Tackling obesity
Local government’s new public health role
Public health will become the responsibility of local government when it transfers from the NHS to local authorities in April 2013. This briefing for councillors and officers explains the challenges facing councils and the opportunities they have to tackle obesity and reduce health inequalities in local communities.

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Introduction – obesity explained

The number of obese people in England has been rising sharply for the best part of 20 years.

Today one in four adults are obese, according to the Health Survey for England, compared to less than 15 per cent in 1993. By 2050 these figures are predicted to have more than doubled.

Rates have also been on the rise for children – although there are some signs this has started levelling off in recent years. Nonetheless, latest statistics still show 18 per cent of 10 and 11-year-olds are obese.

The government-commissioned Foresight Report, published in 2007, looked into the reasons for this phenomenon, concluding there was a “complex web” of factors at play. This included the obvious reasons, such as unhealthy diets and low levels of physical activity, as well as more subtle causes, including societal influences, individual psychology and the environment around us, which, the report said, could often make it hard to make healthy choices.

And, of course, the high levels of obesity are taking their toll. Studies have shown that obesity reduces life expectancy by an average of three years, while morbid obesity reduces it by eight years – the same effect as a lifetime of smoking. This is because being obese can increase the risk of developing a range of diseases and health problems.

The physical changes caused by increased fat cause musculoskeletal problems, from wear and tear on the joints to back pain, while changes in the body are also linked to mental health and social difficulties.

Other effects are linked to invisible changes, such as increased fat in the blood and an altered response to insulin. The result? Obese patients have higher rates of type 2 diabetes, heart disease and stroke. Evidence is also growing that obesity increases the likelihood of some cancers.
The policy context

In terms of obesity, the government has made its intention clear: it wants to see the rising rates reversed.


The document acknowledged each individual was responsible for their own health and are free to make their own choices, but said the role of the state and its partners was to support them as busy lifestyles and the 21st century environment often made it hard to make a healthy choice.

It said while increasing physical activity rates was important, for most people who are overweight or obese eating and drinking less was the “key” to weight loss.

The strategy called on all sections of society to play a role, including the food and drink industry which had to do more to reduce calorie levels in their products.

But it said local government was “uniquely well placed” to lead the drive as each community had different characteristics and problems that were best addressed at a local level.

Did you know?

- Someone is classed as obese if their body mass index (BMI) – \( \frac{(\text{weight})}{[\text{height (m)}]^2} \) – is measured at over 30.

- England is one of the most obese countries in the world with one in four adults obese. Another one in three are classed as overweight.

- The numbers of obese are predicted to more than double over the next 40 years.

- Obesity is linked to a host of health risks, including diabetes, heart disease, stroke, cancer, mental health problems and musculoskeletal problems.

- Sometimes that increase in risk is incredibly stark. For example an obese woman is 13 times more likely to develop type 2 diabetes than a healthy woman.

- Overall 29 per cent of men and 36 per cent of women classed as obese have a life-limiting illness – double the rates in the healthy-weight population.

- Treating the effects of obesity is estimated to cost the NHS £5bn a year.

- The wider cost to the economy is estimated at closer to £20bn a year once factors such as lost productivity and sick days are taken into account.
Local government’s new role

Under the terms of the Health and Social Care Act 2012, upper tier and unitary authorities will become responsible for improving the health of their population from April 2013.

This will be backed by a ring-fenced public health grant and a specialist public health team, led by the director of public health.

Each top tier and unitary authority will have a health and wellbeing board which will have strategic influence over commissioning decisions across health, social care and public health. Statutory board members include a councillor, a Healthwatch representative, a representative of a clinical commissioning group, a director of adult social care, a director of children’s services and a director of public health. Board members from local government and the health and care system will work together to identify local needs, improve the health and wellbeing of their local population and reduce health inequalities. They are a key forum for encouraging commissioners from the NHS and councils to work in a more joined up way. Central to achieving this is the Boards responsibility for producing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS). HWBs will have to monitor performance. While local authorities will have a statutory function to provide public health advice to CCGs.

Local authorities will also have a statutory function to provide public health advice to clinical commissioning groups, while health and well-being boards will have to monitor performance.

Specific to obesity, from April 2013 local authorities will be responsible for delivering the National Child Measurement Programme when it transitions from PCTs to local authorities. Measuring the height and weight of children in reception and year 6 and the central return of that data will be a mandatory function of local authorities.

Ideas for success

- Develop a locally tailored strategy for obesity – ensure it is a priority at strategic and delivery levels and that council led services and external partners such as local employers, schools, charities and the NHS are working together to integrate support and provide preventative services.

- Ensure your joint strategic needs assessment (JSNA) considers local evidence on the full range of factors from diet and physical activity to the environment in which people make choices.

- Promote local leadership at all levels – such as local leadership through elected members, strategic leadership through the Health and Well-being Board and health leadership via Clinical Commissioning Groups, wider NHS partners and public health teams.

- If the JSNA demonstrates a significant problem tackling obesity, it should be a key priority in the joint health and well-being strategy.
Consider appointing a senior co-ordinator role, perhaps from the public health team, and / or a sub-committee to take responsibility for the issue.

Ensure a joined-up approach by fully involving other statutory agencies and council departments, such as planning, transport, education and leisure. Consider appointing people within these areas to champion the cause.

Create a network of community champions from the likes of health trainers, school canteen staff and youth club leaders.

Get schools on board. There is a wealth of opportunities from cooking lessons, gardening clubs and PE where the importance of preventing obesity can be incorporated in a fun way.

Involve the private sector. For example, employers may invest in workplace health schemes if they are convinced there is a good businesses case, while healthy eating award schemes can encourage cafes and restaurants to change menus.

Listen to the views of children, young people, adults, families and communities – involve them in commissioning decisions and the design of health services and programmes.

Remember councils and the NHS are often the largest employer in local areas – both can set a good example by making moves such as removing vending machines that offer unhealthy foods from their own buildings and running healthy lifestyle activities like organised walks at lunchtime.
Key questions to ask

• How is success being measured? Schemes to tackle obesity take a long time to result in measurable progress. Consider targets that can indicate progress, such as consumption of healthy food rising and increases in physical activity.

• Is there a coherent approach to prevention and treatment? Encouraging healthy behaviour and delivering tailored interventions, such as lifestyle coaching, exercise-on-referral and access to drugs, for those who are obese will reach a wider audience.

• Have you fully considered the indirect consequences? Sometimes actions are unavoidable, but try to consider decisions with a “health focused lens”. For example removing park wardens can discourage the use of open spaces, while the closure of high streets shops may reduce the access to fresh produce.

• What is the local picture? Obesity rates can differ from ward to ward and between different ethnic groups and vulnerable groups.

• Have you considered the wider determinants of health? For example planning is a key tool which can influence the environment in a way that builds strong, healthy and vibrant communities.

• Is there also some way of identifying the cost of obesity in monetary terms? For example, local businesses may be more willing to engage if they are aware of the impact on productivity that obesity is having.

• Are you thinking cradle to the grave? It is never too early or too late to start trying to encourage healthy behaviour. Research shows that breastfeeding reduces the risk of obesity, while the old can be encouraged to become more active by offering alternatives to mainstream activities, such as gardening clubs and organised walks.

• Do the interventions aimed at children also take into account and influence the wider family? Progress in developing healthy lifestyles among children can be undermined if the home environment encourages the opposite.
Case studies

Healthy Heroes – Lancashire Healthy Schools Programme

“Healthy Heroes” uses superhero themed activity packs to encourage primary school children and their families to become more active and eat better diets. The four healthy heroes and their sidekick Freddie Frog are used to introduce healthy lifestyle messages in class, such as eating your five-a-day, consuming less salt and taking part in activities such as cycling.

Children then get to select one or two of the activity cards to take home and work on with their family. Every time a family completes an activity they receive a sticker to put on to a postcard to build up their healthy hero. On completion of their hero, each family receives a reward chart to help them continue the good behaviour.

Research has shown it has had a positive impact on behaviour with three quarters of participants reporting lower consumption of sugary drinks and nearly half saying their children walked to school more.

Further information: www.tinyurl.com/c64az9z

Making leisure services free – Blackburn and Darwen

Faced with statistics four years ago showing that the residents of Blackburn with Darwen were among the least active in the country, the borough council and local NHS decided to take the bold step of starting to make leisure activities free.

The scheme, which covers everything from gyms and squash courts to swimming, has since been rolled out right across the borough. It is available to adults and families, although many of the activities are only free during set times.

The scheme has helped drive up participation in physical activity. Rates have risen by more than 50 per cent with one in four adults now active for 30 minutes, three times a week. It is the second highest increase in the country and has put the area ahead of the north west average.

Further information: http://refreshbwd.com

Reaching out to teenagers and young adults – Kirklees

Of all the age groups, teenagers and young adults are perhaps the most difficult to reach with health messages. But the council and local NHS in Kirklees in West Yorkshire has achieved just that thanks to a social marketing project aimed at students.

“Up For It” was run during the 2008-9 and 2009-10 academic years and has since been adopted by the local higher and further education institutions. It is launched during freshers’ week when healthy cooking starter packs are handed out containing simple, student-friendly recipes like curry and the ingredients to make them.
In exchange personal details are collected, including email addresses and phone numbers, which are then used to promote subsequent activities, such as dodgeball and dance classes at local nightclubs.

A survey of students found one in four had increased their fruit and vegetable consumption, while one in five were doing more exercise after exposure to the programme.

Further information: www.up-forit.com

Teaching cooking skills – Bristol

“Cooking from Scratch” was originally launched six years ago with joint funding from NHS Bristol and Bristol County Council. The scheme was targeted at teaching people in disadvantaged areas about how to cook simple, healthy food on a budget.

But it subsequently changed its focus to training key community workers in a bid to spread the messages to a wider audience. The classes taught participants about how to make foods such as freshly-made pizzas, curries and stir-fries.

The programme has trained people from a host of different settings, including those who work with the elderly in day centres, staff from sure start centres that deal with new parents and staff from youth clubs and youth offending teams. The approach has enabled the scheme to develop a legacy that is still having an impact today.

Further information: www.bristol.gov.uk

Green gyms – nationwide

Gyms are a great way of keeping fit. But for some the thought of lifting weights or running on a treadmill can be a turn-off. But the green gym movement – supported by the charity The Conservation Volunteers (TCV) – is tackling this by creating exercise sessions in the great outdoors.

The concept is simple. TCV works with partners including councils, the NHS and voluntary sector to set up groups with the aim of making them self-sustainable. Once up-and-running the green gyms meet on a regular basis to take part in everything from clearing scrub land and designing gardens for schools to redeveloping riverside spaces.

The movement started in the late 1990s and there are now more than 70 green gyms in operation. An evaluation of the programme by Oxford Brookes University found that 99 per cent of participants reported increased health and confidence from taking part and calculated that for every £1 spent on them £2.55 was saved in health costs.

Further information: www.tcv.org.uk/greengym
Want to know more?

The National Child Measurement Programme
(provides data for children in reception and year six down to a local level)
www.ic.nhs.uk/ncmp

The Health Survey for England (includes information of BMI, fruit and vegetable intake and physical activity levels for children and adults)
www.tinyurl.com/8atva8

NICE obesity guidance
(advice on how local communities can work together to tackle obesity)
www.guidance.nice.org.uk/PH42

Faculty of Public Health toolkit for developing local strategies
(tips on how to plan and implement local strategies to tackle obesity)
www.tinyurl.com/c8ajsn9

National Obesity Observatory
(houses a wealth of data, evidence and information about obesity and the wider determinants broken down to a local level)
www.noo.org.uk

Health Lives, Health People: A call to action on obesity in England
www.apho.org.uk

Child and Maternal Health Observatory Website
(includes information and evidence on a range of lifestyle and health factors)
www.chimat.org.uk/

Local health profiles
(database which can be broken down by local authority area to give details on everything from disease rates and deprivation to physical activity levels and breastfeeding rates)
www.tinyurl.com/c64az9z

Local Government Association
www.local.gov.uk/health