

By: Mr G Gibbens, Cabinet Members for Public Health  
To: County Council – 14 December 2006  
Subject: **TACKLING OBESITY – NHS OVERVIEW AND SCRUTINY COMMITTEE – JOINT SELECT COMMITTEE**

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Summary: To receive and comment on the Joint Select Committee Report.

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## **Introduction**

1. (1) The NHS Overview and Scrutiny Committee, at its meeting on 23 September 2005 were informed that Kent County Council was one of nine Local Authorities in England who successfully bid for £20,000 for an Action Learning Project as part of the Department of Health Support Programme administered by the Centre for Public Scrutiny. The bidding round this year was around the "Choosing Health Agenda". Kent was successful for the South/South East region and the project sought to assess best practice in reducing obesity, as a means of preventing disease, through improving levels of physical activity.

(2) A number of Borough/District Councils and Primary Care Trusts worked in partnership with KCC on this project including Canterbury, Gravesham and Tonbridge & Malling together with the Primary Care Trusts in which these local authorities sit. The Strategic Health Authority through the Assistant Director of Public Health was also a full partner in this project

## **Select Committee Process**

### *Membership*

2. (1) The Select Committee commenced its work in February 2006. The Chairman of the Select Committee was Mr M J Fittock, other members were Mr A R Chell, Mr J Curwood, Mr R W Gough, Ms E Green, Mr S J G Koowaree and Dr T R Robinson (KCC), Cllr L Baker (Sevenoaks DC), Cllr P Heath (Dover DC), Cllr M Peters (Dartford BC) and Mr J Reece, Kent Ambulance PPIF. In addition eight District Council Members, drawn from the three partner local authorities co-sponsoring the Joint Select Committee attended the meeting of the Joint Select Committee that were hosted by their respective authorities. These members were: Cllr V Ashenden (Gravesham BC), Cllr R Collings (Gravesham BC), Cllr P Dury (Tonbridge & Malling BC), Cllr N Eden-Green (Canterbury CC), Cllr J Law (Canterbury CC), Cllr Julia Seath (Canterbury CC), Cllr J Sergison (T&MBC), and Cllr A Sullivan (T&M BC).

### *Terms of Reference*

- (a) The overarching terms of reference for this Select Committee Topic Review were:-

- *To prepare a strategic report and recommendations, on behalf of Kent County Council's NHS Overview and Scrutiny Committees (OSC), and Borough/City Council partners which assess best practice in reducing obesity through improving activity levels across the County, across all age groups, as an instrument in prevention of disease through working in collaborative partnerships.*
- *For each partner to investigate a different perspective of this overarching term of reference.*
- *To examine national and local practice and to consider the application of best practice in the wider Kent context.*
- *To take evidence from stakeholders including relevant national organisations, local Primary Care Trust (PCT) staff, local authority staff, partner organisations and community groups.*
- *To report the Committee's recommendations to both Kent County Council, NHS OSC, Kent County Council, the Borough/City Councils and local health organisations.*
- *To consider national best practice relating to the prevention and treatment of obesity in adults with a particular focus on physical activity.*
- *To investigate current and planned local initiatives that contribute to this agenda supported by local authority, health organisations and community groups.*
- *To consider the partnerships involved in developing and delivering the obesity agenda.*
- *To consider the evidence gathered and to make specific recommendations for local partners and for the wider Kent context.*

(2) The Committee held eight sessions of hearings across the County, interviewing a wide range of witnesses. In addition to officers from KCC and District Council, the Joint Select Committee also interviewed representatives from the NHS, Slimming World, National Heart Forum, Sure Start, Youth Sport Trust, Kent Youth County Council, Department of Sport Science, Tourism and Leisure at Canterbury, Christ Church University, the Big Lottery Fund and Sport England.

### **Partner Organisations to Responses to the Report**

3. At the time of writing this report I understand that Charlie Manicom, the Assistant Director of Public Health, on behalf of the Strategic Health Authority and Primary Care Trusts, Canterbury City Council and Tonbridge and Malling Borough Council have welcomed the report and signified their agreement to its recommendations. Gravesham Borough Council's Cabinet will be meeting to consider the report on 20 November 2006. However, Councillors Collins and Ashenden who attended the meetings relating to the review have indicated that the representations made by Gravesham have been well received. They welcomed the report but felt that recommendation 5 should be amended to read "particularly girls" rather than 'including girls'. They also felt that more emphasis should be placed on the relationship between obesity and healthy school meals.

## **Conclusion**

4. (1) I welcome the report and would like to congratulate the Joint Select Committee, KCC, District Council and Health Service colleagues, on completing this piece of work. I would also like to thank all those witnesses who gave evidence to the Select Committee.

(2) The Executive Summary is attached. Please contact Angela Evans on (01622) 221876 if you require a full copy of the report.

## **Recommendations**

5. (1) The Joint Select Committee be thanked for its work and for producing a relevant and a balanced document and the Council are asked to note and endorse the recommendations of the report.

Mr G K Gibbens  
Cabinet Member for Public Health

Background Information: *None*



# **Tackling Obesity**

## **NHS Overview and Scrutiny**

### **Joint Select Committee Report**

#### **Part I**

**December 2006**

### **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*

<b>No.</b>	<b>Recommendation</b>	<b>For</b>	<b>Related Kent target</b>	<b>Page</b>
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"> <li>All district councils should include in local guides reference to the availability of facilities for breastfeeding.</li> <li>All Sure Start schemes and Children’s Centres should systematically collect and report data on the extent of breastfeeding among their client group.</li> </ul>	<ul style="list-style-type: none"> <li>- District councils</li> <li>- Sure Start schemes</li> <li>- Children’s Centres</li> </ul>	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.	All local authorities in Kent should: <ul style="list-style-type: none"> <li>support initiatives that encourage young people (including girls) to participate in sport;</li> <li>consider appointing Sports and Health Managers, to promote active lives for all the community;</li> <li>do as much as possible to capitalise on the public interest generated by the 2012 London Olympics in order to promote wider participation in sport.</li> </ul>	All Kent local authorities	Kent Agreement Outcome 16, Performance Indicators 6.1, 6.2 and 6.3 (see para. 80, p. 47 below)	77
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	<ul style="list-style-type: none"> <li>- Sports Development Unit (KCC)</li> <li>- Department of Public Health (KCC)</li> </ul>	Kent Agreement Outcome 16, Performance Indicators 6.1, 6.2 and 6.3 (see para. 80, p. 47 below)	77

	place by June 2007.	- Kent Physical Activity Alliance		
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"> <li>• Kent County Council should seek to set an example of good practice in encouraging and facilitating healthy lifestyles among its workforce.</li> <li>• The innovative work of the Environment and Regeneration Directorate in this regard should be copied by all KCC Directorates.</li> <li>• 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.</li> </ul>	KCC		103
11.	All sports and leisure centres should	Sports and	Kent Agreement	113



	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.	leisure centres	Outcome 16, Performance Indicators 6.1, 6.2 and 6.3 (see para. 80, p. 47 below)	
12.	<ul style="list-style-type: none"> <li>The money allocated to Primary Care Trusts to fulfil <i>Choosing Health</i> objectives should be ring-fenced by the Department of Health.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Department of Health</li> <li>NHS Overview and Scrutiny Committee (KCC)</li> <li>Primary Care Trusts (NHS)</li> </ul>		116
13.	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 tackling obesity. This should include evaluation of giving patients pedometers, referral to leisure centres and referral to Health Walks.	NHS Overview and Scrutiny Committee (KCC)		127