

Obesity Scrutiny Review

Interim Report of the Health & Social Care and Children & Young People Scrutiny Panels

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1. Foreword by the Chair of the Joint Scrutiny Working Party, Cllr Bob Metcalfe



Councillor Bob Metcalfe,
Chair of the Health and Social
Care Scrutiny Panel, and Joint
Obesity Scrutiny Working Party

The following pages outline the background, meetings and recommendations of the Joint Working Party on obesity. It was decided at the beginning that an in depth review of this important issue would extend across the remit of more than one scrutiny panel, and so panel representatives from across three of the Council's scrutiny panels have been involved in this review, together with full support from NHS Calderdale.

The working party heard in its early deliberations, alarming estimates that the sheer cost locally in Calderdale of treating diseases relating to obesity and overweight was £53 million pounds annually. This was estimated to rise to £55 million by 2010 and nearly £59 million by 2015. This did not include wider costs both to the individual and wider society.

One very encouraging discovery by the working party however, was to hear of the recognition, commitment and depth of the work already being undertaken to tackle obesity by the wide range of witnesses we met and their organisations. Indeed, such is the range of innovative and challenging schemes that the panel heard of, that we found some of the recommendations we might well have made, are already happening now and over the next few years in Calderdale.

Whilst this is really encouraging, we also fully recognise the huge challenges raised by the problem of obesity facing this area and its community which need to be rigorously addressed. With that in mind the Joint Panels have agreed that this working party needs to continue its work over the next year - to continue to scrutinise and encourage more creative projects, and to monitor from a Member context the ongoing work of such important projects as the Healthy Halifax programme.

On behalf of all the members of the joint working party, I would like to thank all the numerous witnesses who gave us their time and knowledge to assist our work on this interim report. I also thank Emily Standbrook, our Scrutiny Support Officer, for providing essential scrutiny support to the panel.

A handwritten signature in black ink that reads "R. G. Metcalfe". The signature is written in a cursive style.

Councillor Bob Metcalfe

2. Terms of Reference and Working Arrangements

- 2.1 In July 2008, the Health and Social Care, and Children and Young People's Scrutiny Panels agreed to undertake a review of obesity in Calderdale. We also decided to co-opt two councillors from the Regeneration and Development Scrutiny Panel, as a significant area of work in tackling obesity is in creating a built environment that facilitates healthy choices.
- 2.2 Membership of the Working Party:
- Cllr Bob Metcalfe – Chair
 Cllr Howard Blagbrough
 Cllr Joyce Cawthra
 Cllr Peter Coles
 Cllr Olwen Jennings
 Ashley Knowles
 Cllr Richard Marshall
 Cllr Colin Raistrick
 Cllr Megan Swift
- 2.3 The terms of reference of our review were to find practical ways by which Calderdale MBC and its partners could:
- a) Maximise the prevention of all-age obesity across the borough
 - b) Maximise responses to existing obesity, helping people to lose weight and live healthier lives
- 2.4 We undertook a two stage scrutiny process. First, a desktop review, considering key academic and government documents, current levels of obesity across Calderdale, and the impact and costs of obesity on wider society. After meeting to consider this on 10th November 2008, we commenced the second part of our review. This involved in depth evidence gathering sessions, questioning key witnesses. We undertook this in four themed sessions, mirroring the themes of the multi-agency officer group developing an Obesity Strategy for Calderdale: Health; Healthy Schools and Children and Young People; Physical Activity; and the Built and Broader Environment.

Evidence Gathering Session	Witnesses
Health Thursday 18th December 2008	Denise Donnelly, Head of Health Improvement – NHS Calderdale Professor Paul Gately, Carnegie Weight Management Gaynor Scholefield - Public Health Manager, NHS Calderdale Julie Stott – Calderdale MBC, Community Services

<p>Healthy Schools and Children & Young People</p> <p>Tuesday 6th January 2009</p>	<p>Lynn Armstrong – PE and Sports Development Consultant, Calderdale MBC Andy Bemrose – Assistant Headteacher, Hipperholme and Lightcliffe School Diane Catlow – Acting Matron, Children and Young People, NHS Calderdale Jayne Firth – Business Manager, Greetland Primary School Gill Harries - Acting Head of Children’s Services, NHS Calderdale Trevor Harris – Healthy Schools Consultant, Calderdale MBC Tony Mulgrew – Catering Manager, Todmorden High School Caroline Naylor – Healthy Schools Consultant, Calderdale MBC Sue Rumbold – Head of Commissioning & Partnership Services, Calderdale MBC Gaynor Scholefield – Public Health Manager, NHS Calderdale</p>
<p>Physical Activity</p> <p>Monday 26th January 2009</p>	<p>Lynn Armstrong – PE and Sports Development Consultant, Calderdale MBC David Brook – Development Manager, Sport and Active Recreation, Calderdale MBC Ruth Brown – Health Improvement Specialist, NHS Calderdale Andy Geall – Cycling Officer, Calderdale MBC Lisa Graham – Road Safety Co-ordinator, Calderdale MBC Nigel Harrison – Director, West Yorkshire Sport Bob Kaye – Activity and Community Development Manager, Calderdale MBC Peter MacKreth – Senior Lecturer, Physical Activity and Obesity, Leeds Metropolitan University. David Procter – Senior Transportation Engineer, Calderdale MBC Gaynor Scholefield – Public Health Manager, NHS Calderdale John Walsh – Head of HR and Change, Calderdale MBC Helen Woolley – Chartered Landscape Architect and Senior Lecturer, Sheffield University</p>
<p>The Built and Broader Environment</p> <p>Thursday 5th March 2009</p>	<p>Ian Leedham – Healthy Halifax Programme Manager, NHS Calderdale. Phil Ratcliffe – Planning and Policy Manager, Calderdale MBC Jo Richmond – Park Community Initiative Gaynor Scholefield – Public Health Manager, Calderdale MBC Dr Graham Wardman – Calderdale Director of Public Health</p>

3. Context

3.1 What is obesity?

- 3.1.1 A person can be defined as being obese when they put on weight to the extent that they seriously endanger their health. Obesity is defined by Body Mass Index (BMI). This is calculated by dividing body weight in kilograms by height in meters squared. A person with a BMI of more than 30 is defined as obese.
- 3.1.2 To work out if a child is obese is more complicated. Since children's height and weight change at different rates at different ages it is not possible to use simple BMI cut-off points, as used with adults, to decide whether they are overweight or obese. Instead, a complex adjustment has to be made to children's BMI, and this adjusted figure has to be compared to other information about how children grow at different ages in order to tell if they are obese. Different adjustments have to be made for boys and girls, and the adjustments are different at different ages. National standardised growth charts have been developed to give us this information. Where a child's standardised BMI is greater than the 95th percentile they are considered to be obese.
- 3.1.3 Obesity is on the rise in Britain. The Foresight: Tackling Obesities report, published in 2007, reported that rates of obesity have more than doubled in the past 25 years. At this rate, by 2050 60% of men, 50% of women and 25% of under 20 year olds are predicted to be obese.

3.2 Why is obesity an important issue?

- 3.2.1 Tackling overweight and obesity has been identified as a priority for Calderdale in the Local Area Agreement. The Council and its partners have been tasked with increasing the number of recorded obese individuals losing weight through a personalised weight management programme, and reducing obesity among primary school children at year 6.
- 3.2.2 Obesity is one of the most important public health issues of our time, owing to it being a causal factor in many significant health problems, listed below.

Type 2 Diabetes	Hypertension
Angina Pectoris	Myocardial Infarction
Endometrial cancer	Colon cancer
Rectal cancer	Ovarian cancer
Prostate cancer	Breast cancer
Kidney cancer	Gallbladder cancer
Osteoarthritis	Gout
Stroke	Gallstones
End stage renal disease	Liver disease
Low back pain	Sleep apnoea
Urinary incontinence	Hyperlipidaemia
Breathing problems	Polycystic ovary syndrome
Complications in surgery	Complications in pregnancy
Reproductive disorders	Psychological and social problems

- 3.2.3 The estimated annual cost of to the NHS in treating diseases related to overweight and obesity in Calderdale was £53 million in 2007, rising to £55 million by 2010 and £58.8 million by 2015.
- 3.2.4 This figure does not include the costs to wider society caused by overweight and obesity. Absence from work due to overweight and obesity related diseases reduces the productivity of businesses. In addition, welfare costs are increased in supporting those unable to work due to overweight and obesity related diseases. The Health Parliamentary Select Committee estimated that in 2004, these indirect costs of overweight and obesity in England were £6billion.
- 3.2.5 It is not just for economic reasons that we must find ways to respond to and prevent obesity. The quality of an individual's life can be adversely affected by obesity and overweight. Obese individuals are vulnerable to stigmatisation, depression, low self-esteem and poor body image. Obese boys are more likely to suffer verbal and physical bullying than healthy weight boys and obese girls are more likely to encounter cruelty from friends and cliques.
- 3.2.6 Obesity is a high profile issue nationally. Central Government published the 'Healthy Weight, Healthy Lives' Strategy in 2008 setting out its ambition to reverse the rising tide of obesity and overweight in the population. By 2020 the aim is to have reduced the proportion of overweight and obese children to 2000 levels.
- 3.2.7 More recently the Department of Health launched its Change 4 Life campaign, encouraging us to 'Eat Well, Move More, Live Longer'.

3.3 Levels of Overweight and Obesity in Calderdale.

3.3.1 Child Obesity

The National Child Measurement Programme (NCMP) was established in 2005 to weigh and measure children in Reception (aged 4-5 years) and Year 6 (aged 10-11) to assess overweight and obese levels. The results for Calderdale are shown in the table below. Breakdowns of this data by age, sex, ethnicity and ward can be found in appendix 1.

Age Group	% overweight 2006/2007	%overweight 2007/2008	% obese 2006/2007	% obese 2007/2008
Year 6	13.9	13.8	14.0	15.8
Reception	11.0	10.6	7.8	7.0
Total	12.5	12.2	11.1	11.5

National data is not yet available for 2007/2008. In 2006/2007 Calderdale's figures were better than the national average, where at reception 13% and 7.8% of children were overweight and obese respectively, and in year 6 14.2% were overweight and 17.5% obese.

Of primary concern is that between 2006/2007 and 2007/2008, obesity prevalence at year 6 in Calderdale has increased. Obese children are at higher risk of becoming obese adults. It is of utmost importance that we take action to reverse

this trend to prevent obesity levels rising to the levels predicted by the Foresight report.

3.3.2 Adult Obesity

We do not have definitive data on overweight and obesity in Calderdale adults, but we do know that nationally overweight and obesity is on the rise, and looks set to keep on rising.

The Association of Public Health Observatories has used information from the Health Survey for England 2003 – 2005 to develop a model to estimate obesity levels. According to these estimates, adult obesity in Calderdale was 21.5% in 2008. This equates to 8,000 obese people in Calderdale, with a further 30,000 people overweight.

3.4 Causes of Obesity

Obesity is not simply a result of energy intake exceeding energy expenditure. Evidence supports the concept of 'passive obesity', where obesity is encouraged by wider environmental conditions. Experts now say we are living in an 'obesogenic' environment - the majority of people are sedentary when at work and at home, eating habits have become more unstructured and low cost, energy dense food is widely consumed. People are not 'choosing to be obese' but their obesity is driven by a range of factors beyond their control that constrain individual choice.

The key causal factors of obesity have been identified as:

1. Biology

Humans have evolved to store energy when it is available
Genetic factors increase some individuals' susceptibility to obesity

2. Impact of early life and growth

Diet of mother during pregnancy
Breastfeeding
Weaning practices

3. Behaviour

Food intake
Physical activity

4. The living environment

Technology
Opportunities for physical activity
Access and availability of food and drink

5. Economic drivers of food and drink consumption

Price of food
Marketing
Impact of working practices

Our recommendations attempt to address some of these causes of obesity.

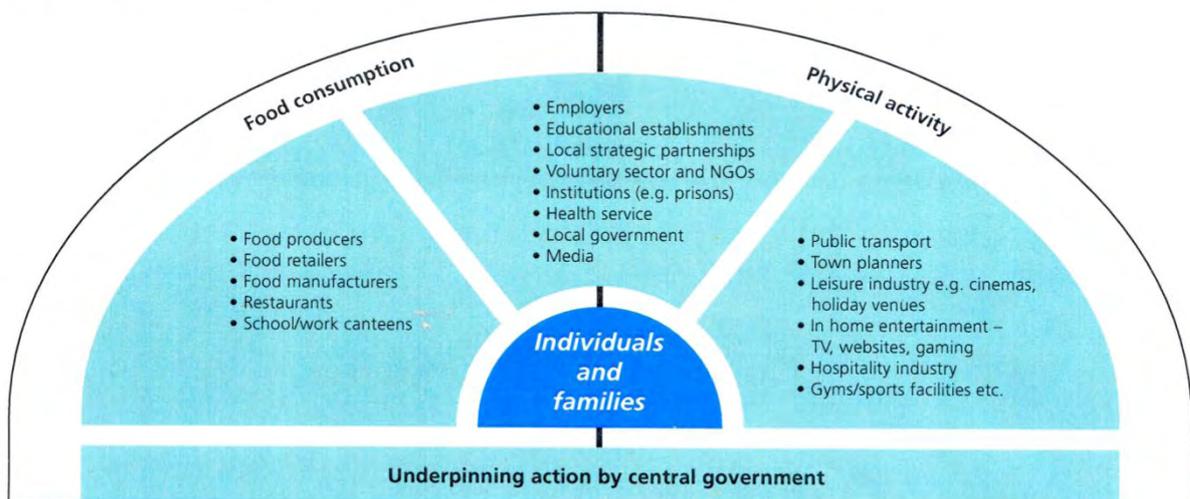
3.5 Tackling Obesity

The Foresight Report has ‘mapped’ factors influencing obesity. At the centre of the map is energy balance – energy intake vs energy expenditure. Affecting this balance are **108** variables as diverse as degree of primary appetite control, level of occupational activity, food abundance, parental control, self esteem and walkability of the living environment.

This demonstrates the complexity and multi-faceted nature of obesity. Any attempt to tackle obesity must focus on all areas of the obesity map. Isolated initiatives focussing on one part of the system only will not achieve the required levels of change.

Finding solutions to halt the rising levels of obesity will therefore require unprecedented levels of change across a wide spectrum of organisations, as demonstrated in the chart below, taken from the Government’s Healthy Weight, Healthy Lives Strategy.

Map of major sectors that must play a role in tackling excess weight



We have tried to reflect this in our approach to evidence gathering. We have spoken to individuals from a wide range of organisations, and have made recommendations that we hope fit it with current approaches to tackling obesity.

4. Findings of the Working Party

4.1 Introduction

We are very grateful to the long list of witnesses who came to speak to us about obesity. We heard from experts from universities, officers from all directorates of the Council, several sections of NHS Calderdale, primary and secondary schools and regional organisations. This demonstrated to us just how cross-cutting and complex obesity is as an issue, and how joined up working is essential in developing solutions. It also became clear that activity in this area is constantly evolving.

New opportunities for tackling obesity are regularly appearing, and it is important that we maximise these opportunities. We therefore feel that it is appropriate to continue this working party in the new municipal year.

The remit of the working party will be to monitor progress on the recommendations made in this interim report, receive updates on new initiatives as they arise and make additional recommendations as appropriate.

The findings of this working party will also provide a body of evidence to start a review of diabetes services in Calderdale, as there is a causal link between obesity and diabetes.

Recommendation 1

That the Joint Working Party is continued in the next municipal year, to monitor progress made on the recommendations contained in the interim report, receive updates on new initiatives as they arise and make additional recommendations as appropriate.

For ease of reference we have separated our findings into the same categories that we undertook our evidence gathering sessions – health, healthy schools & children and young people, physical activity and the built and broader environment.

4.2 Health

4.2.1 Local Area Agreement Target - Weight Management

The number of recorded obese individuals losing weight through a personalised weight management programme is a reward element target in Calderdale's Local Area Agreement. Successful completion of this target would result in £450,000 reward funding being drawn down from central government. Figures are currently significantly below target.

We heard how NHS Calderdale currently has work ongoing to improve performance on this target, including engaging new deliverers and working with major employers in Calderdale to develop workplace health programmes. Support is offered over a two year period, facilitating employers to establish the health status of their employees; identify staff health needs; establish appropriate priorities; and design and develop activities and programmes tailored to the workplace. Weight management elements of these workplace health programmes contribute towards meeting our weight management LAA target.

The Council is currently not engaged with NHS Calderdale's workplace health programmes, and whilst the Council is in the process of establishing its own well-being service, it is not at present contributing to the LAA target. This is of concern to us.

We feel that the Council, in its role of community leader, should be at the forefront of developing initiatives to improve health as an example to other employers in the borough. In addition, as a major employer in Calderdale we are well placed to make a significant contribution to delivery on the LAA target through an effective workplace health programme.

NHS Calderdale has developed a successful approach to workplace health, and we feel that is appropriate that the Council adopts this approach when establishing its staff wellbeing programme. We believe that the Council should work together with NHS Calderdale in developing workplace health schemes for council staff and Members that will contribute to the Local Area Agreement Weight Management target.

Recommendation 2

That the Council's Wellbeing Service establishes links with NHS Calderdale's Workplace Health Team as a priority, in order to develop workplace health programmes for council staff and Members, the weight management elements of which will contribute to the delivery of the Local Area Agreement Reward Element Target.

4.2.2 Council Staff Health Pledge Scheme

The Council has had in place a health pledge scheme since 2005, with the aim of encouraging staff and members of the council to lead healthier lives through signing up to a variety of health improvement pledges.

We heard little evidence to suggest that this scheme is being promoted effectively, with low levels of awareness amongst staff. We were informed that the scheme is under review by a joint Human Resources and Health and Social Care Team, however this process appears to have stalled. It is apparent that the health pledge scheme is not something that employees are using, and we feel that the review of the scheme should be reinstated.

Recommendation 3

That once in post, the Council's Wellbeing Manager undertakes a review of the Staff Health Pledge Scheme as part of developing the Council's workplace health programme.

4.2.3 Breastfeeding

Breastfeeding and appropriate weaning practices have been identified as a significant factor in preventing obesity. We are concerned that levels of breastfeeding are particularly low in certain areas of the borough – 20% in north Halifax compared to 60% in Hebden Bridge.

Breastfeeding is not common practice in north Halifax. People are embarrassed by it, and there is no social tradition of breastfeeding. It is essential to break down these social barriers and normalise breastfeeding.

We welcome the social marketing campaign being undertaken by NHS Calderdale in Ovenden, Illingworth and Mixenden, using innovative methods to break down these social barriers and encourage women to 'do something amazingly ordinary'.



Moving things forward: Breastfeeding campaign running on buses in North Halifax.

The campaign aims to achieve:

- A 10% increase in new mums having attempted to breastfeed at the time of discharge from hospital
- A 5% increase in new mums breastfeeding at 10 days
- A 3 % increase in new mums breastfeeding at 6-8 weeks

We are concerned that there is only time limited funding for this project, due to end in summer 2009. Should the campaign prove to be a success, we would like to investigate ways in which funding for future campaigns across the borough could be found.

Recommendation 4

That following a review of the social marketing campaign to increase and sustain the uptake of breastfeeding in north Halifax, a report be submitted to the obesity working party, looking at options for funding future campaigns.

Increasing the prevalence of breastfeeding at 6-8 weeks from birth is a target in Calderdale's Local Area Agreement. We would like the obesity working party to monitor performance of this target, and look at the actions being taken to improve it.

Recommendation 5

That the obesity working party monitors performance of the Local Area Agreement Target to increase the prevalence of breastfeeding at 6-8 weeks from birth.

4.3 Healthy Schools and Children & Young People

4.3.1 Nutritional Standards in School Food



Nutritious food in schools:
key to tackling obesity.

In autumn 2008, the School Food Trust introduced nutritional standards for primary school meals. From autumn 2009, this will also apply to secondary schools.

Historically, there was a community nutritionist in post in Calderdale who helped support school caterers in the development of food standards and in preparing for the introduction of nutritional standards. The Department for Children, Schools

and Families has since made the decision to allocate the money directly to schools for them to fund their own training and monitoring. As a result, Calderdale no longer has a community nutritionist.

We interviewed several witnesses involved in school catering, all of whom lamented the loss of the support provided by the community nutritionist. Whilst the Council's Healthy Schools Team has tried to fill the gap, they have neither the capacity nor specialist knowledge to provide the service required.

The Government has recommended that successful implementation of the new nutritional standards requires a co-ordinated approach between schools, local authorities and caterers. This is particularly difficult in Calderdale as 42% of schools use the Council's own catering service, with 58% using alternative providers. We believe that this makes the need for a community nutritionist even more pressing.

Given that the scale of the obesity problem has grown since a community nutritionist was last in post, we feel it is not enough just to go back to previous levels of provision. The staffing levels of our Healthy Schools team is small compared to other areas of a similar size, and we feel that it is important that we have more people working towards improving the health of our young people in schools. We feel that two community nutritionist posts should be established.

Recommendation 6

That the Schools' Forum allocates funding from the Dedicated Schools' Grant to fund two community nutritionists to work with all Calderdale Schools.

4.3.2 Accessing Unhealthy Food during the School Day

Ensuring that school food is healthy does not prevent students from accessing unhealthy food during the school day, as most secondary school students are allowed to leave the premises at lunchtime.

A School Food Trust survey from 2008 showed that Calderdale has 20.47 junk food outlets per secondary school. Such outlets tend to be popular with students, meaning that many pupils will not benefit from the new nutritional standards to which school food must adhere.

A study in the US, by economists at Columbia University and the University of California, Berkeley, found that the presence of a fast-food restaurant within a tenth of a mile of a school is associated with at least a 5.2% increase in the obesity rate in that school.

The Council has an opportunity, through the land use planning policies it develops, to assert a positive influence on the borough's health, by discouraging development that has negative health consequences.



Junk food: contributing to the rise in obesity levels.

Recommendation 7

That provision is made within the Local Development Framework for considering the health implications of proposed development and planning applications, particularly in areas around schools.

The School Food Trust recommends that schools adopt a stay on site policy to prevent children succumbing to the temptation of junk food. A YouGov survey carried out in December 2007 showed that 67% of parents agreed that children would eat more healthily if they were not allowed to leave school at lunchtime.

We are concerned that adopting such policies would be problematic for many secondary schools in Calderdale, as catering and dining facilities don't have the capacity to cater for all pupils. Todmorden High School for example, has 800 students and a dining room capacity of 128.

Many of those we questioned felt that catering and dining facilities are not given high enough priority in schools. Extra resources can allow catering and dining staff to increase capacity, speed up lunch time service and increase school meal take-up by using innovative methods such as biometric payment methods and 'grab bags'. We feel that is important to use such ways to make healthy school lunches attractive to students, reducing the number of pupils leaving school grounds to purchase fast food.

We recognise that schools have to balance many competing priorities. However we feel that, particularly with the promotion of wellbeing in schools becoming an OfSTED assessment criteria from September, greater emphasis needs to be put

on healthy eating. This may involve making greater resources available to improve catering and dining facilities, or taking a new approach to policies and practices.

Recommendation 8

That Heads and Governing Bodies of secondary schools give greater priority to ensuring that the food students access during the day is healthy through:

- **Considering stay-on-site policies**
- **Giving greater priority for catering and dining facilities in resource allocation**
- **Using innovative ways to make school lunches more attractive**

4.3.3 Cooking lessons in schools

We feel that equipping young people with the necessary skills to prepare healthy, nutritious meals is vital if we are to reverse the microwave meal and fast food culture that is contributing to the rise of obesity.

We are pleased that cooking lessons will be compulsory in all secondary schools for 11 to 14 year olds from 2011, but have some concerns that not all schools are sufficiently equipped to provide these lessons.

We feel that this is an area of work that needs further investigation, and should be pursued by the obesity working party



Learning to cook healthily

Recommendation 9

That the obesity working party investigates how well Calderdale schools are equipped for providing cookery lessons, and makes recommendations for improvement.

4.3.4 Travel to School

From September, how schools promote personal wellbeing will be a criteria on which they are judged by OfSTED. It is therefore even more critical that Heads and Governing Bodies are pro-active in ensuring that policies and practices are geared towards promoting active and healthy lifestyles.

The Council's Safer Routes to Schools team works with schools to put in place school travel plans. All schools must have a travel plan in place by 2010. Currently 85% of Calderdale's schools have travel plans, but the content of these varies from

school to school. We heard that some schools have been very successful in establishing healthy and sustainable transport to school through providing cycling facilities and organising walking buses.



Walking buses: A great way to increase children's physical activity levels and reduce congestion.

Particularly around primary schools, the morning 'drop off' time causes congestion on local roads. We feel that developing walking buses would not only increase children's levels of physical activity, but relieve congestion around schools.

We have been advised that the schools that have been most successful in developing healthy and sustainable routes to school tend to have a champion within the school highlighting the importance of encouraging modes of transport other than the car, and backing from heads and governing bodies.

Recommendation 10

That Heads and Governing Bodies of all Calderdale schools prioritise the establishment of healthy routes to school, with a particular focus on walking buses for primary schools.

4.4 Physical Activity

4.4.1 Upbeat

We were pleased to see the success of the Upbeat programme, commissioned by NHS Calderdale and delivered by the Council's Activity and Community Development Team. Upbeat is a GP exercise referral scheme that targets individuals who are at risk from coronary heart disease or have cardiac problems. Obesity is a referral criteria for this programme.

In 2007/08 73% of starters successfully completed the programme, 61% of participants lost weight, and 61% of participants reduced their waist size. This success rate is above the national average for programmes of this nature.

Given the success rate of the programme, we were surprised to see that not all GP surgeries in the borough are referring patients. Upbeat Development Workers promote the scheme to GP surgeries, and have had much success in increasing referrals from surgeries in disadvantaged communities and areas with large ethnic minority populations where obesity levels are highest.



On the ball – participants exercising on the Upbeat scheme.

Despite the attempts of Upbeat Development Workers to promote the scheme, some surgeries are still not referring to the programme.

The current high profile of obesity and national and local campaigns on healthy living such as Change 4 Life and the Halifax Evening Courier's 'Join our Club' may encourage people to seek help in changing their lifestyles. We think it is vitally important that people at risk of health problems due to obesity are able to access this programme through their GPs. We therefore feel that all Calderdale GPs should be referring patients to the Upbeat scheme as appropriate.

Recommendation 11

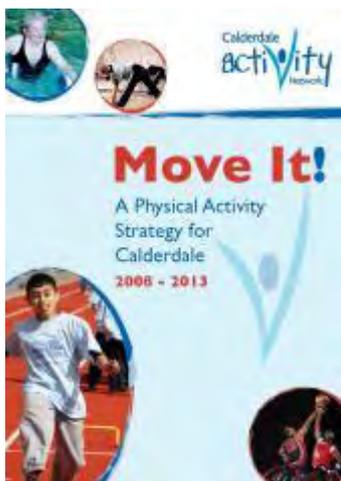
That all GP surgeries in Calderdale refer patients to the Upbeat programme where appropriate.

4.4.2 Physical Activity Strategy for Calderdale

The Chief Medical Officer recommends that for general health benefit, adults should achieve at least 30 minutes a day of at least moderate intensity physical activity on 5 or more days of the week. For children and young people the recommendation is for 60 minutes of at least moderate intensity physical activity each day.

Our increasingly sedentary lifestyles are a contributing factor to the rise in overweight and obesity. Losing weight through reducing calorie intake is more likely to result in the weight being regained longer term, therefore increasing levels of physical activity is essential if we are to reverse rising levels of obesity.

We were pleased to see the large amount of work going on to increase levels of physical activity in Calderdale, both for children in schools, and the wider population. However we recognise that there is more hard work to be done, particularly in engaging 'non-sporty' types in physical activity.



Move It! Calderdale's Strategy to get people more Active.

The Calderdale Activity Network's physical activity strategy for Calderdale 'Move It!' has set 3 objectives to be achieved by 2013:

- To increase levels of physical activity in Calderdale
- To narrow the gap between hard to reach groups and the Calderdale levels of physical activity
- To support people to achieve through physical activity

We recommend that progress on the targets within these objectives is reported to the obesity working party.

Recommendation 12

That the Calderdale Activity Network provides progress reports on the 'Move It!' Physical Activity Strategy objectives to the obesity working party.

4.4.3 Halifax Evening Courier Campaign – Join our Club

In conjunction with the Healthy Halifax Programme, the Halifax Evening Courier has been running a campaign to encourage its readers to take part in physical activity. The paper publishes articles on physical activity and provides an online forum for members to share ideas and tips on how to get fit and healthy.

The Courier has a good track record of engaging with people through campaigns. Last year the Courier's Belt Up campaign had great success in increasing the number of people in Calderdale using seatbelts. We are very pleased to see the Courier engaging with health issues and hope that the 'Join our Club' campaign will be as successful as previous campaigns and help to reduce levels of obesity in Halifax.



Joined up working: A holistic approach including healthy eating as well as physical activity is needed to tackle obesity effectively.



Our research has shown us however, that increasing physical activity alone is not enough to combat the rising obesity levels. A holistic approach is required, involving the promotion and encouragement of healthy eating.

Recent consumer research commissioned by NHS Calderdale for the Healthy Halifax Programme found that the knowledge base on diet and nutrition is low in Halifax, but that people are interested in finding out more.

We feel that the Courier is ideally positioned to offer this knowledge on healthy eating to a wide audience through its 'Join our Club' campaign. Whilst 'Join our Club' has included some features on healthy eating, the focus is very much on physical activity. In increasing coverage of healthy eating we believe that the 'Join our Club' campaign could maximise its impact on improving health, particularly in reducing obesity.

Recommendation 13

That the Healthy Halifax Programme works with the Halifax Evening Courier to encourage increased coverage of healthy eating issues as part of the 'Join our Club' health promotion campaign.

4.5 The Built and Broader Environment

4.5.1 Healthy Halifax

The built and broader environment can either promote or hinder everyday physical activity and healthy eating and therefore impacts significantly on attempts to reduce obesity levels.



The Healthy Halifax Initiative: An exciting opportunity to tackle obesity.

Calderdale is taking part in the Government's Healthy Towns Initiative.

The £2m Healthy Halifax programme provides an exciting opportunity to progress flagship projects in Halifax aimed at changing our physical environment to promote healthy choices.

The Healthy Halifax programme is in its early days, and we feel that is important that such a high profile and significant project is open to scrutiny from elected members.

Recommendation 14

That the obesity working party becomes the vehicle for elected member scrutiny of the progress and implementation of the Healthy Halifax Programme.

We are particularly interested in the aim of the Healthy Halifax programme to influence relevant planning and regulation decision-making processes in order that they promote physical activity and healthy eating wherever possible. The programme aims to influence the development of the Local Development Framework and transport plans, and influence urban and transport planners' awareness of everyday physical activity and their role in promoting this.

The National Institute for Health and Clinical Excellence has recognised the impact that planning policy can have on health, and has published guidance on creating environments that encourage physical activity. We feel that this is key to tackling obesity, and have an expectation that the relevant departments in the Council will engage proactively with the Healthy Halifax programme to progress this area of work.

Recommendation 15

That the relevant departments in the Council's Regeneration and Development Directorate engage proactively with the Healthy Halifax programme in ensuring that planning decision making processes promote physical activity and healthy eating wherever possible.

4.5.2 Obesity Strategy for Calderdale

We recognise that solving complex health problems like obesity requires joined up working from a range of partners. The development of Calderdale's obesity strategy reflects this, and involves staff from all corners of the Council, NHS Calderdale and partners. Successful implementation of the obesity strategy will require input from staff across all of these organisations, many of whom come from non health backgrounds such as urban and transport planning.

Managers in these services may have little or no experience, knowledge or training in public health issues, and we feel that it is essential to provide our staff with the appropriate training if we are to successfully build health considerations into other policy areas.

The London Borough of Greenwich has implemented a successful training scheme in partnership with Greenwich PCT for council managers in non-health related fields. The course provides an introduction to key public health issues which helps them to promote health within their everyday roles. Through this project, Greenwich is developing a core group of public health champions in key decision making roles.

We believe that implementing a similar training programme in Calderdale would help to embed not only the Calderdale Obesity Strategy across all directorates of the Council, but other health issues across all policy areas. We feel it would also complement the aims of the Healthy Halifax Programme.

Recommendation 16

That the Council and NHS Calderdale develop public health training for council managers in non-health related fields to help embed health considerations across all policy areas.

4.5.3 Provision of Allotments

We recognise that in times of economic difficulties, families may be forced to prioritise the cost of food over nutritional value. We therefore feel that it is vital to maximise opportunities for local communities to grow their own fruit and vegetables, giving more people access to healthy affordable food. Gardening also provides an opportunity for the 'non-sporty' to take part in regular physical activity.



In demand: Allotments in Calderdale, Ripley Street

There is significant unmet demand for allotments across the Borough. There are currently 449 names on the waiting list.

The Cabinet has recognised that there is a need to increase growing opportunities, and we welcome its recent decision to approve the Community Growing Guidance put together by the Community Services Directorate and Incredible Edible Todmorden. This document provides guidance for communities, schools and businesses to identify plots of land for growing, start community orchards and site growing containers on appropriate land.

We welcome this progress, and the opportunities that it provides for communities to grow their own fruit and vegetables, but we feel that the Council could go further in proactively identifying land that groups could use for community growing. In addition we feel that further work needs to be done in creating more allotment sites across Calderdale.

In the current economic climate, land which would previously have been developed is lying unused. We feel that there is an opportunity here to make temporary agreements with landowners to free up such land for growing.

Recommendation 17

That opportunities for growing fruit and vegetables are increased by:

- **Undertaking an audit of Council owned land to identify any suitable plots for developing allotments and growing opportunities**
- **Working with landowners to find suitable permanent and temporary growing sites**

4.6 Conclusions

- 4.6.1 For brevity, this report has included only evidence upon which we have made recommendations. In the course of our evidence gathering we have heard from many individuals, groups and organisations working hard and having success in tackling obesity. Whilst we have not made recommendations in all areas, everything we have heard from witnesses has contributed to our review and developed our understanding of obesity, and how we are approaching it in Calderdale.
- 4.6.2 Whilst we commend the hard work going on, we feel it is vital not to rest on our laurels. Obesity is on the rise – levels of obesity in year 6 pupils rose from 14% in 2006/2007 to 15.8% in 2008/2009. We feel confident that in Calderdale there is the dedication and commitment to bring these levels down, but we must strive to improve and find new ways to tackle what is arguably the most significant public health issue of our time.
- 4.6.3 We hope that our recommendations will go some way to strengthening Calderdale's approach to preventing obesity, and improve responses to existing obesity. We will carefully monitor the progress of our recommendations – detailed in section 5, and look forward to continuing this work through the Obesity Working Party next year.

5 Summary of Recommendations and Action Plan

	Recommendation	Organisation responsible	To be done by	Monitoring arrangements
1	That the Joint Working Party is continued in the next municipal year, to monitor progress made on the recommendations contained in the interim report, receive updates on new initiatives as they arise and make additional recommendations as appropriate.	Scrutiny Support to co-ordinate	May 2009	
2	That the Council's Wellbeing Service establishes links with NHS Calderdale's Workplace Health Team as a priority, in order to develop workplace health programmes for council staff, the weight management elements of which will contribute to the delivery of the Local Area Agreement Reward Element Target.	Head of HR and Change, Calderdale MBC NHS Calderdale	September 2009	Head of HR and Change and NHS Calderdale to report back to Obesity Working Party on progress.
3	That once in post, the Council's Wellbeing Manager undertakes a review of the Staff Health Pledge Scheme as part of developing the Council's workplace health programme.	Head of HR and Change, Calderdale MBC	September 2009	Head of HR and Change to report back to Obesity Working Party on progress made.

4	<p>That following a review of the social marketing campaign to increase and sustain the uptake of breastfeeding in north Halifax, a report be submitted to the obesity working party, looking at options for funding future campaigns.</p>	NHS Calderdale	September 2009	NHS Calderdale to submit report to Obesity Working Party.
5	<p>That the Obesity Working Party monitors performance of the Local Area Agreement target to increase the prevalence of breastfeeding at 6-8 weeks from birth</p>	<p>Obesity Working Party Scrutiny Support Team to co-ordinate</p>		Regular reports through 09/10 as appropriate.
6	<p>That the Schools' Forum allocates funding from the Dedicated Schools' Grant to fund two community nutritionists to work with all Calderdale Schools.</p>	<p>Group Director, Children and Young People's Services to take report to Calderdale School's Forum.</p>	July 2009	Group Director to report back to the Obesity Working Party, August 2009.
7	<p>That provision is made within the Local Development Framework for considering the health implications of proposed development and planning applications, particularly in areas around schools.</p>	Calderdale MBC Cabinet	July 2009	Planning Policy Manager to report progress to Obesity Working Party.

8	<p>That Heads and Governing Bodies of secondary schools give greater priority to ensuring that the food pupils access during the day is healthy through:</p> <ul style="list-style-type: none"> • Considering stay-on-site policies • Giving greater priority for catering and dining facilities in resource allocation • Using innovative ways to make school lunches more attractive 	<p>Group Director of Children and Young People's Services to take report to:</p> <p>Calderdale Association of Schools Governing Bodies</p> <p>Calderdale Association of Secondary Heads.</p>	October 2009	Group Director to report back to Obesity Working Party in October 2009.
9	<p>That the Obesity Working Party investigates how well Calderdale schools are equipped for providing cookery lessons, and makes recommendations for improvement.</p>	<p>Obesity Working Party</p> <p>Scrutiny Support Team</p>		Scrutiny Support Team to include on Obesity Working Party's work plan.
10	<p>That Heads and Governing Bodies of all Calderdale schools prioritise the establishment of healthy routes to school, with a particular focus on walking buses for primary schools.</p>	<p>Group Director of Children and Young People's Services to take report to:</p> <p>Calderdale Association of Schools Governing Bodies</p> <p>Calderdale Primary Headteachers' Association</p> <p>Calderdale Association of Secondary Heads</p>	October 2009	Group Director to report back to the obesity working party in October 2009.

11	That all GP surgeries in Calderdale refer patients to the Upbeat programme where appropriate.	NHS Calderdale	September 2009	NHS Calderdale to report progress to Obesity Working Party. Activity and Community Development Team, Calderdale MBC to report back to obesity working party on referral trends.
12	That the Calderdale Activity Network provides progress reports on the 'Move It!' Physical Activity Strategy objectives to the obesity working party.	Scrutiny Support Team to co-ordinate.		Regular reports throughout 09/10 as appropriate.
13	That the Healthy Halifax Programme works with the Halifax Evening Courier to encourage increased coverage of healthy eating issues as part of the 'Join our Club' health promotion campaign.	Healthy Halifax Programme	May 2009	Healthy Halifax Programme Manager to report progress to Obesity Working Party.
14	That the obesity working party becomes the vehicle for elected member scrutiny of the progress and implementation of the Healthy Halifax Programme.	Scrutiny Support Team to co-ordinate		Healthy Halifax Programme Manager to report regularly to Obesity Working Party throughout 09/10.

15	<p>That the relevant departments in the Council's Regeneration and Development Directorate engage proactively with the Healthy Halifax programme in ensuring that planning decision making processes promote physical activity and healthy eating wherever possible.</p>	Calderdale MBC Cabinet	July 2009	Healthy Halifax Programme Manager to report progress to obesity working party throughout 09/10.
16	<p>That the Council and NHS Calderdale develop public health training for council managers in non-health related fields to help embed health considerations across all policy areas.</p>	<p>Calderdale MBC Cabinet NHS Calderdale</p>	October 2009	Calderdale's Director of Public Health to report progress to obesity working party.
17	<p>That opportunities for growing are increased by:</p> <ul style="list-style-type: none"> • Undertaking an audit of Council owned land to identify any suitable plots for developing allotments and growing opportunities • Working with landowners to find suitable permanent and temporary growing sites 	Calderdale MBC Cabinet	September 2009	Group Director/Lead Member with Responsibility for Community Services to report back to obesity working party on progress in September 2009.

Appendix 1 – Breakdown of Child Obesity Data

Percentage of overweight and obese children in reception and year 6

Age group	Percentage overweight		Percentage obese	
	2006/07	2007/08	2006/07	2007/08
	%	%	%	%
Year 6	13.9	13.8	14.0	15.8
Reception	11.0	10.6	7.8	7.0
Total	12.5	12.2	11.1	11.5

Breakdown by sex

	Boys		Girls	
	2006/07	2007/08	2006/07	2007/08
	%	%	%	%
% overweight reception	11.8	12.7	10.3	8.4
% overweight year 6	13.5	13.2	14.2	14.5
% obese reception	9.0	7.6	6.5	6.4
% obese year 6	15.3	17.2	12.8	14.2
% overweight/obese reception	20.7	20.3	16.8	14.8
% overweight/obese year 6	28.8	30.3	27.0	28.7

Breakdown by ward

Ward Name	Percentage overweight		Percentage obese	
	2007/08		2007/08	
	%		%	
Brighouse	15.3		8.9	
Calder	9.0		7.2	
Elland	10.2		10.6	
Greetland and Stainland	8.9		9.7	
Hipperholme and Lightcliffe	17.1		9.4	
Illingworth and Mixenden	13.8		12.1	
Luddendenfoot	13.5		10.4	
Northowram and Shelf	18.0		7.6	
Ovenden	11.1		13.6	
Park	9.0		15.0	
Rastrick	11.8		8.5	
Ryburn	7.2		11.3	
Skircoat	10.8		14.5	
Sowerby Bridge	15.1		10.6	
Todmorden	11.8		11.4	
Town	14.0		14.0	
Warley	13.6		15.8	

Breakdown by Ethnicity		
	Percentage overweight 2007/08 %	Percentage obese 2007/08 %
Non South Asian	12.7	11.2
South Asian	8.8	13.3

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