# Report to St Helens Health and Wellbeing Board

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<thead>
<tr>
<th>Date of Meeting</th>
<th>28th November 2013</th>
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<tbody>
<tr>
<td>Lead Officer</td>
<td>Liz Gaulton, Director of Public Health</td>
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<tr>
<td>Contact Officer</td>
<td>Helen Williams, Head of Public Health Programmes, St Helens Council, Public Health</td>
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<td>Report Title</td>
<td>Update on Obesity and Excess Weight Plans 2013-2016</td>
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<td>Report prepared by</td>
<td>Helen Williams</td>
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<tr>
<td>Purpose of the report</td>
<td>The aim of this paper is to update the St Helens Health &amp; Wellbeing Board on the progress made in relation to the priority area within the joint Health and Wellbeing Strategy • Obesity and Excess Weight</td>
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<td>Recommendations</td>
<td>The St Helens Health &amp; Wellbeing Board are asked to: • Note the action taken to reduce obesity and excess weight within the borough • Approve the revised action plan • Acknowledge the areas in development</td>
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<td>Action/Decision required</td>
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## 1. PURPOSE

1.1 The purpose of this paper is to provide a progress update on the implementation plan submitted to the Board which was approved at its meeting in March 2013.

1.2 The HWBB are asked to:

- Note the progress made to date and the actions taken to reduce obesity and excess weight in the borough.
- To approve the revised action plans and acknowledge the areas in development.

## 2.0 BACKGROUND

2.1 Obesity is a complex and multifaceted issue and requires multiple interventions to address it. The Obesity and Excess Weight Plans contain comprehensive and multiagency actions to address the issues in St. Helens.

2.2 This is a national issue and most people in England today are overweight or obese (61%) (65% in men and 58% in women) and efforts nationally have not succeeded in turning the tide. National Policy’s acknowledges that physical activity is important but for most eating and drinking less is key to weight loss.

2.3 In St Helens 37% of the population are overweight and 23% are obese, this is in line with the England average of obesity (24.2 %) This has remained static for the last 4 years. However, there has been an increase in physically active adults in St Helens (5 x 30min per week) this has increased over the last 4 years.

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1 Healthy Weight Healthy Lives A call to action on obesity in England Dept of Health October 2011
2 NHS Merseyside Lifestyle Survey 2012/13
3 Public Health England St Helens Health Profile 2013
4 Sport England Local Sport Profile for St Helens 2012
2.4 Active St Helens (2010-1015) is a Physical Activity Strategy that aims to co-ordinate the work of a range of partners to increase the levels of physical activity and sport in the Borough. The indicator targets are on track for 2015, in terms of an increase in adult participation in physical activity and the number of accredited sports clubs. However in terms of obesity the strategy is not on target.

2.5 Busy lifestyles and 21st century environment often make it hard to make healthy choices and it is important that we tackle the obesogenic environment in St Helens so that it is less inhibiting of healthy lifestyles.

2.6 Adult and Children’s Weight Management Programmes are an important component of the Obesity and Excess Weight Plans. Currently 9.8% of the public health budget is spent on weight management programmes for adults and 3.5% on children’s weight management. Despite this investment and other there has been no improvement seen in regard to adult local statistics although it must be acknowledged that this may be preventing an increase.

2.7 The Adult and Paediatric Specialist Weight Management Services have been reviewed. The service sees only sees a small proportion of the children who are obese, that is above the BMI ≥98th centile. Improvements need to be seen in terms of increasing the number of referrals and retention of patients, less than half of the families who start go on to complete the programme. The service is currently being tendered for April 2014.

2.8 A new, focused and sustained approach to healthy weight by multiagency partners is needed to see changes locally. One of the keys to change is breaking the cycle within families from obese parents to children by providing a family-based range of weight management programmes.

2.9 A collaborative approach is needed and St Helens Public Health Team have already built up strong links with other Council departments, such as Schools, Environmental Health and Trading Standards, Sports Development, Leisure Services, the School Meals Service, Adult Social Care and Health (ASCH) and Urban Regeneration Planning Team to continue and develop evidence based initiatives that bring about change.

2.10 Newly designed Weight Management Programmes and a fresh approach will be considered and collaborative initiatives will be developed as part of a locally agreed Healthy Weight Strategy in 2014. Fully integrated Adult and Children’s Weight Management Programmes will be commissioned from April 2015.

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5 NICE Guidance: Managing Overweight and obesity among children and young people: lifestyle weight management services. PH47 October 2013
2.11 Health and Wellbeing Strategy Key Performance Indicators

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<th>Baseline</th>
<th>Target</th>
<th>Actual</th>
<th>2013/14</th>
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<tr>
<td>Percentage of children in reception who are overweight or obese</td>
<td>20.5%</td>
<td>20%</td>
<td>24.6%</td>
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<tr>
<td>Percentage of children in year 6 who are overweight or obese</td>
<td>35.2</td>
<td>35%</td>
<td>36.1%</td>
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<tr>
<td>Prevalence of recorded diabetes</td>
<td>6.86%</td>
<td>7.14%</td>
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<tr>
<td>Percentage of diabetics with their body mass index (BMI) recorded in the past 15 months</td>
<td>95.9%</td>
<td>96.95%</td>
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*Data not available as GPQoF guidance on data collection has been amended.  + data available year end.

3.0 KEY SUCCESSES TO DATE

3.1 A summary of current activities working obesity and excess weight can be seen in Appendix 1.

Early Years

3.2 The percentage of both overweight and obese children in reception classes has dropped considerably since the measurement programme started in 2006/07 and has been below the national average. This has been against the trend nationally and in Merseyside. Provisional data for 2011/12 shows a 1% increase for 6 Year and a 2% increase for reception, data for England for this year is not yet available. See Figure 1.

Figure 1

3.3 Early Years Initiatives that can be attributed to the reception year success are the 2-6 year old Weight Management Programme, (Fit 4 Life), The Early Years Healthy Food Award which works with nurseries, play groups and child minders improve nutritional
provision; the St Helens Healthy Early Years Status which works with private day nurseries with all aspects of health including physical activity.

**Healthier Neighbourhoods**

3.4 Fast food outlets are a source of cheap, energy dense and nutrient poor foods. There had been a growth of 1% per year in the number of these food businesses in St Helens from 2002 to 2010, adding to the town’s obesogenic environment.

3.5 St Helens Councils Planning Department was the first in Cheshire and Merseyside in 2011 to implement Supplementary Planning Guidance, (SPG) restricting the growth of A5 class hot food takeaways in the Borough. The guidance limits the new development of fast food outlets within 400m of any primary, secondary or 6th form college. Since its Implementation many new hot food takeaways business ventures have not been pursued due to the SPG, 4 planning applications have been refused and 2 of these appealed and the refusal upheld. The number of fast food outlets (A5 class) has decreased from 161 in 2010 to 139 in April 2013.

3.6 The Urban Regeneration Transport Planning Section was successful in 2011 with three bids and respective tranches of funding for active and sustainable transport nearing £5m. Although the principal focus of the Local Sustainable Transport Fund is to support the economy and cutting carbon by increased car sharing, cycling and walking, there are health benefits associated with an increase in active travel.

3.7 There has been infrastructure improvement and development in walking and cycling greenways, such as Rainford Linear Park, provision of cycle training, cycle hubs (Bold Miners) and improved cycle parking in local retail centres. A target of increasing cycle usage is one of the key indicators as part of the Third Local Transport Plan for Merseyside. Monitoring indicates that since 2010 cycle usage across Merseyside has increased by 19.6% - already exceeding the target of increasing cycle use by 12% by 2014/15. A Council Scrutiny Report into cycling called “Pedal Power” has highlighted the benefits of cycling both in health terms and in terms of promoting sustainable travel.

3.8 The ‘Parks for Life’ initiative was instigated by the Clinical Commissioning Group and implemented by the Councils Parks Team and Public Health in September 2013. Markers provide walking routes within the parks with 1000 metres distance with marker post being located 100 metres apart. The markers are currently in Sherdley Park, Taylor Park and Mesnes Park and will also be in Victoria Park once finished in 2014. The walks are aimed at people who are relatively sedentary as a means of encouraging lifestyle behaviour change, it aims to highlighting the benefits of walking and encouraging the use of St Helens Parks. Leaflets for the 3 parks have been produced for GP’s to ‘prescribe’ park walks.

**Workplaces**

3.9 Public Health England has identified workplace health as one of their 7 priorities. St Helens Council as an employer has made significant developments with its work
place health agenda. As the largest local employer and around 64% of the employees living in St Helens there is great potential to have an impact.

3.10 Branded ‘The Health Hub’, a Steering Group has been established within St Helens Council and a strategy and action plan has been put in place. To date a pedometer challenge has been launched with over 500 participants, a cycle to work purchase scheme has been approved and fruit on desk scheme to be trialled in January. The Public Health Team also commission workplace health with other large employers.

Supporting Individuals and Families

3.11 The national Health Checks programme (for 40-74 year olds) is a nationally specified programme to help prevent heart disease, stroke, diabetes and kidney disease and identify problems early and start treatments. The focus is on preventing and early detection of the 6 risk factors which includes physical inactivity and obesity. A review of health checks programme has been completed and recommendations made to increase up take.

Physical Activity

3.12 There has been an identified gap in provision of physical activity for primary age children within schools and in the commercial/voluntary sector, particularly for girls. There is an expectation from the Department of Education that schools should deliver 2 hours of high quality PE per week to each pupil. In 2011 the national monitoring process for PE has ceased which means there has been not been any local authority quality assurance of the PE curriculum. In addition the Schools Partnership Funding ceased which funded specialist coaches in schools.

3.13 Some initiatives have been implemented that may address this gap. The national sports premium (£8,000 per school) has been given to schools to increase physical activity and sports in school, the use of the premium and its impact will be monitored.

3.14 In 2012/13, 51 events were organised by the Sports Development Team with over 3,000 pupils participating, virtually every Primary School and every High School participated in at least one event and the competition is a catalyst for weeks of preparatory activity in the schools often involving whole year groups from which the schools team is selected. This work entitled ‘School Games’ is fully funded externally and also addresses training for PE staff in schools.

3.15 The Youth Sport Programme initiative receives some external funding from Sport England. However, the majority is met from core budget. In 2012/13 the programme had attendances of over 15,000 young people many of whom are not engaged in any sport or other forms of physical activity. One activity strand that has proved particularly effective at engaging with young people who are over -weight has been the gym project which provides structured training sessions supervised by a personal trainer, this has resulted in half of the participants self -reporting weight loss and more importantly maintaining a healthy weight.
The provision of physical activity for children and young in schools and in the community will be examined in the development of the Healthy Weight Strategy.

4.0 **AREAS IN DEVELOPMENT**

**Childhood Obesity**

4.1 Although there have been successes with reception age children by the time young people reach year 6 the percentage of children who are obese increases from 10.3% to 21.5% (2012/13 data). Interventions to tackle this are required and this is challenging. 4.2 to 4.7 are designed to address this increase.

4.2 Around 11,000 meals are served daily in schools. Evidence shows that children who eat school meals tend to consume a healthier diet compared to those who eat packed lunches or takeaway meals. There has been a range of initiatives nationally to improve standards of school meals including nutrient-based standards, these currently only affect around four in ten children who take school meals. Uptake of school meals is lower among secondary school pupils (34% compared to 49% of primary pupils).

4.3 A Schools Nutrition Action Group (SNAG) has been set up and will work on continuing school meal nutritional improvements, uptake of school meals, uptake of free school meals, breakfast clubs and supporting schools in food policy.

4.4 Universal Free School Meals form primary school children has been announced by central government for September 2014, although further details have not been released to date. The SNAG will work with schools and the school meal service to reduce stigma and ensure the uptake is high.

4.5 Increasing the uptake of Children’s Weight Management Service is challenging. There are over 3500 children in St Helens Primary Schools that are obese or overweight and only 40 participants attending weight management services each year.

4.6 Programmes within schools with high levels of obesity are currently being piloted with the School Nursing Service and Children’s Weight Management Programme providers. The aim is to improve the uptake of children’s weight management

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programmes by revising the method of communicating the National Child Measurement Programme (NCMP) data with families. Parents are being invited to attend the weighing and measuring process, to enable meaningful conversations and signposting.

4.7 Community engagement with local families is underway to identify any barriers or facilitators encouraging or discouraging the uptake of current Children’s Weight Management Programmes. This will inform pilot programmes with the current provider and inform future commissioning for programmes so that they meet local needs.

**Review of Council Food Provision**

4.8 As part of the obesity and excess weight plans, all food that is provided by the Council either directly or via a provider is being reviewed to ensure that it complies with relevant guidance and improvements where necessary implemented. Baseline data on overweight and obesity prevalence with clients in nursing/residential homes, day centres those in supported living and those receiving domiciliary care is currently being undertaken. The standard of food provision, adherence to standards and further improvements are being explored.

4.9 In relation to food provision within nursing, residential and day centres it has been established that this currently meets a high standard and complies with the National Care Commission Standards. Robust contracts and evaluation is undertaken by the outcomes and intelligence team within Adult Social Care and Health, some training issues have been identified and will be met from April 2014.

**Healthier Neighbourhoods**

4.10 There are 67 food premises in St Helens that have a traditional frying range. There are simple steps that can be taken by caterers that can significantly reduce oil absorption in chips by up to 8 times. Environmental Health are working with businesses using a Food Standards Agency Guidance, to promote good practice.

**Advocacy**

4.11 A regional Healthy Weight Collaborative has been established by the North West Directors of Public Health to identify, build evidence, advocate for and influence implementation of population level interventions to reduce obesity. A programme of work is currently underway to address three priorities for action. 1. ‘Advocate for the use of price and availability of sugar sweetened beverages to change consumption behaviour to impact on obesity rates’. 2. Stronger national regulatory controls on the advertising of junk food to children and young people. 3 Improved spatial planning measures to increase physical activity e.g. 20mph speed limits in urban areas.

**Physical Activity**

4.12 In 2012 there was an increase in the number of fatalities from CVD in men aged 65 to 79 years. A project is planned for 2014/15 to target inactive men aged 60+ identified as vulnerable and socially isolated and who aren’t currently partaking in any activity
groups. Low impact activity of bowling will act as the hub being used to engage and retain the men. The men can then be signposted to other groups and activities as well as acting as a place for the men to talk about potential issues and thus be less isolated. The project will link in with Sports Development, Park Rangers and Arts and Heritage to offer walks with a cultural and historical element and also with Helena Partnerships to ensure their vulnerable residents are offered intervention.

4.13 Within Council leisure services, swimming remains a popular activity but there has been a focus on the outdoor environment as well as the built environment with Bootcamps and Running Clubs etc established at all sites. Indoor focus has been on expanding the choice for customers with Yoga, Pilates, Tai Chi and Line Dancing attracting new users at all sites.

4.14 Group Exercise continues to grow in popularity at the Councils Leisure Centres and the introduction of High Intensity Exercise classes over shorter periods has been well received. Youth Only Zones, at Parr and Selwyn Jones attract over 80 young people to each session of activities, creating a healthy environment for young people to meet and interact. Customer choice for fitness facilities has increased with the opening of 2 new commercial budget fitness facilities.

5.0 Conclusion

5.1 As the majority of the adult population is either overweight or obese and with high levels of obesity in our children, there exists a growing burden of obesity related ill health and the scale of the challenge cannot be overestimated. Government policy’s call to action is to build local capability and to commission comprehensive and integrated ranges of interventions. It also proposes that ‘obesity is everyone’s business’, and this is the approach of St Helens Obesity and Excess Weight Plans.

5.2 The Governments Foresight Report described the complex relationships between the social, economic and physical environments and individual factors that underlie the development of obesity. During the development of a locally agreed new Healthy Weight Strategy in 2014 partners will explore de-normalising obesity within our communities, physical activity, the obesogenic environment, a focused approach with primary school children, breaking the cycle of obesity within families and provision of the effective and family based range of weight management programmes.

Appendix 1: Summary of progress on obesity & excess weight plans November 2013

Appendix 2: ACTION PLAN- update November 2013, St Helens Health Well-being Board, PRIORITY: OBESITY AND EXCESS WEIGHT

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