

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	Focusing on Obesity		
Report of the Executive Planning Group			
Open Report	For Determination		
Wards Affected: NONE	Key Decision: NO		
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Sponsor: Matthew Cole, Director of Public Health			
Summary: <p>Obesity across all age groups is a major health challenge for the borough, with a wide range of ominous health impacts. The Executive Planning Group has also discussed how to ensure that the Health & Wellbeing Board can consider that it has had a significant impact, recognising the sheer breadth of the preventive work programme that it oversees. It was concluded that, by applying a 'concerted effort' in a particular area, it will help to harness the full impact of a multi-agency partnership board.</p> <p>Given the scale of the obesity problem it is proposed that we re-think our approach to apply just such a 'concerted effort' to this area of local health improvement.</p> <p>A presentation by Matthew Cole (Director of Public Health) will further develop and explain the proposal, suggest some ideas as to how this can be taken forward, and invite Board members to shape the approach to be taken. It is suggested that the sustained focus on obesity be carried through for around 18 months, and then reviewed to see what impact has been achieved and whether other areas then need the Board's more concentrated attention.</p>			
Recommendation(s) The Health & Wellbeing Board is recommended to			
(i) Agree that the H&WBB Forward Plan is revised to focus on obesity with work streams of sub-groups following suit. It is proposed that the Board commits to this theme for a period of 18 months, after which point progress/impact will be reviewed.			
(ii) Consider how to shape and develop the ideas presented in this paper, to guide the work programme proposed.			

1. Introduction

- 1.1 As noted in the summary, the Executive Planning Group has considered how to focus the Board's approach to its business in order that some concentrated impact can be attained on a given subject.
- 1.2 In reviewing the priorities in the Health & Wellbeing Strategy, the EPG suggested that the theme most receptive to this approach would be obesity. This recognises the scale and breadth of its impact, and also the scale of the effort that is needed to make an impact on something that arises from entrenched behaviours and cultures.
- 1.3 It was agreed to put to the Health & Wellbeing Board a proposal for how this 'concerted effort' might operate, and this report provides the basis for a discussion by the Board.

2. Some of the 'big wins' for maximum impact

- 2.1 In applying a concerted effort to obesity, it is hoped that the Board, sub-groups of the Board, and the Partnership more generally can:
 - Strengthen the links between tiers of commissioning and address fragmentation of services;
 - Prioritize and advertise high-impact programmes for large numbers of residents;
 - Introduce incentives for taking part, 'getting active' and achieving weight loss;
 - Develop a coherent approach across all age groups, ensuring that working age adults are included in the services/interventions;
 - Demonstrate impact, and value for money against investment;
 - Expedite improvements through leadership and clear focus on a key health and wellbeing priority.
- 2.2 The following are a mixture of specific interventions and general approaches that might be considered in order to initiate the sustained impact that is sought. It is recommended that the priorities in this list form the basis for a work programme for the priority:
 - Lead a local alliance with industry and big employers to change how people eat, get active, and work more healthily;
 - 'Intelligent Health' scheme to link with schools, leisure card & primary care (already substantially underway, but presenting options for further development);
 - Make the borough activity-promoting: active transport, green spaces activities, walking & cycling easy and safe;
 - Dozens of group visits, walks & cycling across the six Growth Boroughs;
 - Powerful incentives when people sign up, and achieve goals;
 - Make it normal to be out walking round the parks in groups, especially before work;
 - More open-air youth activity, sport and music so that youth get more active;

- Commission so that every overweight patient gets activity, food & drink goals;
- Implement the whole package of London Fast Food Restrictions;
- Commissioners agree a single integrated Tier 1-4 obesity pathway;
- Target areas, streets and postcodes where people are least likely to be physically active;
- Use a high-profile communications campaign to make it happen;
- Do all this to cover thousands of residents.

2.3 Examples of good practice and innovative schemes to reduce obesity in other boroughs revealed a number of useful ones which were drawn on to recommend the 'big wins'. A number of fast food control initiatives have been used in many different boroughs and the best ones should be selected for use in B&D.

2.4 In particular, work has been carried out between the 'Growth Boroughs' in East London to decide whether cross-borough action would complement the work already underway in each individual borough. Three initiatives are recommended, and would give opportunity for publicity to promote all the intra-borough work on obesity:

- **A place that supports and promotes active lives** (increased walking, cycling, active play and active leisure, reduced sedentary behaviour):
- **A place that makes the healthier eating and drinking choice the easier choice** (increased breastfeeding and healthy weaning, increased availability and consumption of fruit and vegetables and foods and drinks high in fibre and low in fat / saturated fat, sugar and salt, appropriate portion sizes and energy density and decreased availability and consumption of less healthy foods and drinks – high in fat / saturated fat, sugar and salt)
- **A place for healthy organisations to support active lives, healthier food choices and physical and mental wellbeing** (nurseries, children's centres, schools, colleges, leisure centres, workplaces)

3. Proposal for co-ordinating the work

3.1 In order that the Health & Wellbeing Board can stimulate this activity, but ensure that it remains manageable as part of a broader work programme, it is proposed that a task & finish group be established, to lead and implement selected priorities.

3.2 Membership of the Group might include:

- Children's Services;
- Regeneration;
- Leisure Services;
- Transport;
- Adult Commissioning;
- Primary Care: CCG, CSU.

4. Measuring impact

4.1 After 18 months the Health & Wellbeing Board will want to learn what difference the 'big wins' have made. The most feasible results to measure would be activity data.

4.2 Examples include:

- the numbers of children gaining points on their cards;
- numbers of adults signing up to activities and still doing them after 6 months;
- in partnership with large retailers, monitoring broad changes in family eating patterns in the streets and postcodes we prioritise;
- adults signing up to any of the incentivised programmes reporting on their week's activity, before and after;
- simple surveys of numbers of people cycling each day at the start of the programme, and after 18 months;
- monitoring of fast food restriction in terms of the numbers of operating establishments, curfew hours achieved, and planning decisions;

4.3 All of the monitoring and evaluation could be focused on targeted streets and postcodes where people are least likely to be physically active. The National Child Measurement Programme data, for example, reveals the wards where overweight and obesity are more common among Reception and Year 6 children, and shows where they have increased most. This could help us prioritise wards for targeting. For inactive adults, we can use our MOSAIC and Community Mapping intelligence systems to target incentive schemes. We can also map the 'lifestyle groups' at highest risk. We can build information about their eating and physical activity, and also on the best ways to communicate and persuade them.

4.4 Ultimately we would expect large-scale success to result in lower rates of overweight & obese children in R and Y6, and also in changes in adult inactivity. These would be harder to measure, and not feasible to measure in 18 months. The trends between 2006/07 and 2011/12 are shown in Figures 1 and 2, below.

Figure 1: Changes in obesity in reception year children 2006/07 - 2011/12

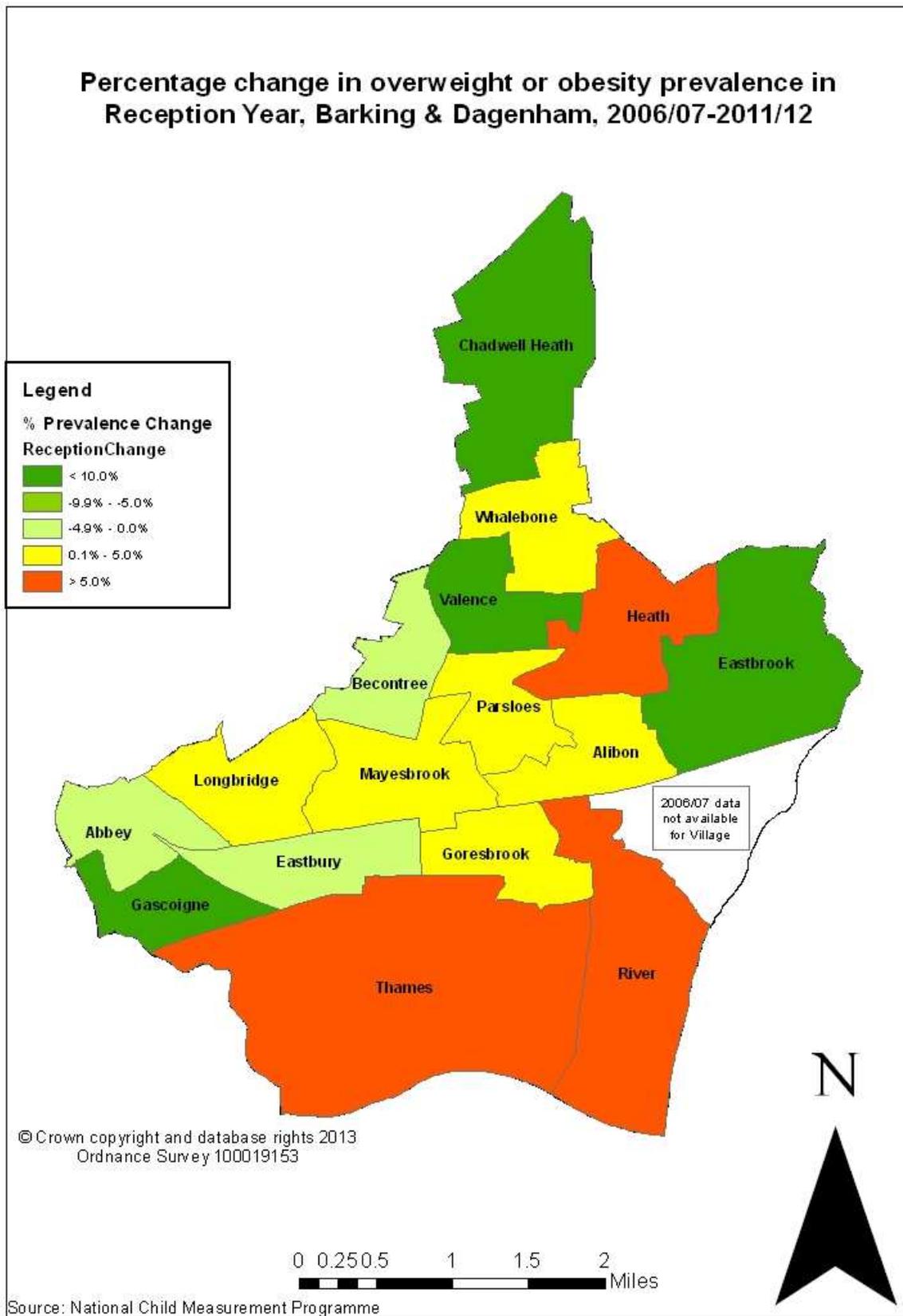


Figure 2: Changes in obesity in Year 6 children 2006/07 - 2011/12

