

[TACKLING OBESITY]



Introduction

I have had the pleasure of chairing this Health Panel reviewing obesity. It was only a short time ago that this topic was visited with recommendations that focused on promoting exercise to encourage healthier lifestyles. However the topic is complex and still very much in the news, there was a lot that could be reviewed.

The Change4Life Campaign began by focussing on young families and so it seemed reasonable to focus on this group. We had some very good witnesses and were able to have a positive scope and review.

We were also alerted that there were links with another Select Panel that was reviewing allotments. On behalf of the Panel I would like to thank the Chair Councillor Michael Gray and his colleagues for their work and contribution to this report and I hope there will be some positive outcomes from the recommendations and that ultimately it will encourage more people to make a change to a healthy lifestyle

I would like to take this opportunity to thank all the Members and Officers involved in this review and to all the witnesses who came and gave presentations.

Councillor Mrs Elizabeth Yates (Chairman)

June 2009



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1. EXECUTIVE SUMMARY

- 1.1.1 This report concerns a scrutiny review of obesity in Bassetlaw handed down to the Health Panel as part of the Annual Work Programme by the Overview and Scrutiny Committee. The topic was chosen as obesity has become a much discussed topic by, professionals, politicians and the media. The consensus is that the problem is growing and needs to be addressed now.
- 1.1.2 The recent Government promotional initiative Change4life was thought to be a good place to start as the vastness of the topic is apparent. Change4Life is a publicity campaign, which focuses on three cluster groups, one of these is young families and the Panel decided to concentrate on this group for the review.
- 1.1.3 The aim of the review is to examine the situation regarding obesity in Bassetlaw and to focus on the strategies and initiatives being implemented to tackle this growing problem. This will be done by desktop research and interviewing experts in the field. From the evidence gained the review will highlight any potential areas for improvement.
- 1.1.4 The review was carried out by the following Councillors who were appointed to the Health Panel:

• Councillor Mrs. E. M. Yates (Chair)

Councillor B. Jones

• Councillor Mrs M.W. Quigley (Vice-Chair)

• Councillor D. Challinor

Councillor J Smith

Councillor F Hart

Councillor M Stokes

• Councillor B Hopkinson

Councillor C Troop

During the review, the group interviewed:

- Sharon Stoltz Head of Health Improvement at Bassetlaw Primary Care Trust
- Helen Houghton Health Improvement Practitioner Advanced
- Sally Penn Senior Coordinator for the District of Bassetlaw's Children's Centres
- Mark Hodgkinson Consultant to Sports Development
- Nicola Platts Communication and Engagement Manager
- Councillor Michael Gray Chair of Select Panel 3

Their help and co-operation with the review is gratefully acknowledged.

1.2 Summary of Findings

- Obesity is a rising national problem with 24 % of the adult population in England classed as obese and a further 38% as overweight. In Bassetlaw 27.6% of the adult population is estimated to be obese.
- In 2006 Health Survey in England 29.7% of children aged 2 to 15 were classed as overweight or obese. In Bassetlaw there are 11.4% of children aged 4-5 years old who are classed as obese which is higher than the England average of 9.9%.
- There are links with the more deprived areas having an increase in obesity. These 'hot spots' of higher prevalence of obesity in Bassetlaw are in Worksop South East, Langold and Harworth
- Approximately a third of adults were unaware of the Government guidelines for physical activity targets.
- There will need to be a culture change, family activity and education is key to stemming the rise in obesity.
- There are a range of initiatives taking place in Bassetlaw involving the Council and Bassetlaw Primary Care Trust and other partners.
- The problem needs a holistic approach with targeted attention for some groups and a co-ordinated programme.
- The Change4Life branding is an excellent opportunity to bring everyone together and promote the whole range of services and activities.

- Food education is essential, the Panel found that that the Primary Care Trust had put two Community Food Educators in
 post and that the Health Trainers were in a prime position to support people in the community once their training is
 complete.
- There are protocols in place to direct families to the Children Centres but the reality is that this is patchy.
- There was an overlap between allotments and the benefits that they can have on individuals and the issue of tackling obesity
- The Council provides an excellent Sports development service and the referral scheme available to local health centres was successful, and well placed to provide these services.
- There is at the moment a disjointed approach to promote the host of services available.

1.3 Key recommendations

- 1. Strengthen the current protocol to provide Children Centre's welcome packs to new tenants and those with newborns by the A1 Housing Officers. The Panel recommends that this process is extended to have Children Centre information available at Housing Surgeries and A1 Customer Services and that this is monitored and that Overview and Scrutiny Committee are provided with the number of packs distributed.
- 2. The Panel recommends that the Children's Centres should seek to strengthen their relationships with other housing providers (Derwent, Longhurst and New Roots) so that a similar agreement to the one with A1 is put in place with these housing providers.
- 3. The Panel also suggests that as the Children Centre's welcome packs are available for general distribution that Residents and Tenants Associations could also provide this information to the residents. Contact could be made with Residents and Tenants Associations in the District to gauge reaction.
- 4. That the Council supports the Change4 Life campaign by signing the charter once it is drawn up following the Pledge Event and brands our activities with the brand. It also recommends that Members should individually support the campaign.

- 5. The Panel recommends that a leaflet with all the services relating to tackling obesity be produced by Primary Care Trust and in conjunction with Bassetlaw District Council
- 6. Production of an article in Bassetlaw News promoting healthy lifestyles, including sports activities, walking and cycling and take-up of the Council's allotments scheme.
- 7. The Panel recommends that the role of Community Food Educators should be monitored and that there is a regular update about the outcomes achieved.
- 8. To monitor the implementation and the impact on take up of the new Service Level Agreement with BDC and PCT and the future development of the Referral Scheme, to ensure a consistent offer of the 'Go for Fit' scheme by local GP's.
- 9. The Panel are keen to support the implementation of a child obesity referral scheme by Sports Development and to monitor its development and outcomes.
- 10. The Panel recommends a joint publicity campaign with Nottinghamshire County Council and Active Leisure Management for sporting activities (Wet and dry) at the sport centres.

1.4 Joint Recommendations

- 1. The Panel recommends that gardening information should be included in the welcome packs for A1 Tenants. This would provide basic information
- 2. The Panel recommends promoting the health benefits of allotments/healthy eating/exercise in poster form to be supplied to all the Districts Health Centres
- 3. The Panel recommends working in partnership with local suppliers to promote gardening and involving other organisations e.g. Schools, A1 Housing and Primary Care Trust.
- 4. To further raise the profile of gardening as a family activity with the introduction of a Junior Gardening Competition that could be run by the Council in partnership with partners.
- 5. The Panel recommends the creation of both a Voluntary Allotment/Food Ambassador and a champion from within the Council to promote how to grow fresh food but also how to prepare and cook it.
 - Attend local events providing practical advice about gardening, allotments and the types of food to grow and how to cook it.
 - Promotion of allotments as a healthy activity through Bassetlaw News Articles

2. CONTEXT

- 2.1.1 Obesity is a key challenge with indications that the almost two thirds of the Nation population are overweight or obese. The prediction s that if this issue is not tackled is that Obesity will overtake smoking as the major cause of preventable ill health. The cost to the NHS could reach £50 billion by 2050 for obesity related illness.
- 2.1.2 Bassetlaw is currently estimated to have the highest prevalence of adult obesity in the County. Obesity in children and adults are key priorities in the Local Area Agreement.
- 2.1.3 The Health Panel had previously reviewed this topic in 2004/05, when the Panel looked at "Promoting exercise to encourage healthier lifestyles". The Panel were keen to avoid any duplication, but also acknowledged that many of the recommendation in that review were related to Bassetlaw District Council's staff.

2.2 The Terms of reference

Members agreed the following terms of reference.

- The role and work of key partners in this area
- Change4Life what does it mean for Bassetlaw
- The Government's policies and guidance on tackling obesity
 How can the approach be improved
- Local drivers and initiatives.
- What is being done to tackle obesity

2.3 The Scope

The scope of this review was to examine obesity in Bassetlaw with a focus on young families. It examined the existing policies and practices around tackling obesity. It wanted to review Change4Life and how it was being implemented in Bassetlaw. It also wanted to explore how the Panel might work with another Select Panel working on Allotments. It was originally discussed that the Panel would review school Meals but it was decided that the Panel would look at families with 0-5 year olds and the role of Children's Centres in Health education. The Panel wanted to highlight cases of best practice and also identify areas for improvement.

3. OVERVIEW OF THE POLICY FRAMEWORK

3.1 National Level

3.1.1. In recent times the Government has produced a raft of guidance, initiatives and policies in an attempt to tackle obesity and halt its rise. It is important to understand this information to avoid duplication and to see where regional and local initiatives can fit in.

The current strategies and polices are: -

Healthy weight, Healthy Lives: a Cross-Government Strategy for England Strategy (2008). This strategy focuses on five thematic areas and provides funds, guidance and commitments.

- Healthy Children
- Promoting healthier food choices
- Building physical activity into our daily lives
- Creating incentives for better health
- Personalised information and care for people already overweight or obese
- Be Active: Be Healthy: A plan for getting the Nation moving (2008). This provides a new framework for the delivery of
 physical activity aligned with sport for the period leading up to the 2012 Olympics.
- Healthy lives, brighter Futures- The strategy for children and young people's health. This strategy sets out how to strengthen existing policy (such as the Children's Plan and Every Child Matters) around children and young people's health, pregnancy and infancy and the services that support them to achieve their ambitions.

- Change4Life: tackling childhood obesity (2009). This is a Government led publicity campaign to promote awareness among children and parents, without stigmatising the overweight. There are three target clusters these are:
 - Cluster 1 Those lacking time or money
 - Cluster 2 Those lacking knowledge and parenting skills to improve their family's lifestyle
 - Cluster 3 Affluent, overweight families who over-indulge in unhealthy foods.
- Public Service Agreement target for obesity is a target to reduce the proportion of overweight and obese children to the levels at 2000 by 2020 in the context of tackling obesity across the Population.
- An initiative such as Surestart encourages breastfeeding as it has been shown to reduce the likelihood of obesity in later life. Healthy Start promotes healthy diet for children in low-income families. 5 A DAY programme increase the amount of fruit and vegetables consumed.
- Local Area Agreement (LAA) performance management framework local improvement indicators.
 - LAA indicator 53: Breastfeeding 6-8 weeks
 - LAA Indicator 55: Obesity among primary School children in Reception year
 - LAA Indicator 56: Obesity among primary school children in year 6
 - LAA Indicator 57: Children & Young People participation in high quality physical education and sport

3.2 Local Level

- 3.2.1 At a Local level there are policy drivers these are:
 - Healthy Weight, Healthy Nottinghamshire Action Plan 2008 2011. Delivery on these priorities and targets is being achieved through the implementation of the action plan which is owned and steered by the Nottinghamshire Strategic Partnership
 - Nottinghamshire Local Area Agreement
 - Bassetlaw Partnership for Health
 - Bassetlaw Primary Care Trust Strategic Plan 2008-2011.
- 3.2.2 Bassetlaw Primary Care Trust has specific models for Bassetlaw Obesity Service for Children and Young people and for Adults these are based on the model in the National Institute for Health and Clinical Excellence (NICE). Each model has four tiers dependent on the support services that sit within that tier. For example tier one is for the whole population and is for basic intervention and prevention. A copy of the models is in the appendices. Following the completion of the Healthy Lifestyle Strategy 2005-08, the new strategy in place is the 'commissioning for Health: A strategy to Deliver'. The vision for this is 'Adding Life to Years and Years to Life.
- 3.2.3 The Change4Life campaign is being implemented countywide by the Obesity Steering Group, Bassetlaw PCT are launching an event in June for Partners to sign up to the Charter to support the campaign. Events will then be coordinated across the District.

3.2.4 Given the estimated rising prevalence of obesity in Nottinghamshire a key priority for Nottinghamshire's Local Area Agreement is tackling rising obesity.

The partnerships ambition is that:

- The rise of obesity amongst children and young people will slow down and possibly plateau over the next 3 to 5
 years
- More children and young people will access free school meals
- More women will breastfeed
- More children, young people and adults will participate in physical activity and sport
- Fewer children and young people will travel to school/college by car
- The consumption of fruit and vegetables will increase for all within the context of 5 a day
- BMI measurements are undertaken systematically and registers are established.
- 3.2.5. A range of actions are being carried out across the partner agencies represented on the Obesity Strategic Group. As a result of agreeing a shared commitment to tackling the rise in obesity across all age groups, positive partnership approaches have been harnessed which focus on the prevention, identification and management of obesity.
- 3.2.5 Bassetlaw District Council has a Service Level Agreement in place with Bassetlaw PCT and through this commissions a range of activities to promote physical activity including an Exercise Referral Scheme and Health Walks. Bassetlaw PCT works in partnership with the District Council and other stakeholders in the development and implementation of a Physical Activity Strategy for the District.
- 3.2.6 Four practices in Retford are running a very successful weight management service called Chrysalis, which is funded by the Bassetlaw PCT. It has been running this for about 4 months and has had some excellent results. They are hoping to expand this service in the near future to a wider population. The PCT will be putting a new contract is out for tender for the provision of weight management services for both adults and children.

3.3 What is Obesity

Obesity is the state of being above one's ideal weight; this is usually 20% or more above the ideal weight, which is based on height, frame, age and sex. Body Mass Index (BMI) most commonly defines obesity, those with a score higher than 30 would be labelled as obese. Obesity is a problem because it raises the risk of a whole range of preventable illnesses such as:

- Heart Disease
- Diabetes
- Increased blood Pressure

- Stroke
- Some Cancers
- Hyperlipidaemia (excess of fatty liquids in the blood)

The most common and immediate consequences of overweight and obesity in childhood are social and psychological. Negative stigma and bullying can contribute to low self-esteem and depression, and may have a significant effect on future mental and physical health. Being overweight in childhood is also associated with increased risk factors for heart disease and of particular concern is the recent appearance of Type 2 diabetes in children and adolescents, a condition previously only affecting people in middle to later life. The most significant long-term consequence of obesity in childhood is its persistence into adulthood. Overweight young people have a 50% chance of being overweight adults. The persistence of obesity into adulthood not only increases the adult risk of disease due to obesity but also its occurrence at an earlier age.

3.4 Causes of Obesity?

Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. However there are many complex behavioural and societal factors that combine to contribute to the causes of obesity. The Foresight report (2007) referred to a "complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain".

4. BACKGROUND

4.1 National Problem

- 4.1.1 Obesity is a national problem and is a growing one. There has been a considerable jump in the number of children who are now obese or have weight issues. The national trend data shows the prevalence of obesity and overweight is growing at a much faster rate than in adults. The consequences of obesity are both medical and socio-psychological, with around 75% of them going on to be obese in adulthood.
- 4.1.2 Obesity in children is linked to poor self-esteem, bullying, mental health problems and social isolation. The evidence suggests that those living in lower socio-economic groups and in areas of deprivation have a higher incidence of obesity. The increase in type 2 Diabetes is not just concentrated to adults who are obese, but has risen in children too.
- 4.1.3 Obesity also has serious economic costs. It has been estimated that the cost of obesity to the NHS is approximately £4.2 billion and Foresight forecast this will more than double by 2050. However, there are also costs to society and the economy more broadly for example, sickness absence reduces productivity. Foresight estimate that weight problems already cost the wider economy in the region of £16 billion, and that this will rise to £50 billion per year by 2050 if left unchecked.

4.1.4 Reasons for obesity can include: -

- Low intake of fruit
- Poor knowledge amongst parents and children about a healthy diet
- An increased reliance on fast food or convenience food which have high levels of sugar, salt and saturated fats
- The change in the work place more sedentary jobs and lifestyle, more cars, leisure activities are less active (computer games, television and videos).
- Decline of physical exercise
- Food poverty means those from lower socio-economic backgrounds find it more difficult to access quality fruit and vegetables on a regular basis
- Some medical conditions and medication can heighten the risk of obesity.

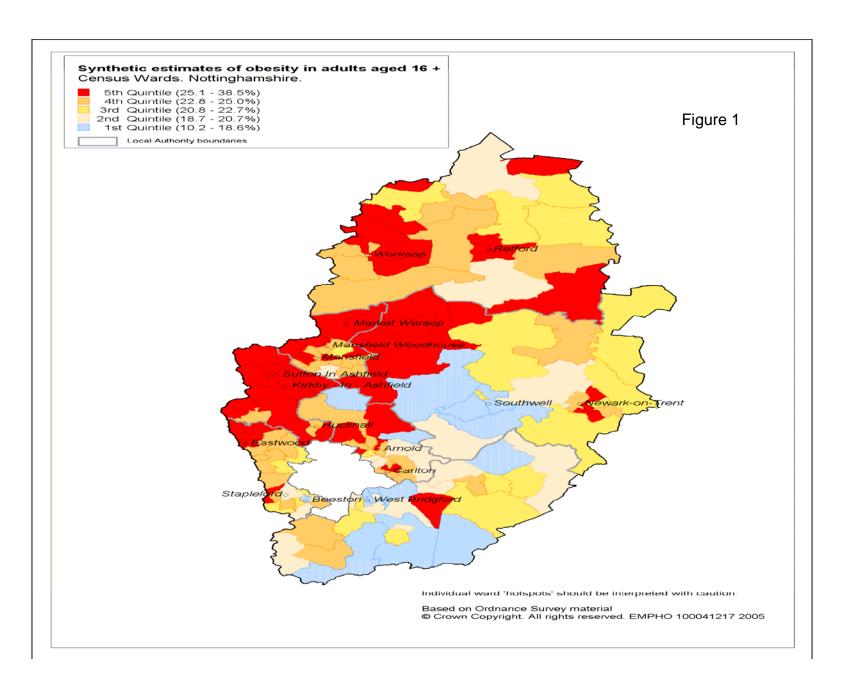
4.2 Bassetlaw's Perspective

Estimates suggest that locally 124,000 adults in Nottinghamshire are in the obese category, and that prevalence is strongly associated with factors such as social class.

The estimated prevalence of adult obesity in Bassetlaw is 27.5% and has been identified as having the most prevalence for obesity in the County.

Obesity surgery is over subscribed and 30 people had surgery last year over double the number of operations allocated (see Appendix 1). This has meant that the Bassetlaw Primary Care Trust's budget has had to rise to accommodate the obesity related treatment.

The map in Figure 1 shows the areas in red with up to 36% of adults being obese. These 'hot spots' are Worksop South East, Retford, Misterton and Rhodesia and Harworth. These are some of the areas that are in the 10% most deprived areas of England according to the Indices of Multiple Deprivation (IMD 2007). There is a higher than the England average in Bassetlaw of children who are obese.



5. EVIDENCE FOR RECOMMENDATIONS

5.1 Children Centres

- 5.1.1 A visit from Sally Penn the Senior Coordinator for the District of Bassetlaw's Children's Centres revealed the work of Children Centres. This initiative was expanded from the Government initiative Surestart. It is a holistic approach and it is a partnership approach. It focuses on the age of the child, the stage of the child, the milestones in development and families with children 0-5. They are not just focussing on families in crisis; they provide signposting to other agencies. The core staff includes a teacher, family workers and a community engagement worker. Children Centres have a good relationship with the Bassetlaw Primary Care Trust and the Public Health Department. The Children Centres will be involved in the Change4Life campaign, which promotes 'eat well, move more, live longer'. The Centres provide opportunities for young families to access a range of support services and activities. By building relationships with parents they are able to make suggestions about diet and exercise. There is also a dietician on staff who has developed healthy eating policies and to provide opportunities learn about healthy living in a friendly setting. There are some food coops in the Centres where families can buy fruit and vegetables at a reasonable price. These provide taster sessions and recipes. Food coops are currently under review by the Primary Care Trust, who is evaluating the potential benefits and how to make them more user friendly.
- 5.1.2 The centre also promotes exercise with 'Sure Tots' a physical activity programme involving climbing equipment, colour, shapes, and counting. The holistic approach means that obesity is tackled, without being singled out but as part of a coordinated activity. We promote exercise straight from babies 'Sure Babies' marks milestones such as, sitting, crawling and walking and promotes physical activity. There is also strong links with the Play Partnership; two of the newly built play parks are built next to Children Centres, encouraging physical activity through play. Bassetlaw Play Partnership is in the process of completing a programme of equipping new and some existing parks in the District.
- 5.1.3 Children Centres rely on referrals and other partners signposting families to them, as they are not permitted to approach families themselves. There are protocols in place with Health visitors, family workers and other organisations. One such protocol is with A1 Housing that they will provide new tenants with families with a Children Centre's welcome pack at the six-week visit carried out by the Housing Officer and also provides the packs to new parents on registering the birth. This does not seem operational, as there has not been a request for further packs. This means that the uptake of Children Centre services is only at 45%. The Children Centres also have relationships with other housing providers in the District, which could also be extended. There does seem to be a gap for those who are in own homes although the information is available at local Health Centres and baby clinics.

Recommendations:

- The Panel recommends that the current protocol to provide Children Centre's welcome packs to new tenants and those with newborns by the A1 Housing Officer is strengthened. The Panel recommends that this process is extended to have Children Centre information available at Housing Surgeries and A1 Customer Services and that this is monitored and that Overview and Scrutiny Committee are provided with the number of packs distributed.
- ➤ The Panel recommends that the Children's Centres should seek to strengthen their relationships with other housing providers (Derwent, Longhurst and New Roots) so that a similar agreement to the one with A1 is put in place with these housing providers.
- The Panel also suggests that as the welcome packs are general distribution that Residents and Tenants Associations could also provide this information to the residents. Contact could be made with Residents and Tenants Associations in the District to gauge reaction.

5.2 Change 4Life Campaign

- 5.2.1 The Change4Life campaign is a society wide movement that aims to prevent people from becoming overweight or obese by promoting healthy eating and exercise. The advertising campaign began in January 2009 and targeted young families with advertisements on television posters and press reports. Every household with children received a booklet, with an opportunity to complete a few questions to get a tailor made action plan either by post or online.
- 5.2.2 The campaign is now a local campaign, Bassetlaw Primary Care Trust and Bassetlaw Local Strategic Partnership ran a pledge event in June at Retford Town Hall encouraging local partners to say what their organisation can do to support the campaign, use the Change4Life branding on healthy living communications. There will be a charter developed from the information gathered.
- 5.2.3 The campaign seeks to influence and change behaviour without stigmatising people who are already obese or overweight. It recognises that the change that people are being asked to make is difficult. It is not just about a one-time change but a change for life. It involves changing the way we shop, how we cook and eat, how we travel and how we play.
- 5.2.4 There are sub brands such as swim4Life, Cook4Life and Walk4Life that can be used to promote healthy activities.
- 5.2.5 The Health Promotion Team from Bassetlaw Primary Care Trust will be coordinating events throughout Bassetlaw. The campaign is an excellent tool for a holistic approach to an ever-increasing problem.

Recommendations:

- ➤ The Council supports the Change4 Life campaign by signing the charter once it is drawn up following the Pledge Event and that it brands our activities with the brand. It also recommends that Members should individually support the campaign.
- It also recommends that Members should individually support the campaign and champion healthy living as role models to the community.

5.3 Community Food Educators

5.3.1 Food education is a crucial part of tackling obesity, by providing information about the nutritional values in foods, daily recommended allowances, portion sizes and cooking options. By giving people clear information, helps people make choices. Some supermarkets provide information by traffic light labelling which shows customers which products are low in fat, sugar saturates and salt. This can be labelled in a circle or as below and is situated on the front of the packaging for easy identification.



- 5.3.2 The real problem is the increased consumption of fast food, which contains high amounts of saturated fats, sugar and salt. Some of these foods can contain the same amount of calories as the recommended daily allowance.
- 5.3.3 During the review the Panel became aware of Community Food Educators, which had been trained and funded by Surestart and provided a crucial role in providing food education in the community. They delivered Cook and Eat sessions in schools and could provide healthier options. The Panel immediately identified that the reinstating of these posts was a possible recommendation, The Panel were informed that two Community Food Educators had been recruited by the PCT and are currently working across the District. Their role is to provide nutritional knowledge and practical skills to motivate people to eat healthier. They can also sign post to other services. The Health Trainers will be working closely alongside the Community Food Educators providing support for people in the community. There are also specialist services for those with specific problems and these are accessed by GP referrals.

Recommendation:

The Panel recommends that the role of Community Food Educators should be monitored and that there is a regular update about the outcomes and the continuity of the role.

5.4. Partnership Promotional work

- 5.4.1 There was a recurring theme throughout the review about information and education. Bassetlaw District Council has excellent leisure centres and sporting activities. The introduction of free swimming for under 16's and over 65's has also provided opportunities for people to access a healthy family activity. The Council also provide health walks in partnership with Bassetlaw Primary Care Trust and these have become popular. There is also a range of dry activities available such as badminton, squash and football, however these facilities are situated in the new schools Retford Oaks, Elizabethan, Valley school and Tuxford. To book these facilities it is necessary to contact the booking agent Active Leisure Management (ALM) by telephone or email. The details are advertised through the schools and leisure centres and BDC website. There is not a person resident at the sites to take money or bookings so this can be disjointed at times. Users are invoiced for use by ALM or can be paid to the sports centre. There are casual and pay and play sessions scheduled and people can call on the day to check availability.
- 5.4.2 The recent survey carried out by Sport England found that activity levels had doubled on previous figures. This is because there are clubs that use the facilities regularly. ALM is looking to employ a Sports Development Officer for the Nottingham area in the near future. The accommodation available in the schools should not be limited to traditional sporting activities but other groups such as dance, aerobics and drama. ALM are keen to work in partnership to do further promotion and currently is a member of the Sports Forum. The Panel also discussed the fact that the Council has so much more to offer than the leisure services and that a more holistic approach to promoting the services available that could help people become more active.
- 5.4.3 The Panel also heard that the PCT and three of the Children Centre's have push walks in Clumber Park, young families are taken by coach to Clumber and the National Trust Staff organise the walks and train staff to take groups on the walks. The funding for this project is available until December 2009.
- The Panel found that there were lots of initiatives and activities and that information was not coordinated and readily available in a single publication. Nicola Platts Communication and Engagement Manager at Bassetlaw District Council attended a meeting with PCT and found that there was a mapping exercise of all services and initiatives in the District being undertaken at this time. Once this has been completed a publication will hopefully follow.

Recommendations:

- > Production of an article in Bassetlaw News promoting healthy lifestyles, including sports activities, walking and cycling and take-up of the Council's allotments scheme.
- > The Panel recommends a joint publicity campaign with Nottinghamshire County Council and Active Leisure Management for sporting activities (Wet and dry) at the sport centres.
- > The Panel recommends that a leaflet with all the services relating to tackling obesity be produced by Primary Care Trust and in conjunction with Bassetlaw District Council

5.5 Referral Schemes

- The District Council's Sports Development Unit provides an excellent service, providing a range of activities for all ages. The Unit recently invited a Health and Lifestyle Consultant to review the current referrals schemes offered by the District Council. The review was to collect data on the number of referrals, those who have completed the course and identify areas for improvement. The Bassetlaw PCT reported 52% increase this year on the number of referrals received from surgeries, 73% of those referred started the course with three quarters completing the course. The review made recommendations for closer links with practices to ensure a consistency and confidence in the service, more accessibility and the implementation of a child obesity referral scheme to prevent obesity related health problems.
- Overall physical activity has increased among men and women since 1997 to 40% of men and 28% of women. However a third of adults were unaware of the Government guidelines for physical activity (30 minutes of a least moderate intensity activity at least five times a week). Physical activity levels have improved in Bassetlaw according to the Sport England Active People Survey with 2.5% increase since 2005/06.
- 5.5.3 Bassetlaw District Council has a Service Level Agreement with Bassetlaw Primary Care Trust; this has historically been a one-year agreement. The new Service Level Agreement currently being arranged is for three years and will be a better position to deliver results in helping the District to become a healthier place to live. A newly appointed Exercise and Physical Development Officer will drive the initiatives of the Sports Development Unit in tandem with the Service Level Agreement.
- 5.5.4 The Government has put into place a National Child Measurement Programme, which has been running for the last four years. It provides an opportunity for parents to receive a regular update on their child's height, Body Mass Index (BMI) and weight. School nurses measure children in reception year and year 6 and the results are posted out to parents. The guidance provided endeavours to ensure that children are not stigmatised by providing a private area for the individual measurements to be taken and all families receive the results independently. The benefits of the programme are that children can be monitored, care pathways and weight management programmes can be identified and parents can access advice and services. Parents can abstain from the programme, however the preparation work and support for the families has meant that 80% participation was achieved in the programme.

Recommendations:

- > To support the new Service Level Agreement with BDC and PCT and the future development of the Referral Scheme, to ensure a consistent offer of the 'Go for Fit' scheme by local GP's
- > The Panel are keen to support the implementation of a child obesity referral scheme by Sports Development and to monitor its development and outcomes.

6. Joint Recommendations

- 6.1 The Panel were pleased to work with Select Panel Four who was reviewing Council owned allotments. It became apparent that having an allotment could be an activity that would tackle obesity, as gardening was included in the Government guidelines for physical activity. The benefits were not only physical exercise, but could also provide psychological benefits, be a sociable activity, a family activity and produce healthy produce. An example was given of a Tenants and Residents Association running an allotment with a group of young people, which was practical, educational and promoted a healthy lifestyle.
- 6.2 Food education had already been highlighted as key issue and growing your own vegetables whilst may not be cheap to begin with could provide a great source of healthy produce as well as an opportunity to keep fit. The issues around how to set up an allotment or vegetable patch can be daunting. There were also links with the holistic approach to promoting healthy living, providing a range of ideas and activities.
- 6.3 The other shared interest was around young families; traditionally allotments are seen as an activity for the older generation, although there are some allotments run by younger people. Obesity affects all ages and groups and the benefits of participating in gardening are for people of all ages that could be done by individually or as a group or family.

Recommendations:

- The Panel recommends that gardening information should be included in the welcome packs for A1 Tenants. This would provide basic information
- The Panel recommends promoting the health benefits of allotments/healthy eating/exercise in poster form to be supplied to all the Districts Health Centres
- > The Panel recommends working in partnership with local suppliers to promote gardening and involving other organisations e.g. Schools, A1 Housing and Primary Care Trust
- > To further raise the profile of gardening as a family activity by the introduction of a Junior Gardening Competition could be run by the Council in conjunction with partners.
- > The Panel recommends the creation of both a Voluntary Allotment/Food Ambassador and a champion from within the Council to promote how to grow fresh food but also how to prepare and cook it.
 - Attend local events providing practical advice about gardening, allotments and the types of food to grow and how to cook it.
 - Promotion of allotments as a healthy activity through Bassetlaw News Articles

7. Conclusions

There is clearly an obesity problem in Bassetlaw which is being currently addressed by a raft of Government and local strategies and policies. In Bassetlaw 27.6% of the adult population is estimated to be obese, the NHS budget for obesity has increased seven fold over the last three years due to the increase in preventable illness caused by obesity.

It is agreed that this problem requires a holistic approach and a coordinated approach over a sustained period and the affects of this problem are far reaching. A key target area is children and young families in terms of intervention and prevention.

The Change4Life campaign, provides a brand that can promote a host of actions and initiatives to encourage healthy living by promoting 'eat well, move more, live longer' to achieve healthy outcomes. Everyone agrees it is not easy and that people will need support to make these necessary changes.

Services are in place in the community to provide support to young families who are changing their habits and lifestyles. Continued work in the areas of education, promotion and information ensure people are aware of the issues around obesity and how to tackle it.

The Council provides excellent leisure services and sport development services and is always looking at more ways to encourage residents to participate in activities.

The Panel hopes the recommendations will support exisiting policies and strengthen exisiting protocols that will bring overall benefit to local people in Bassetlaw. To be able to tackle this increasing problem, we appreciate the importance of working together and would like to thank everyone who has contributed to this report.

Appendices

Appendix 1.

Model for Bassetlaw Obesity Service for Adults (Model based on NICE Guidance CG43)

Tier 4 Tertiary Obesity Service – Commissioned by Yorkshire & Humber SCG

Estimated numbers of eligible children (Based on NICE modelling guidance): 14

Tier 3 Specialist MDT Obesity Service BMI > 40 or 35 with co morbidities – PCT Commissioned.

Estimated local prevalence 6014 (Based on HSE, 2004 population with BMI 35 – 40+)

Tier 2 Community Based Weight Management
Programmes BMI > 30 or 28 with co-morbidities - PCT
Commissioned Healthy Lifestyle Programmes

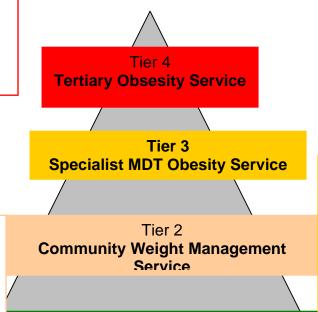
Estimated prevalence 15,150 (Based on HSE, 2004 population with BMI 30-34.9)

Tier 1 Population wide basic intervention and prevention BMI > 25 –PCT Commissioned

Estimated local prevalence 35,752 (Based on HSE, 2004 population with BMI 25-29.9)

Broader Strategy to Tackle Obesity

- Whole population Prevention Activity
- Role of Partner Agencies e.g. BDC
- Child Health Promotion Programme
- Universal Public Health Promotion on healthy eating and physical activity
- Promoting Breastfeeding
- Focus on health inequalities targeted to at risk groups



Tier 1

Population wide basic intervention and prevention

Tier 1 Population wide basic intervention and prevention. BMI > 25

- Promote healthy eating and physical activity-
- Brief Intervention
- Signposting to other services e.g. cook & eat, Go for Fit, Health Trainer
- Media campaign to publicise
- Telephone support
- Web based programme
- Referral to Tier 2 as appropriate

Tier 4 Morbid Obesity Surgery

- Referral by Specialist Tier 3 Weight Management Service (or GP until services established)
- Full support pre and post operatively with appropriate referral back to primary care management
- Drug therapy with appropriate lifestyle intervention support
- Psychological support
- Further investigation

Tier 3 Specialist MDT Obesity Service BMI >40 or 35 with/co morbidities

Motivated patients with complex problems & co morbidities with BMI > 35 should be considered for GP referral for investigation & treatment in a specialist obesity clinic after Tier 1 & 2 have been exhausted

-Consultant/GPSI - Psychological support

- Dietician - Physiotherapist

- Occupational Therapist - Drug therapy with appropriate Lifestyle advice

- Referral back to Tier 1 & 2 for support
- Referral to Tier 4 service as appropriate once Tier 3 exhausted.

Tier 2 Community Weight Management Service BMI > 30 or 28 with co morbidities.

- 12-week weight management group course, lifestyle advice to promote weight loss and maintenance (health professional referral)
- 1:1 weight management (health professional, physical activity officer)
- Link weight management programmes with physical activity e.g. Go for Fit
- Achieve and sustain 5-10% body weight loss
- Offered community wide- in GP practice, local community venues, workplaces etc. with flexible availability
- Referral back to Tier 1 for support
- Referral to Tier 3 service appropriate once tier 2 exhausted

Model for Bassetlaw Obesity Service for Children & Young People (Model based on NICE Guidance CG43)

Tier 4 Tertiary Obesity Service – commissioned by Yorkshire & Humber SCG

Appendix 2.

Estimated numbers of eligible children (Based on NICE modelling guidance): 5

Tier 3 Specialist MDT Obesity co morbidities – PCT Commissioned.

Estimated prevalence 10.0% in reception year and 23.9% year 6 (Source: NCMP 2007/08 results Bassetlaw Schools)

Tier 2 Community Healthy Lifestyle Programmes

Estimated prevalence 10.0% in reception year and 23.9% year 6 (Source: NCMP 2007/08 results Bassetlaw

Tier 1 Population wide basic intervention and prevention BMI >91st Centile

Estimated prevalence 12.6% in reception year and 13.9% year 6 (Source: NCMP 2007/08 results Bassetlaw Schools)

Tier 1 Population wide basic intervention and prevention

Tier 4

Tertiary Obsesity Service

Tier 3

Specialist MDT Obesity Service

Tier 2

Community Weight Management Service

Tier 4 Tertiary Obesity Service delivered in Secondary Care Adolescent Service

- Specialist MDT
- Drug Therapy
- Surgery

Referral from Tier 3 (or GP/paediatrician until services established)

Tier 3 Specialist MDT Obesity Service BMI >91st Centile with complex needs/co morbidities or >98th Centile

Referral for investigation & treatment in an MDT obesity clinic after Tier 1 & 2 have been exhausted

-Paediatrician

- Psychological support
- -Paediatric dietician
- Physiotherapist
- Referral back to Tier 1 & 2 for support
- Referral to Tier 4 service as appropriate once Tier 3 exhausted.

Tier 2 Community Healthy Lifestyle programmes BMI > 98th Centile or 91st Centile with complex needs/co morbidities.

- Evidenced based community programme to include family
 - o 2-4 years
 - 5-10 years
 - 11-13 years
 - 14-19 years
- Multi-component Health Professional/self referral
- Referral back to Tier 1 for support
 - Referral to Tier 3 service appropriate once tier 2 exhausted

Broader Strategy to Tackle Obesity

- Whole population Prevention Activity
- Role of Partner Agencies e.g. BDC
- Child Health Promotion Programme
- Universal PH Promotion
- Breastfeeding
- **Nutrition Policies**
- Play areas
- Active Lifestyles
- Focus on health inequalities targeted to at risk groups

Tier 1 Population wide basic intervention and prevention. BMI > 91st Centile

Promote healthy eating and physical activity- targeted at risk groups (child > 91st Centile, family history, low income/disadvantaged groups)

- Breastfeeding
- Weaning practice
- Early intervention promoting healthy eating & physical activity
- Referral to Tier 2 as appropriate

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