

**Healthy Staffordshire Select Committee  
Working Group**

**Preventing Obesity**

**Final Report**

**March 2017**



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## Chairman's Foreword

"How I "manage" my body by the intake of food and drink and how much exercise I take is something which I have thought about from time to time all my adult life. I guess you have thought about it too. As infants and children we rely on our parents, or those having parental responsibility for us, to do this "thinking" for us and to act in accordance with what they consider to be in our best interests during this early part of our lives.

We live in an age where the results of studies or ideas or theories about almost everything are available to us minute by minute via modern means of communication. So it is with obesity. The House of Commons Health Select Committee in its 2015 Report noted that one fifth of children are overweight or obese when they begin school and that this rises to one third by the time they leave primary school. Further, they noted that treating obesity and its consequences was then costing the NHS £5.1 billion every year. Last year the Government published its "Childhood Obesity: A Plan for Action" and advocated a number of both national and local objectives.

For me, the striking aspect of what may be detrimental in later life to our health and wellbeing, is the realisation that what happens to us from 0 to 5 years of life is so influential to later outcomes. Accordingly, the Working Group decided to take evidence about what support is available for parents and families in Staffordshire to deal with weight control/obesity for our youngest citizens. We want to highlight that this is still very much "a work in progress" for us all to publicise and support. We do not offer any "solutions" nor do we claim that we have conducted an exhaustive review – it is a snapshot of the issue.

We have chosen to make 5 recommendations only which are general in nature rather than being specific. This gives us the opportunity to draw attention to the issue. To remind members (along with others) that obesity is an issue and that we can contribute to shaping the future to try and achieve better outcomes."



**County Councillor  
Michael Greatorex**  
Chairman of the  
Preventing Obesity  
Working Group

## 1. Conclusions

### 1.1 Table of Recommendations

|   | Recommendation   | Responsibility                                |
|---|--|---|
| 1 | That the draft strategic approach to tackling obesity across all sectors (e.g. compact or formal strategy) be shared with the Healthy Staffordshire Select Committee for scrutiny when collated.   | Cabinet Member for Health, Care and Wellbeing |
| 2 | That work is undertaken with District/Borough Councils, schools and the voluntary sector to map current activity. This information should be fed into the work of the Health and Wellbeing Board, informing the development of the wider strategic approach to tackling obesity across all sectors.  | Cabinet Member for Health, Care and Wellbeing |
| 3 | That the Health and Wellbeing Board seek the views of the Healthy Staffordshire Select Committee on any proposed public engagement exercises before such events take place. This would provide an opportunity to inform elected Members about the plans, raise the public profile of events, receive the Committee's views on the engagement process and gain elected Members support in promoting community interest in the exercise. | Cabinet Member for Health, Care and Wellbeing |
| 4 | That the County Council write to the Secretary of State for Health suggesting that health and wellbeing be considered as part of licensing and planning practices.   | Cabinet Member for Health, Care and Wellbeing |
| 5 | That the prevention of obesity in the 0-5 to five year old age group is included in the 0-19 Child Health Improvement Programme.   | Cabinet Member for Health, Care and Wellbeing |

### 1.2 Recommendations

Engagement work is currently underway to help inform a system wide approach to tackling obesity in Staffordshire. Acknowledging the importance of tackling this issue in achieving the objectives of the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan, the County Council's priorities and the Health and Wellbeing Board's Joint Strategic Plan, it is **recommended** that; *The draft strategic approach to tackling obesity across all sectors (e.g. compact or formal strategy) be shared with the Healthy Staffordshire Select Committee for scrutiny when collated.*

In the timescale it was not possible for the working group to gain a clear picture of all activity being undertaken in Staffordshire to tackle the issue of obesity. Members recognised it is a very complex issue and that lots of factors can influence people's behaviour and choices, however it was felt that to address the matter effectively there needed to be a clear leadership and understanding of what is taking place so that best practice can be drawn upon and shared across the county. It is **recommended** that; *Work is undertaken with District/Borough Councils, schools and the voluntary*

sector to map current activity. This information should be fed into the work of the Health and Wellbeing Board, informing the development of the wider strategic approach to tackling obesity across all sectors.

The Working Group was interested to find out about 'Big Fat Chats' led by the Health and Wellbeing Board, regarding the issue of obesity, to help inform the development of a strategic approach to tackling obesity. It is **recommended** that; *The Health and Wellbeing Board seek the views of the Healthy Staffordshire Select Committee on any proposed public engagement exercises before such events take place. This would provide an opportunity to inform elected Members about the plans, raise the public profile of events, receive the Committee's views on the engagement process and gain elected Members support in promoting community interest in the exercise.*

The Working Group acknowledges the link between deprivation and childhood obesity and the potential impact of convenience food on behaviour. Although a report by Public Health England considering 'Obesity and the environment Density of fast food outlets.' acknowledges that 'some studies show conflicting results', there remains 'strong evidence linking the availability of fast food outlets and increasing levels of deprivation.' Members felt that health and wellbeing should therefore be a consideration in licensing practices and **recommend** that; *The County Council write to the Secretary of State for Health suggesting that health and wellbeing be considered as part of licensing and planning practices.'*

The Working Group understood that going forward childhood weight management would be commissioned as part of the 0-19 Child Health Improvement Tender. Recognising the importance of supporting children and their families to prevent obesity from the outset it is **recommended** that; the prevention of obesity in the 0-5 year old age group is included in the 0 - 19 Child Health Improvement Programme.

## 2. Setting the Scene

The House of Commons Health Select Committee undertook an inquiry into the issue of childhood obesity and published its report 'Childhood obesity: brave and bold action' in November 2015. The Select Committee summarised that; 'The scale and consequences of childhood obesity demand bold and urgent action from Government...**One fifth of children are overweight or obese when they begin school**, and this figure increases to one third by the time they leave primary school. Furthermore, the most **deprived children are twice as likely to be obese** both at Reception and at Year 6, than the least deprived children. Obesity...is... a significant contributor to health inequality. Treating obesity and its consequences is currently estimated to cost the NHS **£5.1bn every year**. It is one of the risk factors for type 2 diabetes, which accounts for spending of £8.8 billion a year, almost 9% of the NHS budget. The wider costs of obesity to society are estimated to be around three times this amount. By contrast, the UK spends only around £638 million on obesity prevention programmes.'

The Government's report 'Childhood Obesity: A Plan for Action' published in August 2016 acknowledges that; 'Obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture. However at its root obesity is caused by an energy in balance; taking in more energy through food than we use through activity.'

The Action Plan puts forward a number of measures with a view to significantly reducing England's rate of childhood obesity within the next ten years. The launch of the Action Plan represented the start of the conversation and included the following objectives;

- The introduction of a soft drinks industry levy across the UK.
- The launching of a broad, structured sugar reduction programme to remove sugar from the products that children eat most.
- Supporting innovation to help businesses make their products healthier.
- Updating the nutrient profile model which assigns a score on each food and drink item.
- Making healthy food options available in the public sector, from leisure centres to hospitals.
- Re-committing to the Healthy Start scheme, which provides vouchers to families on low incomes across England which can be exchanged for fresh or frozen fruit or vegetables and milk and vitamins during pregnancy and early years.
- Including physical activity as part of the new healthy schools rating scheme, so schools will have an opportunity to demonstrate what they are doing to make their pupils more physically active and providing a new online tool to help schools plan at least thirty minutes of physical activity every day.
- Improving the co-ordination of quality sport and physical activity programmes for schools.
- Creating a new healthy rating scheme for primary schools.
- Updating the School Food Standards and encouraging academies to make a clear commitment to these as part of tackling childhood obesity. The £10 million a year of revenue from the soft drinks levy will fund the expansion of healthy breakfast clubs.
- Clearer food labelling.
- Public Health England have commissioned the Children's Food Trust to develop revised menus for early years settings. In early 2017 a campaign will be launched to raise awareness of these guidelines and the Early Years Foundation Stage Framework will be updated.
- Investigate opportunities for a suite of applications that enable consumers to make the best use of technology and data to inform eating decisions and ask Public Health England to build on work around digital based weight management support for adults and explore similar approaches for children and families.
- Health Education England and Public Health England have launched a suite of resources aimed at supporting the health care and wider workforce to 'Make Every Contact Count'.

### 3. Scope of the Work

The Vice Chairman of Corporate Review wrote to the Chair of the Healthy Staffordshire Select Committee proposing that childhood obesity be considered as part of the Select Committee's work programme given its significant implications for health, social care, the economy and its links to educational attainment. The Healthy Staffordshire Select Committee agreed to set up a working group to consider the issue of obesity at the 5 July 2016 Committee meeting and following a period of activity scrutinising other priorities, commenced this review in November 2016.

Prior to this request, in 2007, the Health Scrutiny Committee and the Children and Young People Scrutiny Panel at the time, undertook a Joint Scrutiny Review focussing on the Take up of School Meals in Primary Schools. This report made reference to the focus on nutrition and the impact of Jamie Oliver's television programmes denouncing the quality of school meals. At the time the Government had issued new standards for school meals but there had been a decline in take up of school meals in Staffordshire and nationally. Although the review recommendations did not focus on the importance of children maintaining a healthy weight, the report did state that; 'Currently there are estimated to be 2 million overweight and 700,000 obese children in the UK. The British Medical Association estimates that by 2020, 1 in 5 boys and 1 in 3 girls will be obese, making them more likely to become obese adults, with increased risk of a catalogue of health hazards including heart disease, diabetes, cancer and death.'

Obesity is an issue of concern in Staffordshire. In a report collated by Public Health Officers and shared with the Healthy Staffordshire Select Committee Members in 2015, it was highlighted that; 'Obesity had been estimated to cost the local NHS in Staffordshire around **£86 million** due to the impact on associated diseases such as diabetes and heart disease whilst inactivity is thought to cost **£23 million** every year. Reducing obesity by 1% or preventing a 1% increase in obesity has been estimated to result in cost avoidance for the NHS of between £66 and £74 million per year. The Director of Public Health's 2015/15 annual report, explains that the impact of unhealthy lifestyles also transpires in older age, including increased risk of physical frailty, falls, strokes and malnutrition which require increased health and care needs in later life.'

It is important to address obesity as, the County Council's Strategic Plan: Leading for a Connected Staffordshire: Our Vision for 2014-2018, includes as a priority that; 'The people of Staffordshire will be healthier and more independent.' In addition, the Staffordshire Health and Wellbeing Board which provides strategic leadership across the whole health care and social care sector, includes in its current Strategy – 'Living well in Staffordshire, Keeping you well Making life better: Our Five Year Plan 2013–2018'; the following priority; 'Promoting healthy lifestyles and mental wellbeing: **Nearly 500,000 adults in Staffordshire have at least one lifestyle risk factor**, either being a smoker, consuming too much alcohol, having a **diet low in fruit and vegetables or not taking enough physical exercise**. Many people have more than one lifestyle risk factor...'

The Working Group first met on the 7 November 2016 to discuss the scope of the review. Members were keen to consider how obesity could be prevented from the outset of a person's life. A focus on pre-school children and the local authority's role in engaging with families was therefore suggested. This work recognised the potential intergenerational cycle of obesity and that preventative work at this level would require a whole family approach.

## 4. Membership

The Working Group was chaired by Councillor Michael Greatorex and included the following Healthy Staffordshire Select Committee Members;

Councillor Charlotte Atkins  
Councillor Janet Johnson (South Staffordshire District Council)  
Councillor Shelagh McKiernan  
Councillor Trish Rowlands  
Councillor David Smith

## 5. Methods of Investigation

The Working Group met on four different occasions between November 2016 and January 2017 to consider the issue of obesity in Staffordshire. Officers from the County Council's Public Health Team contributed information to help inform this review.

## 6. Findings

### 6.1 The extent of the issue in Staffordshire

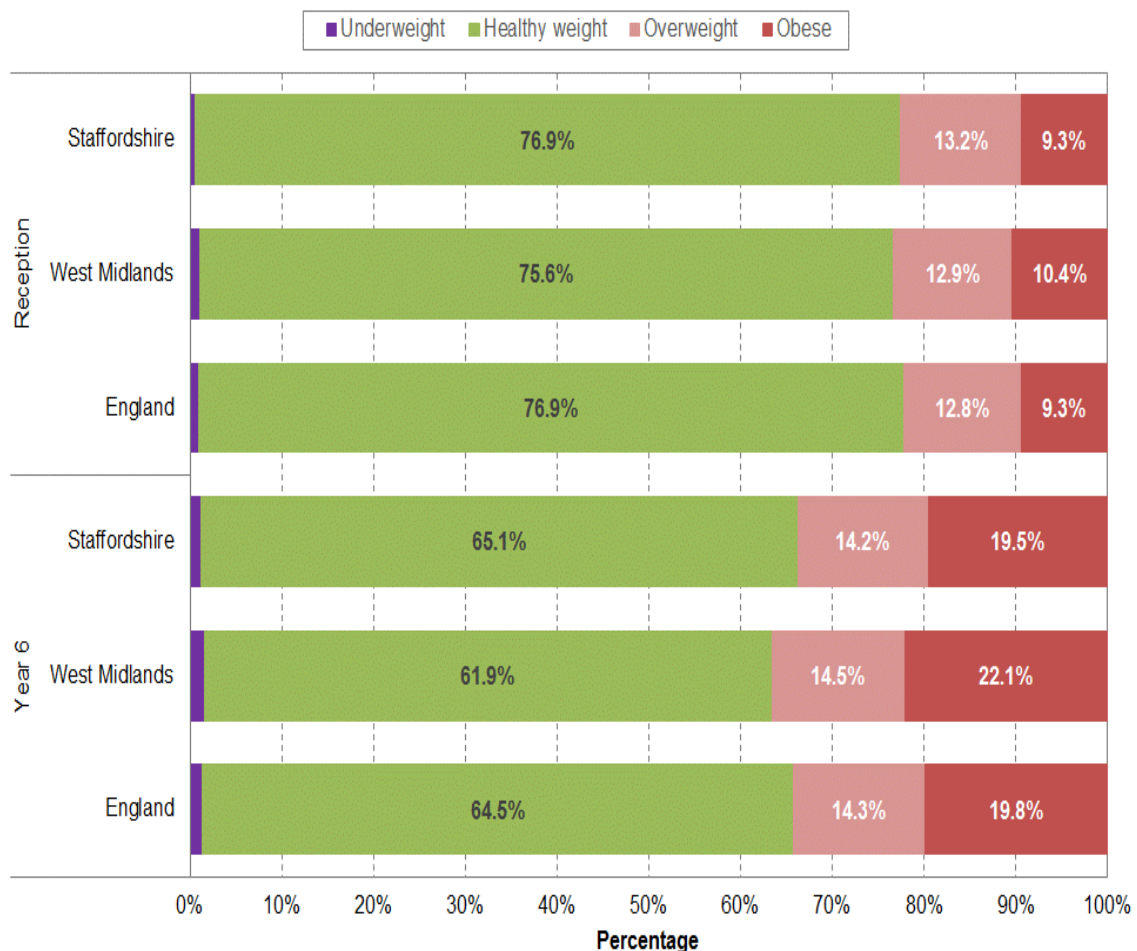
The National Childhood Measurement Programme is a mandated Programme, currently delivered in Staffordshire by Birmingham Community Health Care Trust through school nurses as part of Child Health and Wellbeing Programme. The Programme measures Body Mass Index at reception class age (ages four to five years) and at year six (ages ten to eleven years). (The Body Mass Index (BMI) uses height and weight to work out if weight is healthy. According to the NHS Choices website, for children and

young people aged two to eighteen, the BMI calculation takes into account age and gender as well as height and weight. )

Parents are informed of the outcome of the measurement and provided with information, advice and guidance if the measurements indicate an unhealthy weight, either underweight or excess weight. Eligible children and families can also currently be referred into the Integrated Lifestyle Service which offers a ten week programme for children aged two to fifteen years, providing support around healthy eating, ways to be more active and to overcome barriers to change.

During 2015/16 around 8,700 Staffordshire children in Reception and 7,800 children in Year 6 were measured (around 96% of all children in the year groups). The obesity rates for both year groups remained similar to England. The prevalence of Staffordshire children who were obese in Reception was **9%** but increased significantly to 20% by the time children are in Year 6. **The prevalence of Staffordshire children who are overweight or obese combined in Reception is 23%** rising to 34% by the time they reach Year 6.

### Body Mass Index groups, 2015/16

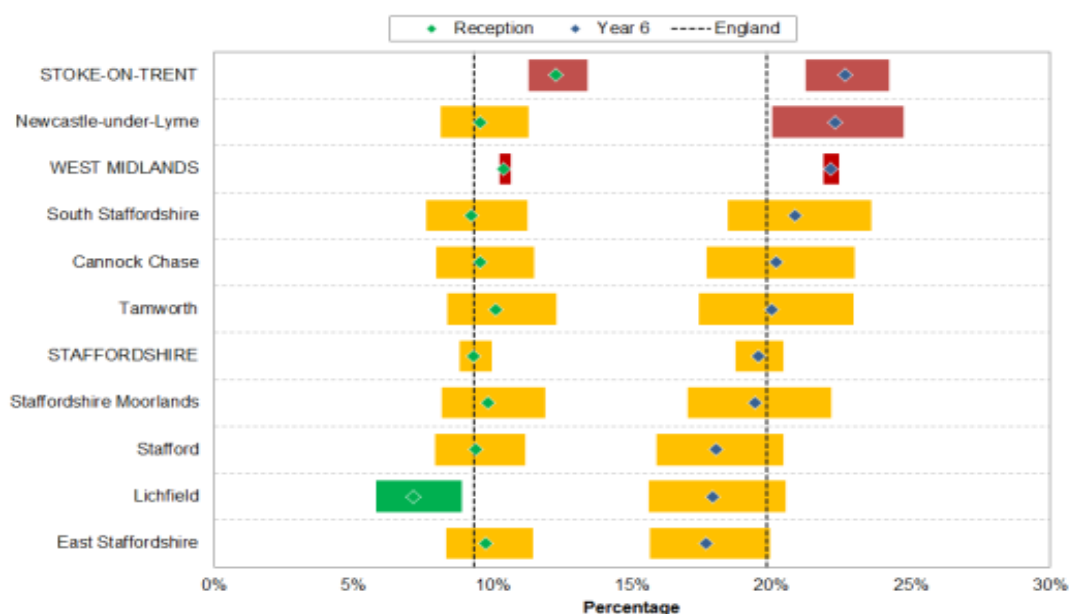


Source: National Child Measurement Programme: results from the school year 2015/16, headline results, Copyright 2016, The Information Centre for Health and Social Care. All Rights Reserved

During 2015/16 children in Lichfield had a lower than average rate of children who were obese in Reception. At the same time, Newcastle had a higher rate of Year 6 children who were obese. The rates in South Staffordshire for children who are overweight or obese combined in Reception are higher than average.



## Childhood obesity (with confidence intervals), 2015/16



Source: National Child Measurement Programme: results from the school year 2015/16, headline results, Copyright 2016, The Information Centre for Health and Social Care. All Rights Reserved

At Ward level there are a number of wards that have higher than average levels of childhood obesity both at Reception and Year 6.

**Table 1: Wards that have obesity levels that are statistically higher than England, 2013/14 to 2015/16**

| Ward name                     | Local authority         | Prevalence |
|-------------------------------|-------------------------|------------|
| <b>Reception</b>              |                         |            |
| Alton                         | Staffordshire Moorlands | 22%        |
| Halmerend                     | Newcastle-under-Lyme    | 21%        |
| Cheslyn Hay North and Saredon | South Staffordshire     | 18%        |
| Abbey                         | East Staffordshire      | 17%        |
| Cannock North                 | Cannock Chase           | 15%        |
| Bilbrook                      | South Staffordshire     | 15%        |
| Wombourne South West          | South Staffordshire     | 14%        |
| Anglesey                      | East Staffordshire      | 14%        |
| Cannock West                  | Cannock Chase           | 14%        |
| Chadsmead                     | Lichfield               | 14%        |
| Huntington and Hatherton      | South Staffordshire     | 13%        |
| Mercian                       | Tamworth                | 13%        |
| Glascote                      | Tamworth                | 13%        |
| Shobnall                      | East Staffordshire      | 13%        |
| Horninglow                    | East Staffordshire      | 13%        |
| <b>Year 6</b>                 |                         |            |
| Featherstone and Shareshill   | South Staffordshire     | 34%        |
| Anglesey                      | East Staffordshire      | 29%        |
| Silverdale and Parksit        | Newcastle-under-Lyme    | 27%        |
| Cross Heath                   | Newcastle-under-Lyme    | 27%        |
| Wolstanton                    | Newcastle-under-Lyme    | 27%        |
| Cannock North                 | Cannock Chase           | 25%        |
| Shobnall                      | East Staffordshire      | 25%        |

Source: National Child Measurement Programme data extracts, Staffordshire County Council and National Child Measurement Programme: results from the school year, headline results, Copyright 2016, The Information Centre for Health and Social Care. All Rights Reserved

The Integrated Lifestyle Service supported two hundred and forty three children and their families from July 2015 to July 2016 with one hundred and forty five children (60%) achieving positive outcomes (maintaining or reducing Body Mass Index). The childhood weight management throughput by district for the period Q2-Q4 15/16 is provided below. Interventions were targeted

around need, although some of the difference in uptake was due to how established existing providers were in areas when they took up sub-contracts with the provider of the Integrated Lifestyle Service.

| District                | Percentage |
|-------------------------|------------|
| Cannock Chase           | 8%         |
| East Staffordshire      | 9%         |
| Lichfield               | 5%         |
| Newcastle-under-Lyme    | 47%        |
| South Staffordshire     | 6%         |
| Stafford                | 5%         |
| Staffordshire Moorlands | 3%         |
| Tamworth                | 5%         |
| Staffordshire           | 100%       |
| Not coded               | 8%         |

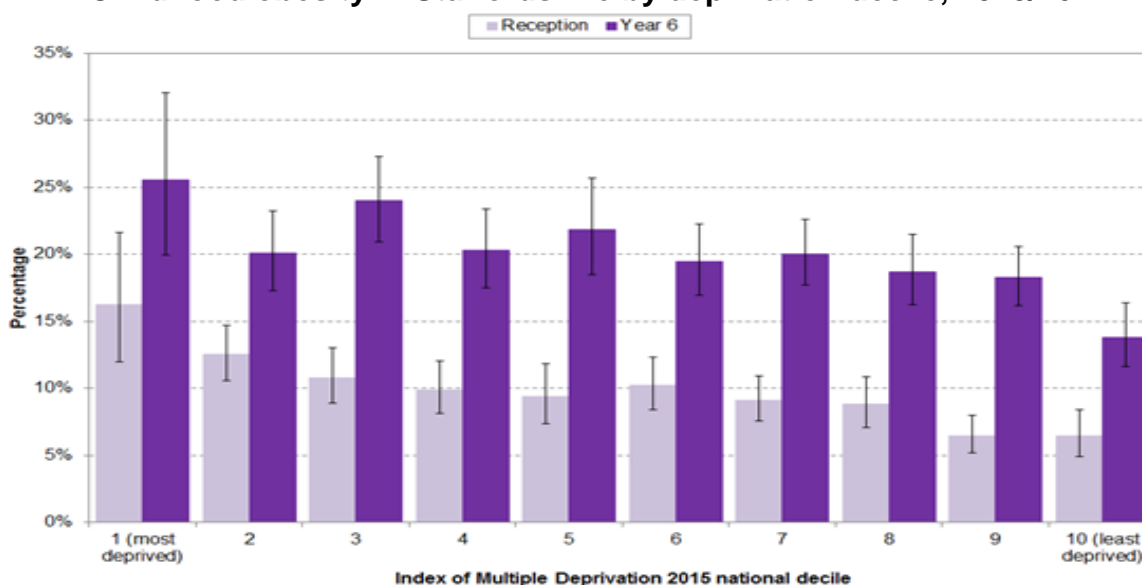
The service is not a medical service as it would be the Clinical Commissioning Groups (CCGs) responsibility to commission such as service but it about encouraging behaviour change. Payment is dependent upon successful outcomes. Childhood weight management will fall within the 0-19 Child Health Improvement Tender going forward.

## 6.2 The impact of deprivation

The Working Group considered a report which referred to national research indicating that children from poorer families are more likely to be obese; predominately due to inequalities in two of the main determinants of obesity, i.e. a combination of the food they eat and insufficient levels of physical activity. These behaviors are thought to be linked to lower disposable income, reduced access to environments that support physical activity, reduced educational attainment (and associated health literacy) and access to a healthy diet.

Similar to the national trend, children from deprived areas in Staffordshire are twice as likely to be obese compared with children from less deprived areas.

**Childhood obesity in Staffordshire by deprivation decile, 2015/16**



### 6.3 Preventing obesity from birth to five years

The Working Group considered a report summarising activity aimed at preventing childhood obesity from birth to five years old, providing examples of work being delivered at a District/Borough level and what work could be undertaken in the future to prevent childhood obesity.

Clinical commissioning Groups are responsible for commissioning maternity services. Midwifery services have a role to play in supporting the health and wellbeing of pregnant women. This includes support and advice on healthy eating and maintaining a healthy weight during pregnancy, providing post natal support including advice and guidance on breastfeeding and supporting breastfeeding in the early days following birth.

The Council is responsible for commissioning the 0-5 years Healthy Child programme i.e. the Health Visiting Service. This service supports health and wellbeing of the under-five age group and their families in terms of monitoring BMI and supporting breastfeeding, healthy weaning, healthy eating for toddlers and healthy lifestyles. Health visitors monitor weight of children under two years of age, but there is no routine or required weight check in children between two to four years. Breastfeeding rates are lower than the national average. Anecdotal evidence suggests there are cultural issues as to why women of similar demographic backgrounds make different decisions as to whether to breastfeed or not.

The Staffordshire Children's Centre Offer includes a range of activities within children's centres and in the community. These activities are delivered by a range of partners depending on local needs. For example in Newcastle, Homestart provide group sessions providing messages around oral hygiene and sugar consumption, they complete these sessions within existing groups such as parent and toddler groups. Equally in South Staffordshire, the local support teams provide healthy eating courses within children's centres. The offer is fairly broad and is focused on district priorities. Newcastle, Staffordshire Moorlands, South Staffordshire, Cannock, Tamworth and Stafford have chosen obesity as a priority.

Sport Across Staffordshire & Stoke on Trent (SASSOT) is Staffordshire's Community Sports Partnership. Taking a partnership approach, the organisation supports the development of sport, PE and active recreation across the county. The aim is to help grow participation, sustain current participants and help those with talent excel in sport. Examples of the type of work includes; supporting clubs achieve Clubmark status, working with local partners to secure funding for facilities and programmes, organising schools games events and developing satellite sports clubs in schools and colleges, working with local partners to secure funding for facilities and programmes, organising schools games events and developing satellite sports clubs in schools and colleges.

Staffordshire Public Health commissioned the Wigan Leisure Trust to develop a suit of online learning modules for early years providers including childminders and nurseries. Modules cover food and nutrition, active play, the creation of positive meal times, special diets and oral health. The resource will be launched in 2017. The modules are based on work developed for an award scheme (Nurturing Health) which was rolled out across North Staffordshire and Stafford between 2009 and 2013, and benefited over 2000 children and their families.

Start4Life is a digital campaign developed by Public Health England (similar to Change 4 life). It provides information, advice and downloadable resources about eating well, keeping active, stopping smoking and not drinking alcohol during pregnancy. It also covers information about breastfeeding, weaning and eating well during the first year of life, how to claim Healthy Start

vouchers to claim fruit and vegetables, vitamins and infant milk. Change4Life is aimed at families and children aged 2 and above. Similar to Start 4 Life it provides information, advice and downloadable resources and apps about eating well during and keeping active.

The Food for Life Partnership (Sustain and Soil Association) aims to support primary schools (taking a whole school approach) to embed food education into their curriculum, inspiring families to grow and cook food, improve the lunch time experience, improve the quality of food offered in schools and improve school meal uptake. Prior to 2015, the partnership secured Big Lottery Funding and was able to offer the scheme to primary schools free. Since 2015, schools have to now purchase a membership, which gives access to support, and training materials. Schools can upgrade to apply for an award if they wish to show further commitment to school food. Since 2015, 8 schools have signed up to the membership package in Staffordshire.

There is a newly developed award scheme for early year's providers (The Food for Life Early Years programme), although it is unknown how many have signed up. Similar to Food for Life Partnership, Phunky Foods is a school-based programme for primary schools which supports healthy eating and physical activity. It has been supporting schools across East Staffordshire due to funding received from Nestle.

Chartwells (in partnership with Entrust) who are the main school food caterer across Staffordshire hold the Silver level Food Catering Mark (awarded by the Soil Association) and have just been reaccredited at this level for 2016

The Children's Food Trust is a national charity which supports children to eat well at home, in childcare, at school and beyond. The Trust provide training around cooking, implementing school food standards, supporting school food plan, guidance and awards for schools and early years settings including nurseries, children centres and childminders.

Some District and Boroughs have developed local health and wellbeing strategies that have identified childhood obesity as a priority. For example obesity, including childhood is a priority for the South Staffordshire partnership. Social housing associations and other social landlords are investing in developing community food initiatives such as food and cooking skills courses, and opportunities to grow fruit and vegetables (e.g. Stafford and Rural Homes).

Across Staffordshire, some physical activity and community nutrition programmes provided by third sector organisations have been commissioned through locality commissioning partnerships. The types of programmes include: 'cook and eat' sessions, 'grow it eat it' opportunities, walking, cycling, beginners running, adult and family cycling programmes, 'walking for health', older adult exercise classes and family play activities. Third sector organisations also run local league clubs through to competitive sporting events and mass participation events. An evaluation was carried out in 2015-16 for Locality Commissioning Prospectus projects. There were various projects with good outcomes, the following being more specific to children's health;

- Children & Family Programmes, the most successful being in Staffordshire Moorlands – Cycling & New Start, which uses Balance Bikes and bikes to engage children and families into exercise. The programme successfully uses incentives such as free swimming vouchers and reduced price sessions to keep participants engaged. This will be continued next year at no cost.
- Community nutrition – to encourage healthier dietary choices, improve skills and confidence of how to prepare and cook healthy and nutritious snacks/meals within a budget and a better understanding of a balanced diet. Some of these schemes are to continue next year.

It was acknowledged that; as stated in Tackling Obesities: Future Choices Project Report 2nd Education, Government Office for Science that; ‘the most significant predictor of childhood obesity is parental obesity (obesity in a parent increases the risk of childhood obesity by 10%). Although this is the result of many biological, social and environmental factors, it is important to break this reinforcing pattern.’

Members discussed how those from poorer backgrounds may be more likely to be overweight however in more affluent areas it was suggested that parents sometimes used food as a reward. Members recognised that the messages people received when they were small children could have an impact throughout their lives and parental choice was the most influential factor.

## 6.4 Providing information, advice and guidance

Focusing on parental choice and personal responsibility, the Working Group considered where people could get help and support informally if they wished to address their weight and make healthier lifestyle choices.

The role of the Healthy Staffordshire Hub was discussed. The Hub currently provides a telephone self care, guidance and advice line and can refer people to online programmes which support them to make their own changes and to activities in the Districts/Boroughs publicised through the Staffordshire Market Place. The Hub provides information on several lifestyle topics including healthier eating, achieving a healthy weight and physical activity. It is a universal offer which is open to anyone including children, families, adults and healthcare professionals. Hub advisors ask several health-related questions about current lifestyle behaviours and provide web links to national sites such as NHS Choices, Change 4 Life and One You to encourage behaviour change and to local sites such as Staffordshire Cares to address wider issues that can negatively impact on health and wellbeing. Signposting is also made to locality-based programmes around physical activity and community nutrition (where available) and the Staffordshire marketplace tool is used to signpost to wider programmes offering self-support.

The Healthy Staffordshire Hub has supported fifteen children and their families since its launch in July 2015. The majority of these children were referred by a school nurse or a parent for weight management support. There had only been one call for a child aged five years and under, the average age of the other children was eleven years. As well as being offered self-care information, advice and guidance, all fifteen children were referred on to the Integrated Lifestyle Service for support with achieving a healthy weight.

The volume of calls to the Hub had been lower than anticipated and it was noted that the telephone line offer would end at the end of March 2017 and be replaced with an online tool.

### Data for the Healthy Staffordshire Hub based on January 2016 until end of December 2016.

|                         | Adult weight management referrals | Child weight management referrals |
|-------------------------|-----------------------------------|-----------------------------------|
| Stafford                | 16                                | 5                                 |
| East Staffordshire      | 23                                | 0                                 |
| South Staffordshire     | 24                                | 0                                 |
| Staffordshire Moorlands | 51                                | 1                                 |
| Newcastle under Lyme    | 64                                | 3                                 |

|               |     |    |
|---------------|-----|----|
| Tamworth      | 21  | 0  |
| Cannock Chase | 16  | 2  |
| Lichfield     | 18  | 3  |
| TOTAL         | 233 | 14 |

It was suggested by Members that some people would never ring a helpline for advice but would prefer to receive this type of information face to face in their own communities from for example Homestart volunteers.

## 6.5 Influencing behaviour – convenient access to food and physical activity

The Working Group referred to people's behaviour and how this had changed over time. For example, Members suggested that people were no longer cooking home cooked meals, families no longer sat down to eat together on an evening and children snacked more during the day which could be having an impact on obesity rates. At another meeting, it was recognised that changes in the broader context could make a difference to behaviour, for example, when considering smoking, changes to advertising laws, rising prices and a ban on smoking inside public buildings had had the impact.

In addition to national measures to influence childhood obesity such as the watershed for advertising of unhealthy foods and the forthcoming introduction of the sugar tax on sugary drinks, , it was suggested that that the environment in which people lived could be very important in providing physical activity opportunities, safe spaces and access to food.

The Working Group wished to understand more about the impact of local takeaways and considered a report on 'Obesity and the environment. Density of fast food outlets', by Public Health England which stated that; 'The local authorities with a higher deprivation score (i.e. more deprived) have a greater density of fast food outlets.' Information from Public Health England regarding outlets in Staffordshire is available in the below table.

| Local Authority name    | Count of outlets | Rate per 100,000 population |
|-------------------------|------------------|-----------------------------|
| Cannock Chase           | 98               | 99.4                        |
| East Staffordshire      | 112              | 96.8                        |
| Lichfield               | 51               | 50.0                        |
| Newcastle-under-Lyme    | 113              | 89.6                        |
| South Staffordshire     | 40               | 36.1                        |
| Stafford                | 85               | 64.3                        |
| Staffordshire Moorlands | 69               | 70.6                        |
| Tamworth                | 54               | 70.0                        |

Regarding convenient access to food, Councillor Atkins shared with the Working Group the work of the Leek Food Co-op which is based in one of the most deprived parts of Leek. The scheme is a volunteer-run, supported by a Community Support Worker funded by the Rural Regeneration Unit for a period of one year. The scheme is a community buying club which makes it easier and cheaper for local people to eat good quality, seasonal fruit and vegetables. The shop is, situated on the green by a recreational park and Independent Living Development. People can buy a large bag of fruit and vegetables each week for £3. The scheme had not been running for very long but had approximately two hundred members.

Produce was supplied by a local green grocer and the scheme had linked with the local high school resulting in fourteen young volunteers. In addition Parkwood Leisure Centre had offered a number of free leisure passes to those who signed up to use the Food Co-op. In response to the number of people who were attending to pick up their fruit and vegetables but enjoyed staying and chatting, a café was now being included in the offer and the residential complexes were running cooking classes and healthy eating workshops to support people to use the produce.

The Working Group welcomed the approach in ensuring convenient access to healthy fruit and vegetables in a deprived area and promoting healthy eating in the community. Some concerns were however expressed about the potential impact on other business in the area and the longevity of the scheme if funding for the community worker was only guaranteed for a year.

## **6.6 Taking a system wide approach**

Members had sight of the Tackling Obesities: Future Choices report which refers to ‘...a set of one hundred and eight variables that directly or indirectly influence energy balance.’

The report states that; ‘Action is needed to reshape not only the physical and dietary aspects of the environment but also the social, economic and culture environments. Such a breath of policy is essential if healthy behaviours are to become the easy, attractive and affordable norm...’

In January 2017, the Department of Health published a number of case studies describing progress being made to improve children’s nutrition, health and wellbeing. Information was provided to the Working Group regarding the approach in Leeds, where by ‘Health, exercise , nutrition for the really young’ (HENRY) is part of the city-wide obesity strategy and delivered in children’s centres across the city, in Brighton and Hove where the City Council has a goal to become a ‘sugar smart city’, in Lambeth where there has been extensive work over the past six years around food, health and wellbeing to reduce childhood obesity and in Croydon where there is a Food Flagship programme which aims to work with schools and families, through businesses and workplaces and into the wider community. Members noted these approaches and the role of schools in engaging with families on this important agenda.

Although Members heard positive examples of individual programmes in Staffordshire, the wider strategic approach locally was unclear. From the outset of the review however it was evident that due to the complicated interplay of factors, a whole systems approach is required to address both child and adult obesity.

## **6.7 Going forward**

All health and care systems in England have been required to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years to deliver better health, patient care and improved NHS efficiency. The Staffordshire and Stoke-on-Trent STP October 2015 submission states that; ‘Obesity and excess weight was significantly worse than the England average in six of the nine District/Unitary Authorities across the region... Demand for, and hence cost of, health and social care is increasing due to the poor current health and wellbeing of the population (high prevalence of obesity and diabetes, county wide and smoking in some areas).’

The STP discusses the need for focused prevention and states that; ‘We will work with you to stay healthier and independent by focusing on improving wellbeing and preventing illness, by involving you in all the decisions which affect you and by responding faster to you when problems arise. To

deliver this it is suggested that there has to be a focus on specific causes of illness – obesity, smoking and alcohol.’

A successful outcome of the STP in 2021 is referred to as; ‘Enhanced and proactive management of obesity and diabetes against all elements of the pathway is in place across health, care and self care, with key measures including;

- Increased positive performance against workforce sickness targets
- Increase in the appropriate use of bariatric surgery
- Reduction in targeted levels of obesity
- Reduction in the number of newly diagnosed diabetes
- Targeted patient groups accessing health prevention services and self help.’

The Working Group recognised that it is timely to look at leadership around this agenda and how different parts of the system can make an impact by working together and were informed that the Health and Wellbeing Board were planning to consider the information gathered in a public engagement exercise in order to develop recommendations which would begin to define the wider strategic approach to tackling obesity across all sectors.

At the time of this review the Board was trialing debates with the public, with the intention of focusing the first sessions on Obesity. The aim of the process was to raise public awareness of the key messages around health and obesity in particular to;

- encourage individual responsibility for health and lifestyle and related behaviour change to address obesity
- create a time limited (six month) Council led public dialogue around tough or controversial questions relating to tackling obesity which can help inform the future plans for tackling obesity and the related roles and responsibilities of the Council /Public sector/ communities and the individual and to
- encourage strategic leadership, and ownership of the obesity agenda by all partners including the public.

## 7. Community Impact

### Resources and Value for Money

Treating obesity and its consequences is currently estimated to cost the NHS £5.1bn every year. It is one of the risk factors for type 2 diabetes, which accounts for spending of £8.8 billion a year, almost 9% of the NHS budget. The wider costs of obesity to society are estimated to be around three times this amount.

### Equalities and Legal

It has been shown that Children from deprived areas in Staffordshire are twice as likely to be obese compared with children from less deprived areas. Tackling obesity is essential in achieving the County Council’s priority outcome that; the people of Staffordshire will: Be healthier and more independent, and also the priorities of the Staffordshire Health and Wellbeing Board. Addressing obesity is also critical in the success of the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan.

### Risk

That resources will not be available to lead on this agenda and that the impact of obesity continues to cost society and the individual.



## Climate Change

There are no Climate Change implications identified.

## Health

There are a number of implications for health services within this report and recommendations are made to the Cabinet Member for Health, Care and Wellbeing who is also Joint Chairman of the Staffordshire Health and Wellbeing Board.

## 8. Acknowledgements

We would like to thank the following people who have supported Members in their investigations by presenting information to the Working Group:

| Officer         | Job Title   |
|-----------------|---|
| Tilly Flanagan  | Head of Child Health and Wellbeing, Families and Communities            |
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| Divya Patel     | Senior Public Health Epidemiologist, Public Health Intelligence         |
| Joanna Robinson | Senior Commissioning Manager, Public Health Commissioning               |
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