidence that behaviours, such as liking fruit and vegetables, can be established in early childhood, and it is important to note that the most significant predictor of child obesity is parental obesity (obesity in a parent increases the risk of childhood obesity by 10%). Meanwhile, in older adults, effective interventions associated with modest weight loss have been shown to reduce the healthcare costs arising from associated chronic diseases such as diabetes.

## **Recommendations**

### **Maternal Health**

- R3** The PCT commission the midwifery service, as part of its service level agreement to introduce progressive nutrition and cooking skills programmes during antenatal visits which should include benefits of breast feeding.
- R4** SBC and the PCT make public information available to help women planning conception to prioritise healthy eating and physical activity programmes and offer readily available and appropriate programmes to pregnant women.

### **Early Years (Prevention)**

- R5** SBC introduce cooking skills development within Children's Centres.
- R6** SBC and the PCT identify funding and commissioning opportunities and community venues to introduce cooking healthily skills for Stockton Borough residents in order to improve the quality of family eating behaviour.
- R7** SBC increase opportunities for active play in parent/carer and toddler groups.
- R8** The PCT consider commissioning the monitoring of infant weight, in particular 2 year height and weight check, in order to advise on eating behaviour where appropriate.
- R9** The Committee recommends that the standard letter regarding the National Measurement Programme that goes to all parents/carers of children eligible for the programme:-

- **Clearly explains the purpose of the scheme and dispels any misconceptions.**
- **Promotes the benefits of early intervention against the long-term health risks.**
- **Offers signposting to any appropriate support to both the child and parent/carer.**

### School age children

- 3.32 Schools have a responsibility to provide a healthy environment in which children and young people can learn and develop, and to maximise the opportunity for them to live healthy lives. This is now underpinned by a duty on schools to promote the well-being of pupils.
- 3.33 To promote a culture of healthy eating, the Government now expects all schools – in consultation with parents/carers, pupils and staff to adopt whole-school food policies. In particular, schools will be expected to:
- develop healthy lunchbox policies, so that those not yet taking up school lunches are also eating healthily.
  - assess the adequacy of their lunchtime management arrangements. They need to be able to determine whether current arrangements are conducive to healthy eating or not. In particular, schools should consider the length of time available for lunch, and whether adopting a stay-on-site/closed gate policy at lunchtime would be helpful in ensuring that all children are eating healthy food.
- 3.34 Carolyn Dailey, Healthy Schools Team Co-ordinator provided the Committee with a breakdown of the work being undertaken in Stockton schools that supports young people achieve a healthy weight and healthy lives.
- 3.35 The core business of the healthy schools team consists of supporting and training schools to achieve the national healthy schools status including the implementation of new government legislation around food and nutrition.
- 3.36 Specific targeted work has included accessing big lottery funding to develop training resources to engage whole families to eat and be healthy; targeting 6 primary schools and their school communities as a result of deprivation levels and obesity surveillance results; 19 schools accessing the school food trust 'Let's Get Cooking' programme which allows each school to access £2,500, linked to the big lottery project 'Tall 'n Small food for all' which encourages sustainability for schools.
- 3.37 The work undertaken is linked with partners in the borough as well as regionally helping to share best practice. This it is hoped will be developed if funding is available to create a multi disciplinary operational 'food in schools' team to work intensively in schools to engage not only the pupils but also their parents/carers to improve nutrition and lifestyles.
- 3.38 Further information was provided by Anita Brown and Jackie Sharp from the Council's Catering Service informing the Committee that the Council's Catering Service provided catering to 65 primary schools, 2 secondary schools and 4 special schools. All Primary Schools were now subject to government standards on school food and this would also apply to all Secondary Schools by September 2009.
- 3.39 The catering service had started to move away from processed foods as early as 2004, introduced salad bars and worked with suppliers to provide healthy

meals, however, this had inevitably increased food costs. Khalid Azam detailed the budget and standard fund grant that was disaggregated to Schools. The cost per school meal had risen and in Stockton was two pence more than the National Standard.

- 3.40 The catering service has invested in software enabling it to ensure that all its recipes were balanced and in accordance with government requirements. Focus groups identified that the cost of school meals was a major concern for parents/carers and particularly those with more than one child, of school age. Further evidence suggested that the healthy meals, children received at school, were not available at home. A parents/carers cooking club had been formed to encourage healthy practices, but despite the best efforts of officers the Committee was disappointed to learn that this had been poorly attended.
- 3.41 The Committee was keen to see the involvement of parents/carers in developing healthy meal options for themselves and their children and commended the catering service in attempting to reach parents/carers. This included the idea to hold regular taster sessions for parents/carers to help engage with mums and dads as well as involving children to familiarise them with new healthy foods. This has helped establish what meals children would like to see on their menus.
- 3.42 In September 2008 the Council's healthy eating mascot, Rosie Apple, launched the authority's new healthy School Meals Passport Scheme which is proving to be very popular encouraging children to eat healthy meals and 'clean their plates'. Under the scheme every child, with a clean plate, receives a sticker which could lead to a prize. It was suggested that the scheme had assisted in reducing food wastage and portion sizes. In addition a 'happy lunchtime helper' scheme encourages children to help other children, younger than themselves with portion size and serving balanced meals.
- 3.43 Of particular concern to the Committee was the way in which the healthy food options could be undermined by the pupils leaving the school grounds and buying food from providers close to schools. The effect of peer pressure, on take up of school meals, was highlighted in terms of children leaving the school premises or choosing to eat a possibly unhealthy packed lunch although the School Food Trust had brought in standards on packed lunches prepared by parents/carers.
- 3.44 Discussion was held on School Gate Policies and the numbers of fast food outlets in close proximity to schools. It was stated that some schools had a closed school gate policy on lunchtimes to ensure that school children were eating on site, either at the cafeteria or by packed lunch, only children with authorisation by their parents/carers were allowed off site. Some schools had reduced the time allowed for lunchtime breaks to discourage children from leaving the site. This may, the Committee thought, have a detrimental effect for staff and children if they have to rush their meal due to limited time.
- 3.45 An example was given to the Committee showing Thornaby Community School, which required pupils to remain in school during lunch breaks had a 70% uptake of school meals. Billingham Campus School which allowed pupils to go off site during lunch breaks had a 27 - 28% take up. The service was effectively competing against a local garage and other establishments.
- 3.46 Questions were asked of Barry Jackson, Development Services Manager, and Rosemary Young, Spatial Plans Manager, to gather information about whether anything could be done regarding the location of food outlets close to

schools. The Committee was informed that Waltham Forest had proposed that hot food takeaways which fell outside designated town centre and local parade locations were to be resisted where the proposal fell within 400m of a park boundary or existing school or youth centred facility. This was meant to manage the proliferation of fast food outlets as a means of combating their known adverse effects on community health e.g. their contribution towards obesity, which has been identified as increasing the risk of a range of diseases and which is considered to be an issue for children across London. This test has not proved successful because Waltham Forest acknowledge they cannot resist proposals which are located in town centre or local shopping parades within 400 metres of a park boundary, school, or youth facility but is something the Committee is still keen to explore.

- 3.47 Over the past few years, schools have been extending the services they offer. Many now open up their facilities outside school hours for pupils, their families and the local community. So far, more than half of all schools in the country offer some 'extended services' for the pupils, families and communities they serve. By 2010, the Government wants that to be all schools.
- 3.48 Extended schools typically offer affordable Ofsted-registered childcare from 8am until 6pm, 48 weeks a year (if it's a primary school) – at school or with a nearby nursery, pre-school, playgroup or childminder. Included in this can be breakfast clubs offering pupils a healthy meal allowing them to start the day ready to learn.
- 3.49 Khalid Azam, Joint Strategic Commissioner and Dave Adams, Strategic Service Manager provided Members with information on Extended Schools as they operate in Stockton Borough.
- 3.50 The Schools within the Borough have been arranged into clusters with services being provided either on site or at a nearby school or childcare provider.
- 3.51 A joined up approach was required to enable the services and funding required to be provided appropriately. It was felt that some schools were offering more of the core offer than others and depended on the individual schools' perspective of the strategy. It was stated that the Government wanted the funding to focus on all areas of the core offer not just physical exercise.
- 3.52 Members discussed the provision of breakfast clubs. 10 Schools within the borough had been provided with funding through the Childrens Fund to enable breakfast to be provided to children at a subsidised rate. The response to the breakfast clubs in these areas had been positive. Breakfast clubs were provided at other schools within the borough, however, there was no standard rate and each individual school had their own set fee.
- 3.53 In November, Councillor Broughton attended an event organised by the Council's Youth Service which brought young people from across Stockton Borough together to look at why they might become obese looking at diets, lifestyles and the media in an attempt to find solutions for themselves.
- 3.54 Young people are astute, able to recognise the types of food that they should eat to maintain a healthy weight and a healthy lifestyle but find themselves under all sorts of pressures from society. Those attending the November event listed amongst those things which determined what they ate included the temptation of nice food, parental choice, boredom, and those that had

attempted to stop smoking found that they ate more. Role models, the media, technology, and society's views in general all played a part on how young people viewed themselves and what could influence their choice of food and/or lack of physical activity.

3.55 When asked to think of possible solutions that could arrest and possibly reverse the obesity levels young people seemed to be aware of what was required but might need some help to realise the solutions. They listed the following as considerations that could be tried:

- Free fruit in schools
- Longer PE lessons
- Wider range of physical activities in PE
- Have better role models
- PE lessons, practical for 1 hour and 10 minutes every day
- Bring sports day back
- Free bikes for young people
- Dance classes
- Council to build area for young people e.g. bike parks
- Get local celebrities involved

## **Recommendations**

### **Schools**

**R10 Promote a strategic approach to healthy eating and physical activity through the introduction of Healthy lifestyle team comprising of Nutritionist (2) and assistants to work with Healthy Schools Team. Responsibilities would include:**

- **SBC's Children Education, Social Care (CESC) department to maximise opportunities to promote positive attitudes and behaviours related to healthy eating.**
- **CESC to monitor implementation of School Food Trust Guidelines.**
- **CESC to encourage increase in school meal take up.**
- **CESC, with School Governors to introduce healthy lunch box policy.**
- **CESC and the PCT to deliver training to school staff, and included in School Governors training programme, to ensure a consistent healthy lifestyle message.**
- **CESC to explore all funding opportunities of breakfast clubs and determine standard quality levels.**
- **CESC to address obesity related school bullying.**
- **PCT and CESC to develop specialist treatment service for children above 98.6 centile.**
- **PCT and CESC to develop robust pathways for referral to other weight management opportunities in the community for secondary school-age pupils.**
- **CESC with SBC's Road Safety Team ensure that each school has in place an appropriate sustainable school travel plan.**

**R11 The Committee expects that CESC should continue to explore opportunities with School Governing Bodies to promote:-**

- **The Healthy Schools Programme**
- **The Extended School Day including the promotion of Breakfast Clubs**
- **The opportunity of the wider community accessing school grounds out of school time.**

**R12 The Committee recommends that schools maximise opportunities for physical activity during the school day that contributes to the objective of 5 hours per week of high quality physical education.**

**6<sup>th</sup> Form College / FE College**

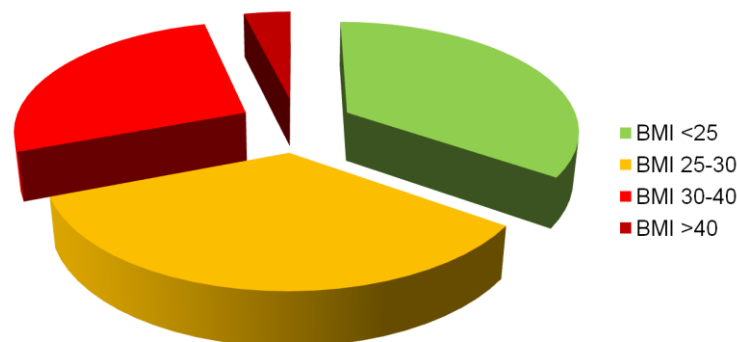
**R13 CESC, with college governors, identify opportunities to support students age 16+ to develop life skills based on information related to nutrition, cooking skills developments, and benefits of exercise in a similar way to how alcohol/drug misuse and smoking cessation has been targeted.**

**Promote Healthier Food Choices (Supportive Environment)**

3.56 Whilst the Committee ordinarily deals with matters affecting children and young people the scope of this review was widened to incorporate the effect of obesity on all ages of people in the borough. The Committee therefore made itself aware that some manufacturers, retailers and caterers have been very active in encouraging healthier eating but, given the scale of the prospective crisis in excess weight, more needs to be done.

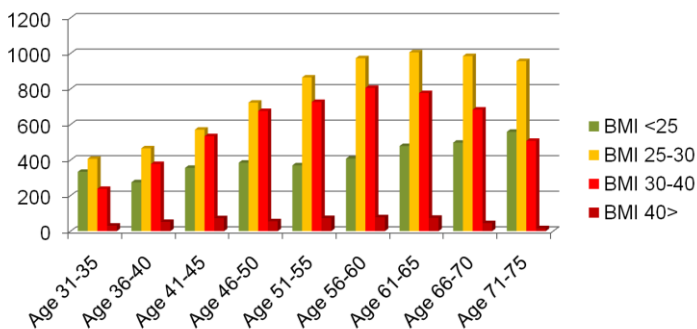
3.57 The Committee took evidence from Rachel Fawcett, Public Health Practitioner, Stockton on Tees Teaching PCT, which showed the scale of the problem for people aged 16 and over.

3.58 As at 30 June 2007 the number of BMI's recorded for patients aged 16 years and over was 52,490 which is represented in the following exploded pie chart.

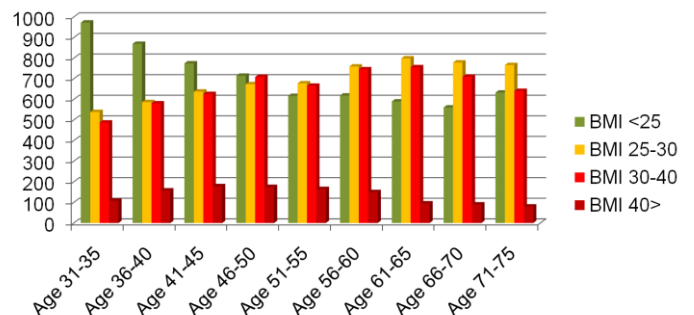


3.59 The figures were then subdivided for men and women which are shown in the following graphs.

**Men**



**Women**



- 3.60 Obesity was seen as a major health problem with currently a gap in service provision of a specialist weight management service for those with BMI in excess of 35 with co-morbidities (the simultaneous presence of 2+ morbid conditions or diseases in the same patient) or BMI 40 and over. Members were provided with information on the Specialist Weight Management Service Models that had been examined in Redcar and Cleveland, Middlesbrough and Sunderland. It was anticipated that a similar service North of Tees could be established and offered to those who fitted the following criteria:-
- a BMI over 40 or a BMI over 35 who had weight related health problems and/or waist circumference over 102 cm Males (90cm Asian Males) and 88cm Females (80cm Asian Females)
  - Patients should have already attended weight management services but have failed to lose 10% of their body weight.
  - Patients with obesity related infertility.
- 3.61 It was anticipated that GP's would be able to refer adults to the service. The services that would be made available would be a personal assessment, psychological formulation and intervention, individualised dietary treatment, fitness assessment and advice, anti obesity medication, on going patient reviews. It was stated that a 5-10% reduction in body weight can improve health dramatically.

### **Recommendations**

- R14 SBC to investigate the effectiveness of policy S14 of Alteration no 1 to the adopted Local Plan in controlling fast food outlets outside of the defined retail centres, and ensure policies are contained in the Regeneration Development Plan Document to reduce the proliferation of such outlets outside defined retail centres with specific regards to protecting the health and well being of children, especially near parks and school.**
- R15 SBC and the PCT compile a register of current food outlets in each ISA locality to enable focussed efforts on promoting the development of healthy options and awards that reward this.**
- R16 The PCT commission seminars for restaurateurs to learn to adapt recipes with lower levels of fat, salt or sugar as part of the award programme including providing nutrition information on menus and offering smaller portion of adult menu items.**
- R17 SBC and the PCT support workplaces to adopt corporate policy on healthy catering.**
- R18 SBC and the PCT encourage take up of national convenience store initiative in Stockton to increase fruit and vegetable consumption**
- R19 SBC and the PCT establish links with private play centres to include additional opportunistic sessions around healthy eating and cooking skills.**

### **Building Physical Activity Into Our Lives**

#### **Promoting participation in physical activity**

- 3.62 The increasing sedentary lifestyles chosen by adults and children coupled with an increase in fatty calorific foods heightens the likelihood of obesity and

accounts for the increased levels of obesity being recorded by health professionals.

3.63 The Committee was therefore keen to explore what is being done and what could be done by the Council Sports Development team and Tees Active Limited (TAL) to help stem the rise of obesity and increase the numbers of people involved in some form of physical activity.

3.64 Steve Chaytor, Managing Director, Tees Active Limited provided the Committee with the latest breakdown of users by age category based on the approx 1.1 million visits by people over 14 years of age:

14 -19 years	8.7%
20 – 30 years	15.4%
31 – 40 years	29.5%
41 – 50 years	23.5%
51 – 59 years	9.3%
60 plus	13.7%

3.65 The sports facilities have a wide ranging menu of opportunities to choose from that is meant to appeal to all ages. There are specifics like low impact fitness, over 50's sessions etc. By careful programme planning TAL can attract older users with such things as early and lunch time swims (no children), GP referral schemes (mainly older people), and bowling that are open to everyone but appeal more to older people. It was also felt that it was important to use non-intimidating images in advertising and promotion and to use images that appeal to all sections of the population and to programme activities and offer ancillary services that have broad appeal and offer an enjoyable experience. It was considered that an effective way of attracting people of any group was to show similar people enjoying the activities and include employing older staff where appropriate.

3.66 The Active Health Scheme, a service provided in partnership with Stockton-Borough Council's Sports Development Team aims to improve individual's general health and well being by increasing participation in physical activity. Previously known as "exercise on prescription", it was launched in 1995 and represents part of SBC Sports Development Team Core business. The programme is delivered currently in partnership with Tees Active who provide consultation and gym induction to individuals referred to the programme. The Sports Development Team co-ordinate, administrate and deliver the programme offering a wide range of physical activities from the Activ8 gyms, swimming, and appropriate exercises classes as part of the scheme. Support and guidance is offered both during and after the programme by the GP referral staff and Active + programme and gyms offers a progression into main stream activities. The Active Health – Exercise Referral Scheme can see over 800 people per year and see on average around 60 individuals per month. The additional funding assisted the securing of a new staffing structure within the Activ8 gyms including two full time specialist Health & Fitness Advisors. Whilst the PCT does not fund this programme directly, financial support was given to Tees Active this year to work on a 'one to one' pilot programme to commence in September 2008 for overweight adults to lose weight under the 'Active Health' banner. This is a pilot programme introduced as an identified gap to determine effectiveness that potentially can attract 116 adults in the first year. The Active Health scheme is being evaluated both nationally and locally across the Tees Patch by Teesside University.



- 3.67 A number of operational changes have been implemented including issuing an Active Life Centre swipe card for the duration of the scheme. This allows the identification of individuals completing the 12 weeks of the scheme, the types of activities they accessed, how often and most of all did they continue to participate in physical activity following the scheme. For the first time it can be established how many individuals are referred onto the specific exercise and weight management schemes and where individuals are referred from which will allow TAL to continuously assess the demand for services.
- 3.68 Following the introduction of the adult weight management programmes, Weight-Less & Lite4Life (originally set up through Neighbourhood Renewal Funding) saw an increase in referrals from Health Practitioners due to increased awareness of obesity related health issues. Funding was secured from Stockton-On-Tees Teaching Primary Care Trust's Health Improvement Team to commission the following programmes for the next two years:
- Lite 4 Life - an **Adult Referral Programme** whereby health practitioners can refer into the programme and is delivered in community venues by the Sports Development Team which can potentially support 300 beneficiaries since 20 x 10 week programmes are on offer. An additional follow on programme 'Fit 4 Life' has also been commissioned in order to support those adults who require a maintenance programme.
  - Weight-Less - a SELF REFFERAL adult weight management programme commissioned by Stockton TPCT and provided by Tees Active for delivery in all Active Health leisure centres. A Total of 20 x 10 week programmes are currently being delivered during the first 12 month period from 1<sup>st</sup> April – 31 March, 2009 with the potential to benefit 300 people.
- 3.69 In addition to the above progressive nutrition and weight management programmes, Stockton TPCT supports walking for health service delivered by the Sports Development Team has enabled the appointment of a Walk Leader Co-ordinator.
- 3.70 In order to support the 'menu of choice for adults with weight management difficulties TPCT has introduced a psychology service 'Think Yourself Thin' which has offered 4 programmes this year – one in each of the Integrated Service Areas based on Neuro linguistic programming. Participants are encouraged to explore their relationship with food therefore transforming the 'mindset'. This programme is being delivered by Cppc Ltd and is to be evaluated at 6 and 12 months.
- 3.71 Adult weight management is an inclusive programme and TPCT is currently funding a programme in partnership with the Health and Social Care Team for adults with learning disabilities who attend the Allensway Day Centre.
- 3.72 The Committee learned that the relationship between the PCT and Tees Active continues to develop and is proving to be very fruitful. The PCT funded the Sporting Start holiday programmes aimed at reaching non-active children. It has also piloted free swim initiatives through Tees Active and has also distributed free Leisure Saver Cards to targeted school children There is an ongoing dialogue about how to get more children more active.
- 3.73 The PCT funds Tees Active to deliver specifically on childhood obesity through the Young Persons Active Health Scheme. This includes work in around twenty schools and very intensive work with individual children referred to the scheme by doctors, parents/carers and school nurses. The

scheme is based on a pilot scheme in 2007 that was evaluated for effectiveness by a NHS consultant and lead to the PCT core funding the work.

- 3.74 In addition to the general sports facilities available in the borough the Committee investigated the physical activities that were provided by schools. At present there was a list of some activities provided through the Family Zone link via the Council's website. During 2008 work to list all available activities was due and this is now expected to be complete in early 2009.
- 3.75 The Committee also investigated the possibility of using swimming pools within schools in the borough. It was suggested that Tees Active consider whether they could utilise these pools for activities in the future. It was stated that Tees Active had in the past managed the pool at Abbeyhill School and was anticipating using this pool for some swimming lessons when Billingham Forum pool was closed.
- 3.76 In Stockton Borough Children Looked After are provided with free access to sporting facilities. In June 2008 all local authorities were encouraged to open up nearly 1,600 publicly owned swimming pools free to over 60s in England through a new £140 million fund; using the fund as a "challenge fund" to encourage local authorities to offer free swimming to under-16s and to rejuvenate and maintain pools. Steve Chaytor informed the Committee in November that Stockton Council would be providing free swimming in 2009 for the aforementioned age groups as part of the national commitment to get more people active although the Committee expressed concern if the scheme would have a detrimental impact on the quality of swimming for those already enjoying Stockton Borough facilities.
- 3.77 As was stated at the outset of this section of the report that it is the food intake along with the lack of exercise that contributes to the increase in obesity levels. Members had previously looked at the catering within schools and therefore discussed the catering provided within the cafe at Splash and other Tees Active establishments and enquired whether it was feasible for calorie/fat content information to be provided on the meals provided. This will be explored especially as various premises are being developed and refurbished including the cafeterias on site at the different venues.

## **Recommendations**

- R20 SBC and the PCT undertake a mapping exercise of family based physical activities available during school holidays to identify gaps in provision and to assist consideration of funding opportunities including the mainstreaming of free/reduced cost provision.**
- R21 SBC and the PCT encourage family swimming programmes which offer adult as well as children 'learn to swim' sessions.**
- R22 SBC and the PCT consider a social marketing campaign to gain insights into barriers that prevent women accessing sport and physical activity.**
- R23 SBC and the PCT encourage the development of more family programmes in existing and developing sports facilities so parents/carers and children could access these together.**
- R24 The Committee would urge SBC's Sports Development Team to capitalise on the public interest generated by the 2012 London Olympics**

and success of the games held during 2008 in Beijing and explore increasing access to sport and activity opportunities. This may include publicising that Tees Active is currently coaching a number of young people who may be competing in the 2012 Olympics to represent Team GB.

**R25 SBC and the PCT mainstream the 'Walking for Health' campaign: encouraging at least one third more of the borough's population to achieve 10,000 steps per day by 2010.**

**R26 SBC and the PCT identify measured walks that can then be publicised to assist people achieve their 10,000 steps or for general health benefits.**

### **A supportive built environment**

3.78 Nationally the government has stated that there is significant potential for promoting 'active travel', particularly given that 55 per cent of trips by car are under 5 miles, with 25 per cent under 2 miles. Promoting walking and cycling as viable alternatives to car use for such journeys could have substantial benefits – not only for promoting healthy weight, but also for climate change, congestion and the wider environment.

3.79 Guidance from the National Institute for Clinical Excellence (NICE) has set out the first recommendations – based on evidence of effectiveness and cost-effectiveness – on how to improve the physical environment in order to encourage and support physical activity. NICE's recommendations include ensuring that:

- any planning applications for new developments prioritise the need for people to be physically active as a routine part of their daily life
- pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining roads
- public open spaces and public paths can be reached on foot or by bicycle, and are maintained to a high standard
- any new workplaces are linked to walking and cycling networks
- during building design or refurbishment, staircases are designed and positioned to encourage use, and are clearly signposted
- school playgrounds are designed to encourage varied and physically active play.

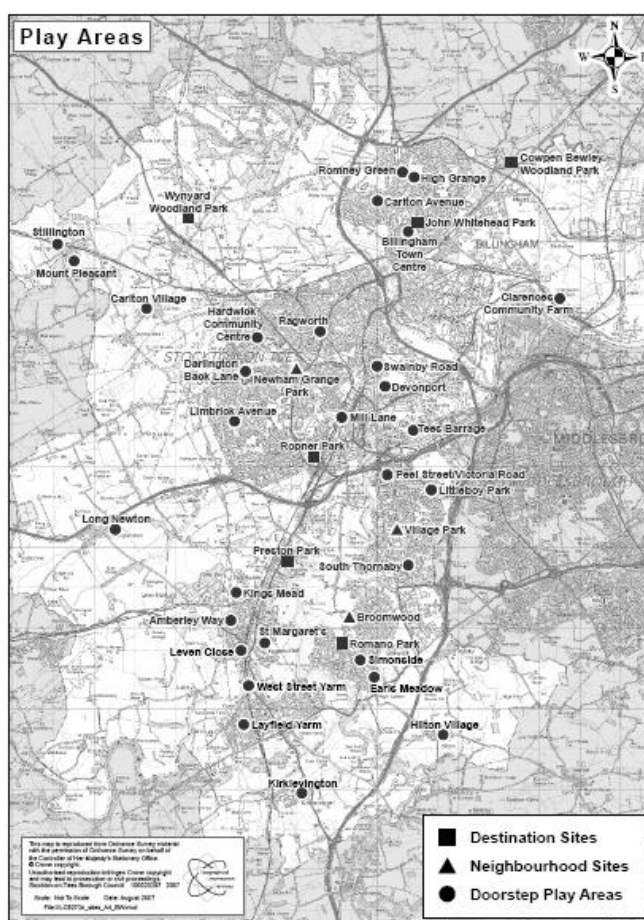
3.80 The Committee was therefore keen to take evidence from a number of officers based in planning and transportation to determine the ways in which the built environment can be improved to address the issues that currently contribute to increased obesity levels.

3.81 With regards to planning the department is constrained by planning legislation which cannot assess the potential effect of decisions on the health of the population because it does not have the data in terms of population health or on the impact a development may have. What it can do however, is provide the opportunities for physical activity, encouraging the provision of health facilities and discouraging uses which would be polluting and dangerous.

3.82 Measures to assess the impact of physical activity levels before planning proposals are presented for approval are not a material planning consideration and therefore cannot be taken into account.

- 3.83 As mentioned in the NICE guidelines “staircases are designed and positioned to encourage use, and are clearly signposted” but it shows the difficulty this places on Planning Officers as when the Committee questioned this point it found that it is at odds with providing accessibility for the disabled.
- 3.84 Anecdotal evidence suggests that children do not play outside in the way that previous generations have enjoyed. An increase in the amount of cars may mean that young people will play indoors as concern over their safety is heightened. The Committee wanted to ensure that developers are encouraged to ensure children can participate in physically active play. The Committee was pleased to note that developers provide open space and play areas in accordance with the requirements of the Council’s Countryside and Green Space section.
- 3.85 The Committee saw that the issue of open space and play areas was dealt specifically by the Children’s Trust Play Strategy and Play Area Strategy the strategies being linked to the Be Healthy outcome of the Every Child Matters agenda and contributing to the development of healthy lifestyles and tackling obesity.
- 3.86 The strategies benefited from an audit of local provision which found that at present there are 40 fixed equipment play areas on land in the public domain (excluding schools) in the borough, a reduction of 20 from 1998 (see diagram 2, page 29). The areas are defined in 3 categories:
- Destination sites – high quality, well-equipped areas with innovative provision, located in a park or recreation ground and serving a large catchment area. These sites provide additional facilities such as toilets and refreshment outlets, and usually benefit from an on-site ranger service and are monitored via CCTV.
  - Neighbourhood sites – as above, but serving a smaller catchment area and with fewer additional facilities on site.
  - Doorstep sites – smaller stand-alone equipped play areas that have a reduced range of equipment and serve a local catchment area.
- 3.87 At the end of the evidence gathering for this review the Children's secretary Ed Balls launched the National Play Strategy. It will give all local authorities access to at least £1m to fund playground development. The reasoning given for rolling out the programme more quickly to local authorities was so that every local authority is offered funding by April 2009, with the intention to get better facilities available to children sooner, and support the economy at the same time.
- 3.88 The Committee was keen to learn that developers are encouraged to ensure that local facilities and services are easily accessible on foot, bicycle or other modes of transport involving physical activity noting that they such links are always sought. With this information the Committee then investigated transport issues.

Diagram 2



### **Creating Incentives for Better Health**

- 3.89 The workplace can have a significant impact on employee health, and can present an opportunity to promote healthy living. Nationally, employers are considered to have a role to play in supporting working adults to make healthy choices. Many well-run organisations are recognised as already addressing health and well-being at work as an essential part of business improvement. Employers can support their staff in a number of ways: making healthy options available in staff canteens, providing fitness facilities and investing in facilities for cyclists.
- 3.90 The Food Standards Agency has also recently announced plans to work with employers, catering providers and their suppliers to develop practical ways to deliver healthier workplace catering. The Healthy Food Code of Good Practice is contained within Promoting healthier food choices, one of the five key strands to the Healthy Weight, Healthy Lives strategy. The code sets out seven areas where the Government expects companies in every food sector to take action to demonstrate their commitment to promote healthy eating:
- front-of-pack labelling
  - smaller portion sizes for energy-dense and foods high in salt
  - promotion of food to children
  - reductions in consumption and the levels of saturated fat and sugar, particularly sugary drinks
  - increasing consumption of healthier foods

- single set of key healthy eating messages
  - nutritional information on food eaten out of the home.
- 3.91 As stated above, Members had previously looked at the catering within schools and the cafe at Splash and other Tees Active establishments. It is hoped that calorie/fat content information can be provided for meals provided at TAL venues. Members were informed that this will be explored especially as various premises are being developed and refurbished including the cafeterias on site at the different venues.
- 3.92 The Committee was also interested to read that the Local Transport Plan contains various strategies that help support individuals pursue healthier modes of transport.
- 3.93 Walking and cycling are seen as important elements for the success of local transport issues in the borough. The accessibility to both offer alternatives to journeys made in cars and offer health benefits that may not be otherwise achieved as was evidenced in the Regeneration and Transport Select Committee Review of the Sustainable School Travel Strategy and its subsequent recommendations.
- 3.94 The approach taken by the Council to cycling is by creating cycle routes then the benefits of cycling can be promoted along with encouraging cycle safety training. This has also included workplace cycling for Council staff through the provision of parking and changing facilities at workplaces, and the incentivisation of cycle use for business purposes.
- 3.95 A similar approach was taken for walking, through the development of a strategic hierarchy of routes linked to key education, healthcare, transport and community facilities. The condition, location and accessibility requirements of pedestrian facilities are focused on user needs and safe and secure integration with public transport.

### **Recommendations**

- R27 The Committee recommends promotion of the Council's scheme encouraging the use of bicycles for travelling to and from official business.**
- R28 The Committee recommends that the PCT and SBC encourage other major local organisations to adopt a similar travel scheme.**
- R29 The Committee recommends to the PCT and SBC to develop a programme of measures to encourage its employees to engage in regular physical activity. When in place, the Committee would encourage both stakeholders to urge large employers to consider a similar programme for its staff.**
- R30 SBC and the PCT to promote wellness in the workplace by offering personalised health advice and lifestyle management programmes in workplace as part of core business.**
- R31 The PCT explore the delivery of a multi-component community based weight management service with special emphasis on psychology of eating behaviour.**
- R32 The PCT, through Social Marketing insights, promote men's weight management.**

- R33 The Committee would recommend to SBC and the PCT to set the example to the wider community in the first instance by encouraging and facilitating healthy lifestyles among its workforce.**
- R34 The Committee would urge the PCT and SBC to publicise the local markets and supermarkets across the borough as an excellent healthy and good value source to purchase fruit & vegetables, meat, eggs and other good quality produce.**
- R35 The Committee would urge the PCT and SBC to review its policies on catering for events such as conferences, meetings etc to ensure that a healthy range is provided.**

### **Personalised advice and support**

- 3.96 While prevention measures across the whole population will in time lead to a healthier nation, the situation of those who are already overweight or obese also needs to be considered as a crucial element of our strategy. The number of overweight and obese individuals is forecast to continue rising, and it is essential that effective services are available to help these people to meet the personal challenge of reducing their BMI and maintaining a healthy weight.
- 3.97 Many people currently choose to face that challenge alone, or with the assistance of commercial weight management organisations. Given the health risks associated with being overweight or obese, the NHS needs to take an increasingly proactive role in providing advice on and access to weight management services.
- 3.98 The Government has already published a clinical care pathway and guidance for GPs on the management of excess weight problems, recommending that GPs agree personal weight plans with patients. Additionally, the Quality and Outcomes Framework incentivises GPs to keep a register of all adults registered to their practice with a BMI of over 30. The NICE guidance of 2006 has also laid a firm foundation for the NHS to commission weight management services.
- 3.99 Many PCTs are increasing their provision for both children and adults with weight problems, and knowledge of what works is growing. However, depending on their particular needs, many local areas will need to accelerate their provision to match the growing demand.
- 3.100 Dr Alex Barlow provided information on patient flows with regard to weight issues. His assessment was that although 50% of his patient consultations would involve illnesses potentially related to weight, only about one in a hundred consultations involved patients seeking help in respect of weight problems and that this was significantly lower in respect of children's weight. It was anticipated that 60-80% of patients would be classed as overweight in 25 years. He referred to the numerous medical problems caused by obesity which included bowel cancer and heart disease but also psychological problems, low self esteem and social aspects.
- 3.101 He informed the Committee that GPs tended to focus on the patients' "agenda" during a consultation but he suggested that GPs needed to be more focused on the public health agenda. He advised that, following a diagnosis of obesity, GPs would signpost patients to other services and discuss therapeutic interventions. He felt that many morbidly obese patients had low

self esteem and psychological issues and that addressing the root cause is a significant key.

- 3.102 He felt that GPs didn't use data systematically to target patients and that practices offering weight management services should be rewarded. He pointed out that patients seemed to welcome the involvement of practice nurses. He also stressed that GPs needed better feedback on successful approaches to treating obesity in primary care.
- 3.103 Dr Barlow provided information on the different types of drugs available for patients which were recommended to be taken in conjunction with a health diet and lifestyle. However, there was no data on long term effects of the drugs and therefore some GPs were reticent about prescribing them. Bariatric surgery was also available for people with a BMI of over 40.
- 3.104 In October 2008 the issue of drugs used to control obesity made national headlines when rimonabant, which helps obese patients to lose weight by suppressing their appetite showed that those on this drug were roughly twice as likely to develop psychiatric disorders, such as depression, anxiety and aggression, than those taking a placebo.
- 3.105 Dr Barlow stressed that the Council and partner agencies should be seeking to get preventative messages across in as many different ways and settings as possible (school, health visits, leisure centres, children's centres etc) and that more "non medical" people could be utilised. For example, he referred to the work being carried out by organisations such as Weight Watchers and Slimming World which illustrated a need not being met elsewhere.

### **Recommendations**

- R36 SBC and the PCT support a range of outlets to promote healthy lifestyle advice and signposting services to pharmacies, community centres, leisure centres, walking schemes etc.**
- R37 SBC and the PCT develop co-locating services to provide the delivery of healthy lifestyle advice supported with Health Trainer service to improve 1-1 support associated with healthy eating, cooking skills training.**
- R38 That consideration is given by the North Tees and Hartlepool NHS Foundation Trust, under the reconfiguration of hospital services (Momentum), that nutritionists and dieticians are, wherever possible, relocated into community settings to increase the level of community services.**
- R39 The Committee recommends that the PCT should engage with its GPs to develop a regular weight monitoring programme of all its patients with its aim of early intervention and appropriate support for patients.**
- R40 The Committee recognises that advising patients and also parents/carers of a child who is overweight or obese should be handled sensitively and would recommend that a training programme should be developed for those involved in any weight measuring or weight management scheme.**



#### **4.0 Conclusion**

An incredible amount of focus has been given to the issue of obesity throughout the lifetime of this review with the Committee constantly being bombarded with information, research, news items and medical opinion about what the likely causes are, and possible solutions to the increased propensity to people being overweight and obese.

Sifting through such detail with the help of medical and other professional help has been a difficult task but one that has occupied Members interest and imagination in an attempt to help those dealing directly with the consequences of obesity.

The Committee is aware that much good work is being carried out in a variety of areas within the borough to help individuals tackle the problems of excess weight and their corresponding health issues. The Committee is therefore hopeful that this report will help to co-ordinate the positive areas and go some way to identify the gaps in service provision that will need to be closed if we are to arrest the levels of obesity currently recorded and those forecast to develop in the first place.

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