

Appendix A



Tackling Obesity NHS Overview and Scrutiny Joint Select Committee Report

December 2006

Executive Summary

Chapter 1: Obesity – a growing problem

Obesity is having excessive body-fat to the point where health is endangered. The condition is spreading rapidly among the population both in England and worldwide – a trend that amounts to a public-health timebomb. Obesity results from an imbalance between diet and physical activity, and it can be avoided by adopting a healthy lifestyle. In Kent and Medway, obesity is more prevalent than in the South East as a whole; but it is only marginally more prevalent in Kent and Medway than it is across England as a whole.

Chapter 2: Public-health goals

Central government has recognised the importance of obesity as a public-health issue and has set targets relating to obesity, diet and exercise. These national targets are reflected in the Kent Agreement, which also contains ambitious local targets.

Chapter 3: Partnership working to tackle obesity in Kent

There is significant scope for local government, together with partners (including the National Health Service), to promote and encourage healthy lifestyles in a whole range of ways. Planning of the built environment must contribute to facilitating exercise and the availability of healthier food choices. The role of local authorities in respect of business and consumer-protection must include aiding healthier food choices. Services for children and families must help foster healthy lifestyles. Provision of Adult Services must take account of clients' need for healthy lifestyles. The education sector must inform and assist students in making healthy lifestyle choices. Leisure and recreation facilities are vital ways of facilitating physical activity. Planning of transport, highways and streets must take account of the need to facilitate healthier modes of transport. Everyday exercise, as part of people's ordinary working and domestic routines, must be encouraged. Referral by primary-care practitioners to exercise and weight-loss programmes must be facilitated. In

all these areas, there is already much good work going on in Kent that can be shared and emulated.

Chapter 4: Strategic leadership

Tackling obesity in Kent requires strong strategic leadership. Despite commendable work in the formulation by Primary Care Trusts of local obesity strategies, and the formation of an Obesity Sub-Committee of the Kent Public Health Network, the National Health Service has not given a county-wide strategic lead. Kent County Council's recently-formed Department of Public Health, working in partnership with the National Health Service, should be seeking to give such strategic leadership. The government envisages an important public-health leadership role for Local Strategic Partnerships, but their structure and their funding will need to change if they are to play such a part.

Chapter 5: Healthier workplaces in Kent

Employers have a responsibility to facilitate and promote healthier lifestyles among their staff. There is a sound business case for doing so, since a healthy workforce tends to be more productive. The public sector, including the National Health Service and local government, has a duty to set an example. There are examples of good practice within Kent County Council and these deserve to be copied both within the County Council and further afield.

Chapter 6: Obstacles to physical activity

Among the general public, significant perceived obstacles to physical activity include lack of time, cost, difficulty of accessing facilities, childcare arrangements and poor health or disability. There are specific issues regarding obstacles to physical activity on the part of black and minority ethnic groups, people with mental-health issues and people with disabilities. All of these can be, and in some cases are already being, addressed by culturally sensitive and otherwise appropriate approaches to delivering services and undertaking initiatives.

Chapter 7: Funding sources

Financial allocations to Primary Care Trusts for public-health purposes, under the *Choosing Health* White Paper, are not ring-fenced. Consequently, in the current climate of shortfalls and financial instability within the NHS, these sums are being used to bridge gaps in Primary Care Trusts' finances. Funding is available from a range of sources, including the European Union and the Big Lottery Fund, for community projects relating to healthy lifestyles.

Chapter 8: Measuring the effectiveness of public-health interventions

In the context of concerns about the effectiveness, and cost-effectiveness, of public-health interventions, the Department of Health is seeking to develop a model of health-promotion based on the concept of "Social Marketing". The National Institute for Health and Clinical Excellence has recommended the use of brief interventions with individuals in primary care to encourage physical activity.

List of recommendations

No.	Recommendation	For	Related Kent target	Page
1.	All future developments in Kent should be required by planning authorities to make provision for healthy lifestyles – including adequate footpaths and cycle paths, and sports and leisure facilities.	Planning authorities	Kent Agreement Outcome 16, Performance Indicators 6.1, 6.2 and 6.3 (see para. 80, p. 47 below)	50
2.	Food manufacturers should adopt a standard system of food-labelling, to enable consumers to make better-informed choices.	Food manufacturers		52
3.	<ul style="list-style-type: none"> • All district councils should include in local guides reference to the availability of facilities for breastfeeding. • All Sure Start schemes and Children’s Centres should systematically collect and report data on the extent of breastfeeding among their client group. 	<ul style="list-style-type: none"> - District councils - Sure Start schemes - Children’s Centres 	Kent Agreement Outcome 1, Performance Indicator 9 (see para. 79, p. 45 below)	55
4.	Kent County Council’s Children, Families and Education Directorate should continue to promote the Healthy Schools programme and the Extended Schools concept – including Breakfast Clubs and use by the wider community of school sports facilities.	Children, Families and Education Directorate (KCC)	Kent Agreement Outcome 1, Performance Indicators 11 and 12 (see para. 79, p. 46 below)	72
5.	<p>All local authorities in Kent should:</p> <ul style="list-style-type: none"> • support initiatives that encourage young people (including girls) to participate in sport; • consider appointing Sports and Health Managers, to promote active lives for all the community; • do as much as possible to capitalise on the public interest generated by the 2012 London Olympics in order to promote 	All Kent local authorities	Kent Agreement Outcome 16, Performance Indicators 6.1, 6.2 and 6.3 (see para. 80, p. 47 below)	77

	wider participation in sport.			
6.	Kent County Council's Sports Development Unit and Department of Public Health, and the Kent Physical Activity Alliance must work more closely together to promote physical activity. A joint strategy to achieve this must be in place by June 2007.	- Sports Development Unit (KCC) - Department of Public Health (KCC) - Kent Physical Activity Alliance	Kent Agreement Outcome 16, Performance Indicators 6.1, 6.2 and 6.3 (see para. 80, p. 47 below)	77
7.	All Primary Care Trusts should encourage GPs to prescribe exercise to patients where appropriate. Data relating to this should be collated in GPs' records (alongside data relating to Coronary Heart Disease and Body Mass Index), in order to measure uptake. This prescribing should include referral to sports and leisure centres with staff trained to provide specialist services tailored to individuals' clinical needs.	Primary Care Trusts (NHS)	Kent Agreement Outcome 1, Performance Indicators 2.1, 2.2, 2.3 and 2.4 (see para. 80, p. 46 below); Outcome 16, Performance Indicators 6.1, 6.2 and 6.3 (see para. 80, p. 47 below)	88
8.	In order for Local Strategic Partnerships to play their part in addressing obesity, and other public-health issues, the government must ensure they are properly funded and resourced for this purpose. Local Strategic Partnerships also need more direction and more structures of accountability.	Department for Communities and Local Government		94
9.	The production by Kent County Council's Department of Public Health of a detailed obesity strategy for the whole of Kent, in collaboration with partners and stakeholders, must take place by June 2007.	Department of Public Health (KCC)		94
10.	<ul style="list-style-type: none"> • Kent County Council should seek to set an example of good practice in encouraging and facilitating healthy lifestyles among its workforce. • The innovative work of the 	KCC		103

	<p>Environment and Regeneration Directorate in this regard should be copied by all KCC Directorates.</p> <ul style="list-style-type: none"> • A business case setting out the benefits for employers of this approach should be developed by KCC and shared with other employers in Kent through a workshop to be held in the first quarter of 2007. 			
11.	<p>All sports and leisure centres should seek to remove perceived barriers to using their service (relating to age, gender, ethnicity, disability, <i>etc.</i> – as described in Chapter 6 of this report), so that they can serve all groups in the community. Good practice in this regard should be shared across the county. Progress should be monitored in one year's time by the Sports Development Unit.</p>	Sports and leisure centres	Kent Agreement Outcome 16, Performance Indicators 6.1, 6.2 and 6.3 (see para. 80, p. 47 below)	113
12.	<ul style="list-style-type: none"> • The money allocated to Primary Care Trusts to fulfil <i>Choosing Health</i> objectives should be ring-fenced by the Department of Health. • Kent County Council's National Health Service Overview and Scrutiny Committee should receive a breakdown of how this money has been spent each year by Primary Care Trusts in Kent. 	<ul style="list-style-type: none"> - Department of Health - NHS Overview and Scrutiny Committee (KCC) - Primary Care Trusts (NHS) 		116
13.	<p>Kent County Council's National Health Service Overview and Scrutiny Committee should initiate (in January 2007) a research programme, in partnership with Canterbury Christ Church University's Department of Sport Science, Tourism and Leisure, to evaluate the effectiveness of brief interventions in primary care in</p>	NHS Overview and Scrutiny Committee (KCC)		127

	tackling obesity. This should include evaluation of giving patients pedometers, referral to leisure centres and referral to Health Walks.			
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