

# ITEM NO: 6b Appendix 2

## Report of the Healthy City Scrutiny Panel

### Obesity Inquiry

March 2010 – April 2010



### PANEL MEMBERSHIP

Councillor Cooke (Chair)  
Councillor Capozzoli  
Councillor Daunt  
Councillor Drake  
Councillor McEwing  
Councillor Marsh-Jenks  
Councillor Osmond



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## Chair's Foreword

First and foremost I would like to say thank you to the Councillors who attended the Obesity Inquiry meetings, and to the numerous witnesses who also made a contribution. As I will not be presenting this report to Cabinet I want to say a few words regarding this Inquiry and to identify areas where improvements can be made that, I believe, will benefit future scrutiny inquiries.

Difficulties experienced by the Scrutiny Panel undertaking this Inquiry has highlighted the need to ensure that future scrutiny inquiries include the following:

- A focussed terms of reference for future inquiries so that the scope is not too broad;
- Commitment from all relevant agencies to ensure representation from officers at an appropriate level of seniority to answer strategic questions posed by the Panel;
- Agendas that are not overloaded with lengthy presentations that overwhelm the Panel with information and leave little time for questions and debate on the key points;
- Well briefed witnesses who are aware of the remit of the Inquiry and what is expected of them when they attend a Scrutiny Panel meeting.

This Inquiry experienced problems relating to the issues identified above and it limited the ability of the Scrutiny Panel to develop a comprehensive understanding of the initiatives that are being delivered by the City Council to tackle the problems relating to obesity, or the effectiveness of the initiatives.

Our job was to evaluate what Southampton, was, or was not doing to combat obesity, and what else we could and should do. On reflection the Inquiry would have been more effective if we had concentrated on scrutinising the strategies already in place in Southampton, including Fit 4 Life and Active Southampton, and revisited the Obesity Strategy for Southampton 2003-2008 where we could have identified the initiatives that had been successful, or not, and what action has been initiated since the strategy became obsolete.

However, despite the difficulties highlighted above the recommendations generated by this inquiry are significant and, if implemented, would make a positive contribution in the fight to tackle the obesity epidemic in Southampton and the damaging impact it has on society. This cannot be understated. Obesity is set to become the No1 cause of preventable premature death in England that costs Southampton £147 million per annum, and this is estimated to rise to £217 million by 2015.

There exists a real opportunity for Southampton City Council to take a lead in this fight by ensuring that services delivered by the Authority contribute to reducing obesity levels, and by using the Council's ability to influence other organisations more effectively. It is an opportunity that must be taken.

Councillor Edwina Cooke  
Chair of the Healthy City Scrutiny Panel

## **Obesity Inquiry**

### **Executive Summary**

1. National statistics for 2006 identified that 24% of adults in England were classified as obese, which is an increase from 15% in 1993. Locally, it is estimated that approximately 26.2% of the adult population are obese.<sup>1</sup>
2. In a presentation to the Scrutiny Panel Dr Andrew Mortimore, Public Health Director, NHS Southampton City, provided the following summary relating to the national impact of obesity:<sup>2</sup>
  - The obesity epidemic is real
  - The burden on society is huge and growing
  - The burden on the NHS is huge and growing
  - Obesity is set to become the No1 cause of preventable premature death
  - It is about the way we live our lives and the context in which we do this
  - Adults are continuing to get heavier
  - It is a cause of widening inequalities
  - The rise in childhood obesity is slowing but children are getting less fit
  - Action is needed at every level, including local government, to avoid the next generation living less long than their parents.
3. In recognition of the impact of obesity on individuals, society and the financial burden on the public sector, the Overview and Scrutiny Management Committee agreed the Terms Of Reference for an Inquiry into Obesity in Southampton at its meeting on 19<sup>th</sup> November 2009, and the OSMC requested that the Healthy City Scrutiny Panel undertake the Inquiry. It was agreed that the Inquiry would focus on how the Council can have an impact on addressing obesity in the following ways:
  - as a direct provider of services and as an employer;
  - as a commissioner of services or an enabling agency;
  - as a leader of the community and a partner with other key agencies such as the NHS.
4. The Healthy City Scrutiny Panel undertook the Inquiry over 5 meetings and received evidence from a wide variety of organisations. The Scrutiny Panel arrived at the following conclusion:

Obesity is a significant problem for Southampton and the burden on society is huge and growing. A large number of initiatives are currently being delivered by various Southampton City Council services, voluntary sector organisations, and partner agencies, predominantly by the PCT and Southampton University NHS Trust, to address the causes of obesity. There exists a real opportunity for Southampton City Council to take a lead in this fight by ensuring that services delivered by the Authority contribute to reducing obesity levels, and to use the Council's ability to influence other organisations to identify strategies and practices that might help address levels of obesity, and to target resources and

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<sup>1</sup> 'Fit 4 Life' Strategy for Southampton 2008-2013, p3

<sup>2</sup> From information presented to the Scrutiny Panel on 4<sup>th</sup> March by Dr Andrew Mortimore, Public Health Director, NHS Southampton City

initiatives more effectively.

### **Recommendations**

5. The Healthy City Scrutiny Panel have developed a number of recommendations that have the potential to, alongside numerous initiatives being delivered across Southampton, reduce levels of obesity and improve the health of residents of Southampton and Council employees. The recommendations are divided into a number of categories.

#### **Children & Young People (0-5 yrs) - Recommendation**

6.
  - Develop a Healthy Early Years Setting kitemark, akin to the Healthy Schools standard, to ensure consistency, quality and sustainability across the range of initiatives on offer.

#### **Children & Young People (5-19 yrs) - Recommendations**

7.
  - Encourage all schools to extend times given for breaks and lunchtime, which should be a minimum of 45 minutes, to give children the opportunity to be more active and to have a healthier and appealing lunch. It is recognised that this would require a fundamental review of the length of the school day.
  - Encourage all schools to provide basic skills of cooking healthy meals, menu planning and budgeting for all children, and to provide and promote breakfast clubs.
  - Monitor the provision of PE within schools to ensure that all schools are providing, as a minimum, the national curriculums prescribed levels of PE for all pupils.
  - Urge greater community usage of school sports facilities and publish a list indicating the availability of community usage on the City Council's website.
  - Continue to offer free or subsidised swimming to children and young people aged 16 and under when funding for the existing two year initiative expires in March 2011.

#### **Physical activity - Recommendations**

8.
  - Southampton City Council and partners seek to increase and sustain participation in cycling training to levels currently achieved in the Isle of Wight.
  - Resources are identified to aid the completion of the missing links within Southampton's key cycle routes, to improve the condition of cycle paths across Southampton, and where possible segregate pedestrians from cyclists.
  - Identify sustainable funding for Active Options, the successful GP referral system that is currently funded up to September 2010.
  - The Council commits appropriate resources to attract an additional mass participation sporting event to the city to encourage the engagement of

local people.

- To improve the consistency of the message review the City Council's marketing and communication approach to promoting active and healthy lifestyles and commit to promoting this through its internal/external publications as well as its web based facilities at least 4 times/year. Link with information contained within Mosaic to help target approaches.

### **Workplace - Recommendations**

9.
  - To make sure that food purchased and served by Southampton City Council's is both healthier and provided as sustainably as possible it is recommended that Southampton City Council signs up to adopting the new "Healthier Food Mark" (FSA) – Gold or Silver across the organisation.
  - Offer group support for staff around weight management issues using a Health Trainer type model. This is supported by public consultation conducted by the PCT.

### **Wider environmental / whole system approach - Recommendations**

10.
  - Review advertising policies on Council's external sources such as ticket machines to enforce an embargo on 'fast food chain', 'junk' food products being promoted or advertised, and ensure that the Planning and Development Service takes opportunities, as they arise, to review the provision of fast food outlets in Southampton.
  - That addressing obesity is a priority when the City Council and the PCT are joint commissioning health and well-being services, and in the development of the new Joint Strategic Needs Assessment.
  - Include consideration of the impact on obesity levels when completing an Integrated Impact Assessment (IIA). An IIA is completed when the Council is developing new policies, strategies, projects and major service changes.

### **Joint Working - Recommendation**

11.
  - Taking into account all of the preceding recommendations from this Inquiry, the rapidly rising cost to society and public services of obesity, Cabinet be asked to review the costs of obesity in the city. This should focus on how investment in jointly commissioned programmes could reduce these costs in the longer term, including encouraging partners to work together to focus resources on integrated programmes to reduce levels of obesity.
12. **The Obesity Inquiry report was considered by OSMC on 20<sup>th</sup> May 2010 and agreed that the following recommendation should be included:**
  - That Cabinet works with the University of Southampton, through the utilisation of PHD Students, to explore how they can undertake research to improve understanding of the effectiveness of various initiatives being delivered in Southampton to reduce obesity levels.

## **Introduction**

1. Overweight and obesity is frequently measured by recording the Body Mass Index (BMI) which is calculated by dividing an individual's weight in kilograms by the square of their height in meters (kg/m<sup>2</sup>). Overweight is defined by a BMI between 25 and 29.9. Obesity is defined by a BMI over 30. People with a BMI over 40 are described as severely or morbidly obese.
2. Obesity significantly increases the risk of death at any age and for those who are severely obese, they are estimated to die on average 11 years earlier than those with a healthy weight.<sup>3</sup>
3. National statistics suggest that 24% of adults in England were classified as obese in 2006, which is an increase from 15% in 1993. Locally, it is estimated that approximately 26.2% of the adult population are obese.<sup>4</sup>
4. Obesity is known to lead to both chronic and severe medical problems. Not only do these conditions affect people's quality of life but they also create serious, rising financial and social burdens. Conditions include diabetes, cardio-vascular disease, hypertension, cancers as well as a range of psychological and social problems in both adults and children.
5. In recognition of the impact of obesity on individuals, society and the financial burden on the public sector the Overview and Scrutiny Management Committee agreed the Terms Of Reference for an Inquiry into Obesity In Southampton at its meeting on 19<sup>th</sup> November 2009, and requested that the Healthy City Scrutiny Panel undertake the Inquiry.
6. It was agreed that the Inquiry would focus on how the Council can have an impact on addressing obesity in the following ways:
  - as a direct provider of services and as an employer;
  - as a commissioner of services or an enabling agency;
  - as a leader of the community and a partner with other key agencies such as the NHS.

The full Terms of Reference are shown in Appendix 1.

## **Consultation**

7. The Healthy City Scrutiny Panel undertook the Inquiry over 5 meetings and received evidence from a wide variety of organisations. A list of witnesses that provided evidence to the inquiry is detailed in Appendix 2. Members of the Healthy City Scrutiny Panel would like to thank all those who have assisted with the development of this review.

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<sup>3</sup> World Health Organization. (2000) *Obesity: Preventing and Managing the Global Epidemic*. Report of a WHO Consultation. Geneva: World Health Organization.

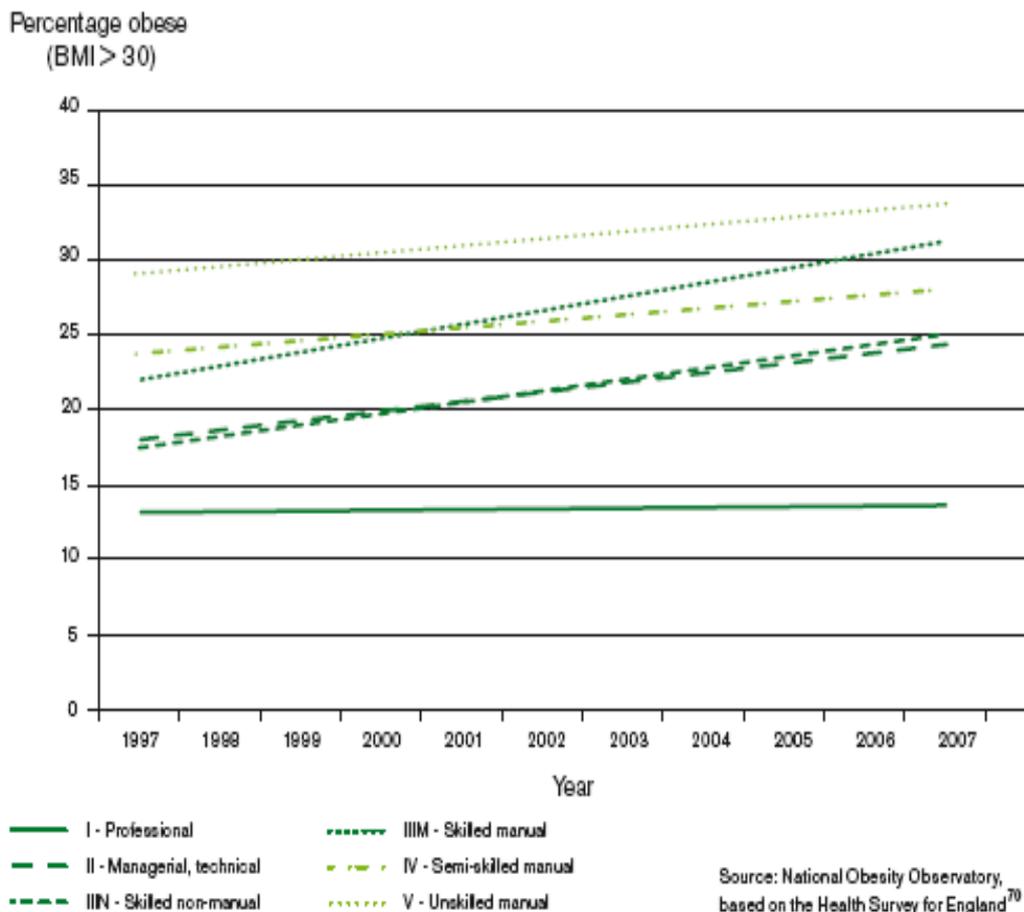
<sup>4</sup> 'Fit 4 Life' Strategy for Southampton 2008-2013, p3

## Key Facts - Obesity

### 8. Obesity Levels - Adults

National statistics suggest that 24% of adults in England were classified as obese in 2006. Which is an increase from 15% in 1993. Locally, it is estimated that approximately 26.2% of the adult population are obese, equating to approximately 56,391 adults in Southampton. This figure is rising and the Foresight report goes on to predict that by 2050, 60% of males and 50% of females could be obese.<sup>5</sup>

### 9. Obesity and Social class - gap between professional and unskilled widening



### 10. Obesity Levels – Children

In 2006, nationally 16% of children aged 2-15 years, were classed as obese, representing an increase from 11% in 1996.

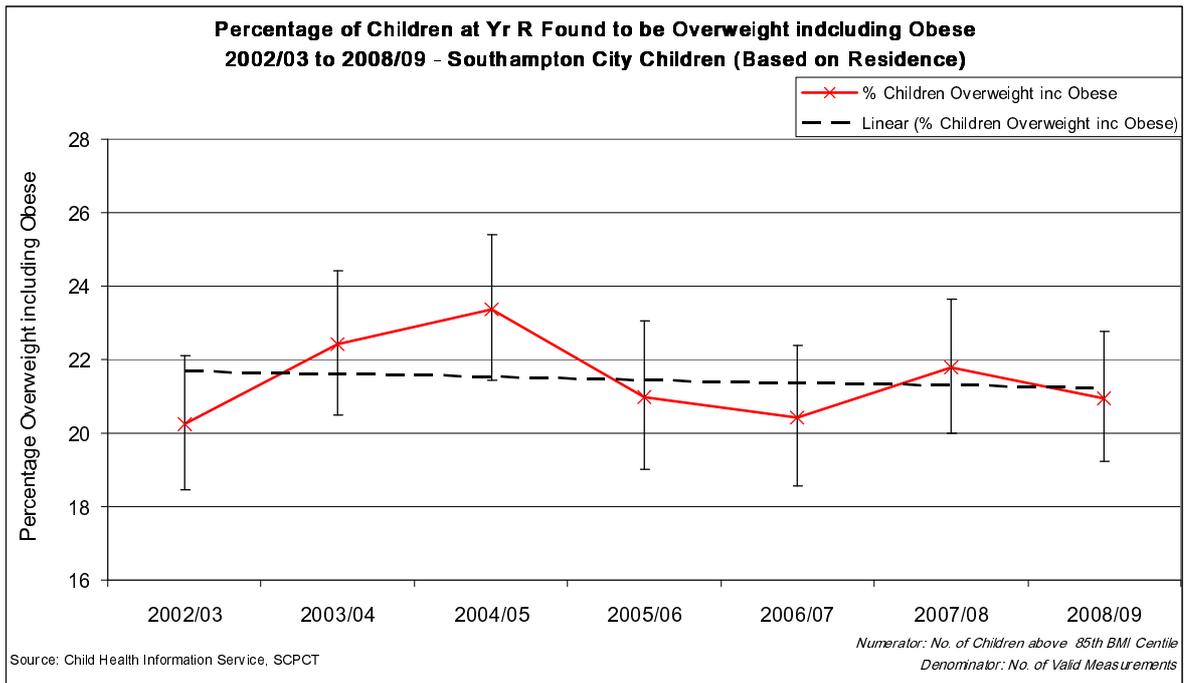
In Southampton (2008/09):

- 21% of 5 year-olds are overweight (inc Obese)
- 30% of 11 year-olds are overweight (inc Obese)
- 9% of 5 year-olds are obese
- 17% of 11 year-olds are obese

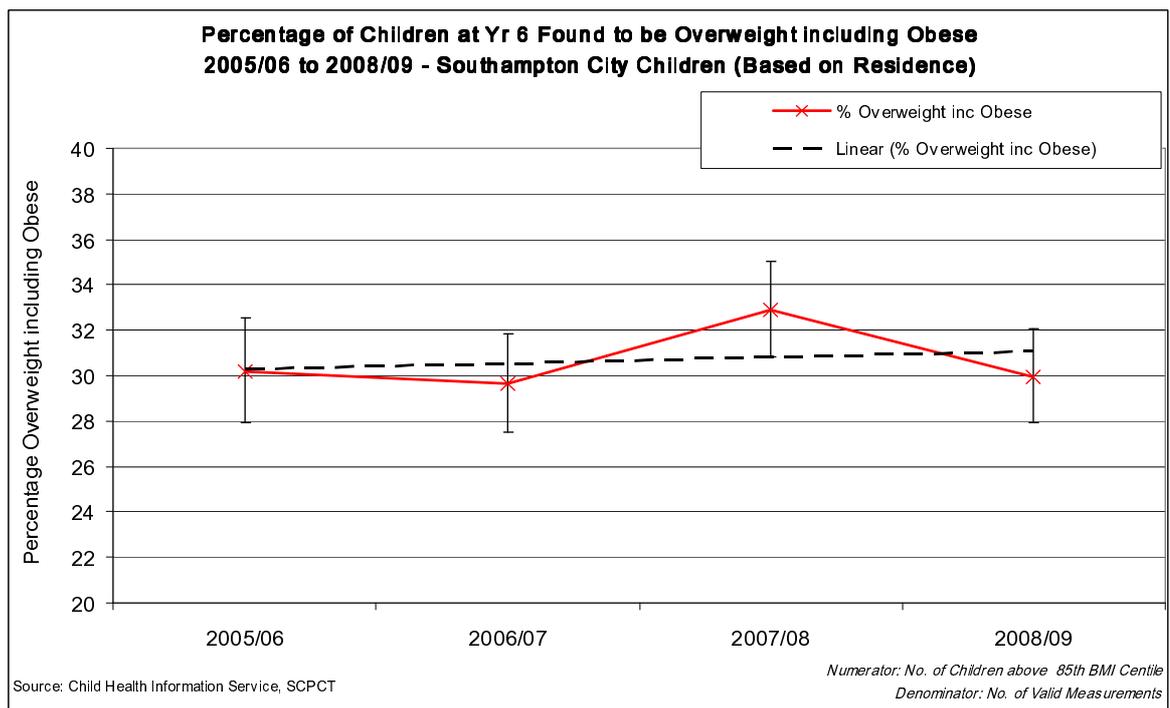
2/3rds of children who were overweight at Yr R tend to still be overweight at Yr 6.

<sup>5</sup> Government Office for Science. (2007) *Foresight: Tackling Obesities: Future Choices – Project Report*. [www.foresight.gov.uk](http://www.foresight.gov.uk)

## 11. Obesity Trends – Children at Yr R



## 12. Obesity Trends – Children at Yr 6



Trend analysis identifies that the rise in childhood obesity is slowing.

## 13. Obesity – Activity / Exercise

Nationally, it is estimated that 40% of men and 28% of women are meeting the recommended 30 minutes of moderate intensity activity at least 5 times a week<sup>6</sup>. Those in the lowest income bracket are least likely to meet the recommendation.

<sup>6</sup> The Information Centre. (2008) *Statistics on Obesity, Physical Activity & Diet: England*  
<http://www.ic.nhs.uk/>

In Southampton 78% of Southampton adults are not doing the recommended amount of physical activity<sup>7</sup> and only 25% of Year 10 girls consider themselves to be physically fit or very fit. However, 87% (5–16yrs) of Southampton students do 2 hours curriculum PE per week (08/09 Data).

**14. Obesity – Diet**

Southampton lifestyle survey, conducted in Summer 2006 identified that:

- 54 % do not eat 5 or more portions of fruit and vegetables per day.

Those who are less likely to say they eat five portions of fresh fruit and vegetables per day include:

- Men
- Non-white origin
- Manual social groups
- Those who are not an ideal weight.

**15. Obesity – Children’s Diet**

- Only 15% of Year 10 pupils in Southampton eat the recommended 5 portions of fruit or vegetables a day.

**16. Costs to Southampton<sup>8</sup>**

- To NHS - £21 million - Estimated to rise to £31 million by 2015
- To society – £147 million - Estimated to rise to £217 million by 2015.

**17. Summary: <sup>9</sup>**

- The obesity epidemic is real
- The burden on society is huge and growing
- The burden on the NHS is huge and growing
- Obesity is set to become the No1 cause of preventable premature death
- It is about the way we live our lives and the context in which we do this
- Adults are continuing to get heavier
- It is a cause of widening inequalities
- The rise in childhood obesity is slowing but children are getting less fit
- Action is needed at every level, including local government, to avoid the next generation living less long than their parents.

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<sup>7</sup> Southampton lifestyle survey, Summer 2006

<sup>8</sup> From information presented to the Scrutiny Panel on 4<sup>th</sup> March by Dr Andrew Mortimore, Public Health Director, NHS Southampton City

<sup>9</sup> From information presented to the Scrutiny Panel on 4<sup>th</sup> March by Dr Andrew Mortimore, Public Health Director, NHS Southampton City

## **Future developments that could impact on levels of obesity**

18. Obesity is caused by:

- The way we live our lives ...
  - What we eat (diet)
  - What we do (activity)
- ... and the context in which we live our lives
  - The “norms” of society
  - The (obesogenic) environment.<sup>10</sup>

19. The Scrutiny Panel were informed of numerous developments and initiatives that, if effective, could help to reduce levels of obesity in Southampton. Many of these developments are identified within the Fit 4 Life Strategy 2008 -2013, or within strategies such as the Health & Well being Strategy (2009-12), Southampton’s Children & Young People’s Plan (2009-12), Joint Strategic Needs Assessment (2008), Active Southampton: Action Plan 2009/10.

20. Presentations made to the Panel identified, amongst others, the following significant planned developments in the drive to tackle the causes of obesity.

### **21. School Sport – National targets**

The Southampton PE & School Sports Partnership is working towards delivering the following national targets relating to school sport participation:

- By 2010/2011: 40% of 5 – 19 year olds taking part in 5 hours PE & Sport per week
- By 2012/2013: 60% of 5 – 19 year olds taking part in 5 hours PE & Sport per week
- By 2010/2011: 80% of 5 - 16 year olds will be taking part in 3 hours per week of PE and sport organised by schools.

Progress towards meeting these targets will clearly contribute towards encouraging more active lifestyles for young people in Southampton.

### **22. Active Lifestyle Project**

This project, targeting inactive children, is being delivered jointly by the School Sports Partnership, Healthy Schools, and Health Promotion Services. The programme, commencing May 2010, includes healthy eating and healthy lifestyle guidance and a programme of physical activity.

### **23. Facility Improvement Strategy**

This strategy has been developed to identify the existing provision of sports facilities, future needs, and unmet demand for sporting facilities. It is in the process of being linked to corporate planning policies and will be used to encourage applications for sporting facilities to be located in areas of unmet

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<sup>10</sup> From information presented to the Scrutiny Panel on 4<sup>th</sup> March by Dr Andrew Mortimore, Public Health Director, NHS Southampton City

demand.

**24. Building Schools for the Future (BSF)**

BSF will lead to improved sporting facilities within Southampton's schools and enhanced community usage of the facilities. This initiative should be strongly encouraged to promote active participation, provide choice and opportunity to the local community through effective programming, actively increase participation in physical activity in schools and the local community.

**25. Cycling and Walking**

To encourage greater participation in cycling and walking a number of new developments are scheduled. These include an online electronic journey planner, improving signposting and mapping through the legible cities scheme, and a walking network.

**26. Local Transport Plan 3 (LTP)**

A goal within LTP 3 is to contribute to better safety, security and health. Specific objectives relate to:

- Promoting active travel as a viable alternative to making short trips by car
- To further increase the attractiveness of walking and cycling, particularly in the City Centre and District Centres.

## **The Issues and Recommendations**

27. In January 2008 the first ever national obesity strategy was launched, *'Healthy Weight, Healthy Lives: A Cross-Government Strategy for England'*. Within this the Government stated its ambition to be:

*'...the first major country to reverse the rising tide of obesity and overweight in the population...' and that 'by 2020, .. to reduce the proportion of overweight and obese children to 2000 levels.'*

28. Obesity is also a priority in Southampton and is highlighted in a range of policies and strategies including the Fit 4 Life Strategy (2008-2013), Health & Well Being Strategy (2009-12), Southampton's Children & Young People's Plan (2009-12), Joint Strategic Needs Assessment (2008), Active Southampton: Action Plan 2009/10, and the Later Years Strategy (2004).
29. In the limited number of meetings over which this inquiry was conducted members of the Scrutiny Panel were informed of a number of strategies, initiatives and developments that are being delivered within Southampton designed to decrease levels of obesity. The Scrutiny Panel recognise that the issue of obesity is too wide to be comprehensively evaluated within such a short period and that numerous activities that are being delivered within the City by partners and City Council service providers were not presented to the Panel. However, when evaluating the information presented the Panel identified a number of areas that could be improved to enhance the impact that the Council can have on addressing obesity either as a direct provider of services and as an employer, as a commissioner of services or an enabling agency, or as a leader of the community and a partner with other key agencies such as the NHS.
30. The Panel categorised the issues into the following areas:
- Children and Young People (0-5 years);
  - Children and Young People (5-19 years);
  - Physical activity;
  - Workplace;
  - Wider environmental / whole system approach;
  - Joint working.

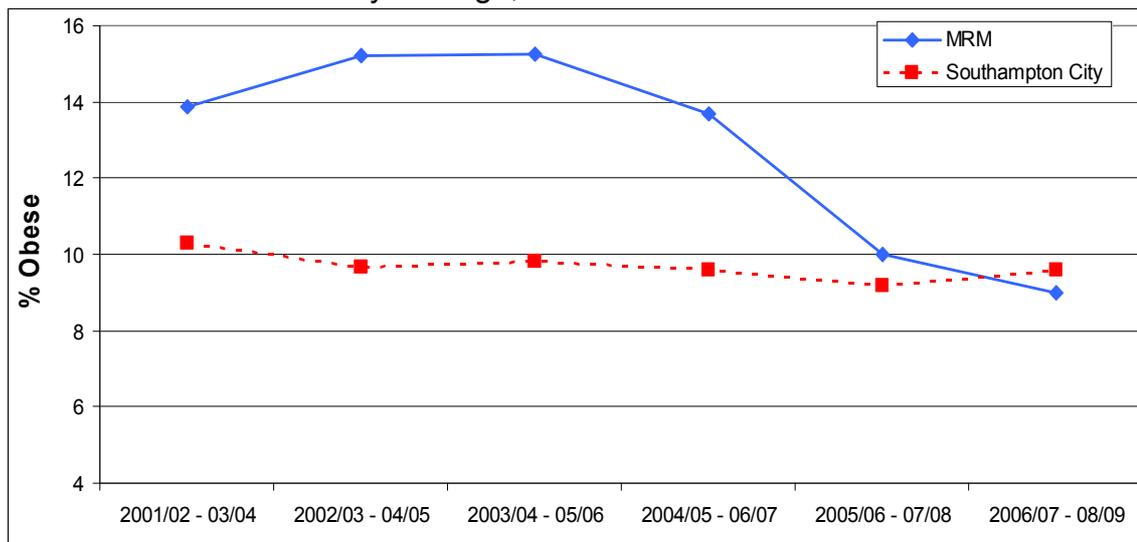
31. **Children & Young People (0-5 yrs)**

**Discussed at meeting 2 of the Inquiry – see Appendix 2 for consultees**

### **Key Points:**

- There a large number of initiatives being delivered to pre-school children and their families;
- Evidence identifies that activities being delivered through Sure Start Children's Centres by various partners is demonstrating significant progress in reducing levels of obesity in some areas of Southampton. The Millbrook, Redbridge and Maybush (MRM) obesity rates were the highest out of all the 14 Sure Start areas in the city from 01/02-03/04 to 03/04-05/06. Following various initiatives in the last 3 periods there has

been a significant decline in obesity rates in MRM and they have now fallen below the city average;



- There is a need to ensure that consistent and high quality initiatives are shared by all to drive up improvements across the City.

### Recommendation

1. Develop a Healthy Early Years Setting kitemark, akin to the Healthy Schools standard, to ensure consistency, quality and sustainability across the range of initiatives on offer.

## 32. Children & Young People (5-19 yrs)

**Discussed at meetings 2 & 3 of the Inquiry – see Appendix 2 for consultees**

### Key Points:

- Schools are delivering or commissioning a significant number of activities to tackle obesity;
- Most schools are embracing and delivering on the healthy eating and physical activity agendas;
- 88% of Southampton's schools have achieved and maintained National Healthy Schools status (national target 85% by December 2010);
- The percentage of children and young people participating in high quality PE and sport has increased to 41% in 2009/10 against a target of 35% (NI 57);
- 87% of students aged 5-16 now do 2 hours curriculum PE per week (2008/09). This ranges from 92% for key stage 1 to only 50% for key stage 4 at secondary level;
- The limited time set aside by schools for lunchtime is impacting on students ability to eat healthily and exercise at break times;
- There is an inconsistent approach within schools to teaching basic healthy eating skills;

- The Panel were informed of the benefits to pupils associated with breakfast clubs. Benefits identified included improving pupils' attendance and punctuality, and engaging pupils in making healthier choices about their diet;<sup>11</sup>
- In Southampton 33 schools out of a total of 79 schools were recorded as having breakfast clubs as at 1/4/2010;
- School sports facilities are a significant asset to the city and in many instances they will be enhanced through the Building Schools for the Future programme. There is a need to maximise community usage of school sports facilities for the benefit of the wider population;
- There are currently around 79,500 visits a year for free swimming by under 16's to Southampton City Council swimming pools. Southampton City Council offered free swimming to under 12's prior to the 2 year free swimming initiative for under 16's being introduced in April 2009. However, the City Council's 3 pools have collectively seen an increase of approximately 18,000 junior swims from 2008/09 to 2009/10.

### **Recommendations**

2. Encourage all schools to extend times given for breaks and lunchtime, which should be a minimum of 45 minutes, to give children the opportunity to be more active and to have a healthier and appealing lunch. It is recognised that this would require a fundamental review of the length of the school day.
3. Encourage all schools to provide basic skills of cooking healthy meals, menu planning and budgeting for all children, and to provide and promote breakfast clubs.
4. Monitor the provision of PE within schools to ensure that all schools are providing, as a minimum, the national curriculums prescribed levels of PE for all pupils.
5. Urge greater community usage of school sports facilities and publish a list indicating the availability of community usage on the City Council's website.
6. Continue to offer free or subsidised swimming to children and young people aged 16 and under when funding for the existing two year initiative expires in March 2011.

### **33. Physical activity**

**Discussed at meeting 3 of the Inquiry – see Appendix 2 for consultees**

#### **Key Points:**

- The City Council is delivering a number of initiatives in the drive to reduce the percentage of the adult population of Southampton who do no exercise

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<sup>11</sup> Information presented to the Scrutiny Panel on 23<sup>rd</sup> March 2010 by Pawan Kaur Lall, Senior Health Promotion Specialist, Southampton Community Healthcare

at all (45%);

- In Southampton 200 children receive cycle training per annum. In the Isle of Wight (pop 132,000 in 2001 Census) 3,000 children received training. Southampton City Council has received funding this year and the Schools Partnership has also received funding for cycling training. This means that the schools will be able to get free cycle tuition for the next two years, after that the grant expires and it is then down to the schools/ parents to pay for children's training. This could have an impact on the number trained;
- The missing links within Southampton's cycling network, and the condition of roads and pavements impacts on the number of people wanting to cycle in the City;
- Over 2m people visit City Council leisure centres annually, over 200 sporting and fun events are held in the City each year, there are 4 Green Flag Parks in Southampton;
- Active Options, the successful GP Referral System, has 1,400 referrals annually. Funding beyond September 2010 has not been secured;
- Experience of the Great South Run, and the impact that this event has on Portsmouth, identified that mass participation sporting events have the capacity to generate demand for active participation and healthy eating;
- The messages promoting active and healthy lifestyles are inconsistent and uncoordinated. The Panel recognised the value in Portsmouth's Healthy Pompey branding.

## **Recommendations**

7. Southampton City Council and partners seek to increase and sustain participation in cycling training to levels currently achieved in the Isle of Wight.
8. Resources are identified to aid the completion of the missing links within Southampton's key cycle routes, to improve the condition of cycle paths across Southampton, and where possible segregate pedestrians from cyclists.
9. Identify sustainable funding for Active Options, the successful GP referral system that is currently funded up to September 2010.
10. The Council commits appropriate resources to attract an additional mass participation sporting event to the city to encourage the engagement of local people.
11. To improve the consistency of the message review the City Council's marketing and communication approach to promoting active and healthy lifestyles and commit to promoting this through its internal/external publications as well as its web based facilities at least 4 times/year. Link with information contained within Mosaic to help target approaches.

### 34. **Workplace**

**Discussed at meeting 3 of the Inquiry – see Appendix 2 for consultees**

#### **Key Points:**

- The Active Workforce programme designed to encourage and enable increased activity amongst City Council employees was supported by the Scrutiny Panel;
- There is a need to lead by example by encouraging, enabling and supporting City Council employees to lead healthier lives, including the availability of healthy eating options.

#### **Recommendations**

12. To make sure that food purchased and served by Southampton City Council's is both healthier and provided as sustainably as possible it is recommended that Southampton City Council signs up to adopting the new "*Healthier Food Mark*" (FSA) – Gold or Silver across the organisation.
13. Offer group support for staff around weight management issues using a Health Trainer type model. This is supported by public consultation conducted by the PCT.

### 35. **Wider environmental / whole system approach**

**Discussed at meeting 3 of the Inquiry – see Appendix 2 for consultees**

#### **Key Points:**

- There is a need to ensure that Council services and policies do not contradict the healthy eating and physical activity message;
- There is a need to mainstream the impact on obesity across all areas of work with the Authority.

#### **Recommendations**

14. Review advertising policies on Council's external sources such as ticket machines to enforce an embargo on 'fast food chain', 'junk' food products being promoted or advertised, and ensure that the Planning and Development Service takes opportunities, as they arise, to review the provision of fast food outlets in Southampton.
15. That addressing obesity is a priority when the City Council and the PCT are joint commissioning health and well-being services, and in the development of the new Joint Strategic Needs Assessment.
16. Include consideration of the impact on obesity levels when completing an Integrated Impact Assessment (IIA). An IIA is completed when the Council is developing new policies, strategies, projects and major service changes.

## 36. Joint Working

**Discussed at every meeting of the Inquiry – see Appendix 2 for consultees**

### **Key Points:**

- Numerous initiatives are being delivered by various departments and agencies to address differing elements that contribute to obesity. There is potential to reduce duplication and increase effectiveness.

### **Recommendation**

17. Taking into account all of the preceding recommendations from this Inquiry, the rapidly rising cost to society and public services of obesity, Cabinet be asked to review the costs of obesity in the city. This should focus on how investment in jointly commissioned programmes could reduce these costs in the longer term, including encouraging partners to work together to focus resources on integrated programmes to reduce levels of obesity.

### **Resourcing the recommendations**

37. The Panel recognise that whilst several of the recommendations generated by the Inquiry can be delivered through integration into existing programmes of work and budget streams, there are others that will require varying levels of investment in order to be successful. The Council, in conjunction with partners, will need to consider how existing services can be reshaped in order to support the implementation of the recommendations in its response to this Inquiry report. If implemented, Recommendation 17, using the principles of Total Place that looks at how a 'whole area' approach to public services can lead to better services at less cost, should identify efficiency savings that could be utilised to support the implementation of other recommendations contained within this report.
38. The Council must also take into account the potential costs of not resourcing the reports recommendations. The recommendations contained within this report have the potential to, alongside numerous initiatives being delivered across Southampton, reduce levels of obesity and improve the health of Council employees and residents of Southampton.
39. The Inquiry has identified that the annual cost of obesity to Southampton is £147 million, this is estimated to rise to £217 million by 2015<sup>12</sup>. The costs incurred directly impact on Council finances through, amongst other things, employee absence due to the associated health problems related to obesity, and the cost of increased demand for health and social care related services, and housing adaptations. By improving the targeting of preventative work and ensuring that Council services and strategies consider the impact on obesity, this cost could be stabilised, or reduced.

### **Measuring the impact of change**

40. In order to monitor the success of otherwise of the proposed recommendations, the Panel has against each recommendation identified performance indicators that should be impacted upon by the successful implementation of the recommendation. This is shown in Appendix 3. The Panel recognise that some of the indicators included in Appendix 3 will be impacted upon by other factors not related to the implementation of the Inquiry recommendations.

### **Conclusion**

41. Obesity is a significant problem for Southampton and the burden on society is huge and growing. A large number of initiatives are currently being delivered by various Southampton City Council services, voluntary sector organisations and partner agencies, predominantly by the PCT and Southampton University NHS Trust, to address the causes of obesity. There exists a real opportunity for Southampton City Council to take a lead in this fight by ensuring that services delivered by the Authority contribute to reducing obesity levels, and to use the Council's ability to influence other organisations to identify strategies and practices that might help address levels of obesity, and to target resources and initiatives more effectively.

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<sup>12</sup> From information presented to the Scrutiny Panel on 4<sup>th</sup> March 2010 by Dr Andrew Mortimore, Public Health Director, NHS Southampton City

## Appendices

### **Appendix 1 – Obesity Inquiry Terms of Reference**

- The Healthy City Scrutiny Panel has prepared terms of reference
- OSMC approved a full inquiry by the Healthy City Scrutiny Panel (HCSP) to “examine the links between obesity and diabetes, children’s health, smoking cessation and alcohol issues”
- Director of Public Health has advised on the final terms of reference
- In July 2009, the initial terms of reference were seen as far too broad
- On 3<sup>rd</sup> November 2009, HCSP considered further proposals for an inquiry into obesity
- The Panel decided that the inquiry “would focus on how *the council* can have an impact on addressing the topic in the following ways:
  - as a direct provider of services and as an employer
  - as a commissioner of services or an enabling agency
  - as a leader of the community and a partner with other key agencies such as the NHS

#### **Also**

- To identify the key factors that are producing the rising levels of obesity of children and adults in the city
- To identify any improvements to the way the council can help residents to prevent rising levels of obesity as: a service provider, a service commissioner, and through its ability to influence other organisations to identify strategies and practices that might help address the issue

#### **Notes From OSMC In Addition To Above**

- It was agreed that the Inquiry should focus on “how *the council* has impacted on addressing obesity and that the report be amended to reflect this change of emphasis”
- That meeting 1 “include the testimony of a health expert used to dealing with the issues relating to the condition of obesity”. Also suggests that “Universities in Southampton be approached for a witness to provide data on the height and weight of citizens over the past decade and make projections into the next”
- That “in addition to the site visit to Sure Start, the inquiry be given a wider picture of what is happening across the education forum including how issues relating to obesity are tackled in schools”

## Appendix 2 – Project Plan (including a list of witnesses)

DATE	MEETING THEME	TOPIC DETAIL	EVIDENCE PROVIDED BY
4 <sup>th</sup> March 2010	An overview of the local and national situation	What the problems are and what is already being done?	<ul style="list-style-type: none"> <li>• Dr Andrew Mortimore, Director Of Public Health, NHS Southampton City</li> <li>• Barrie Margetts, Professor of Public Health Nutrition, University of Southampton</li> <li>• Jennifer Davies, Fit 4 Life Lead, NHS Southampton City</li> </ul>
23 <sup>rd</sup> March 2010	Focusing On Children And Young People and Obesity	To take evidence from a range of witnesses as to how the rise in obesity among children and young people might be halted	<ul style="list-style-type: none"> <li>• Liz Taylor, Sure Start Public Health &amp; Parenting Manager</li> <li>• Pawan Kaur Lall, Senior Health Promotion Specialist, Southampton Community Healthcare</li> <li>• Pam Noel, Partnership Development Manager, Southampton PE &amp; School Sport Partnership</li> <li>• Mary Higgins, Secondary Phase Inspector, SCC</li> <li>• John Bridge, Service Manager, Youth and Community Support, SCC</li> </ul>
7 <sup>th</sup> April 2010	Focusing On Adults	Modern eating habits and obesity, addressing the wider causes of physical inactivity within the wider environment	<ul style="list-style-type: none"> <li>• Jayne Ludden, Sport and Recreation Services Manager, SCC</li> <li>• Alison Baker, Sport and Strategy Manager, SCC</li> <li>• Paul Hedges, Active Options Co-ordinator, SCC</li> <li>• Dale Bostock, Cycling Development Officer, SCC</li> <li>• Hilary Warwick, Nutrition and Dietetic Services Manager, Southampton University NHS Trust</li> <li>• Sarah Paynton, Primary Care Dietitian, Southampton Universities Hospital Trust</li> </ul>
15 <sup>th</sup> April 2010	Looking At What Others Are Doing	Examining best practice especially the national Healthy Towns Programme	<ul style="list-style-type: none"> <li>• Amanda McKenzie, Healthy Pompey Programme Worker, Portsmouth City Council</li> </ul>
28 <sup>th</sup> April 2010	Agree final report	Approve report for submission to OSMC	

### Appendix 3 – Table of Recommendations including Outcomes / Measurements

Recommendation	Measureable Outcome
<p><b>Children &amp; Young People (0-5 yrs)</b></p> <p>1. Develop a Healthy Early Years Setting kitemark, akin to the Healthy Schools standard, to ensure consistency, quality and sustainability across the range of initiatives on offer.</p>	<p>NI 55a – Reduction in the percentage of children in reception who are obese (9.27% - 2009/10)</p>
<p><b>Children &amp; Young People (5-19 yrs)</b></p> <p>2. Encourage all schools to extend times given for breaks and lunchtime, which should be a minimum of 45 minutes, to give children the opportunity to be more active and to have a healthier and appealing lunch. It is recognised that this would require a fundamental review of the length of the school day.</p> <p>3. Encourage all schools to provide basic skills of cooking healthy meals, menu planning and budgeting for all children, and to provide and promote breakfast clubs.</p> <p>4. Monitor the provision of PE within schools to ensure that all schools are providing, as a minimum, the national curriculums prescribed levels of PE for all pupils.</p> <p>5. Urge greater community usage of school sports facilities and publish a list indicating the availability of community usage on the City Council’s website.</p> <p>6. Continue to offer free or subsidised swimming to children and young people aged 16 and under when the existing two year initiative expires in March 2011.</p>	<p>NI 56a – Reduction in the percentage of children in Year 6 who are obese (17% - 2009/10)</p> <p>Increased length of lunchtime breaks in Southampton schools / Increase in the number breakfast clubs</p> <p>% of all pupils in Southampton receiving a minimum of 2 hours high quality PE each week</p> <p>Enhanced community usage of school sports facilities</p>
<p><b>Physical activity</b></p> <p>7. Southampton City Council and partners seek to increase and sustain participation in</p>	<p>NI 8 – To increase adult participation by 1% on annual basis which will be measured by the Active people survey annually ( 3 x 30 minutes of moderate</p>

Recommendation	Measureable Outcome
<p>cycling training to levels currently achieved in the Isle of Wight.</p> <p>8. Resources are identified to aid the completion of the missing links within Southampton's key cycle routes, to improve the condition of cycle paths across Southampton, and where possible segregate pedestrians from cyclists.</p> <p>9. Identify sustainable funding for Active Options, the successful GP referral system that is currently funded up to September 2010.</p> <p>10. The Council commits appropriate resources to attract an additional mass participation sporting event to the city to encourage the engagement of local people.</p> <p>11. To improve the consistency of the message review the City Council's marketing and communication approach to promoting active and healthy lifestyles and commit to promoting this through its internal/external publications as well as its web based facilities at least 4 times/year. Link with information contained within Mosaic to help target approaches.</p>	<p>intensity exercise)</p> <p>An increase in the number of people participating in cycle training in Southampton</p> <p>LTP3 – Increase in the average no. of daily cycle trips occurring within the Local Authority area</p> <p>The number of mass participation sporting events in Southampton</p>
<p><b>Workplace</b></p> <p>12. To make sure that food purchased and served by Southampton City Council's is both healthier and provided as sustainably as possible it is recommended that Southampton City Council signs up to adopting "<i>Healthier Food Mark</i>" (FSA) – Gold or Silver across the organisation.</p> <p>13. Offer group support for staff around weight management issues using a Health Trainer type model. This is supported by public consultation conducted by the PCT.</p>	<p>A reduction in Staff absence levels (8.18 days in 2009/10)</p> <p>Award of Healthier Food Mark – Gold or Silver</p>
<p><b>Wider environmental / whole system approach</b></p> <p>14. Review advertising policies on Council's external sources such as ticket machines to enforce an embargo on 'fast food chain', 'junk' food products being promoted or</p>	<p>A reduction in the % of adult population of Southampton who are obese (26.2%)</p> <p>A reduction in the annual cost of obesity to</p>

Recommendation	Measureable Outcome
<p>advertised, and ensure that the Planning and Development Service takes opportunities, as they arise, to review the provision of fast food outlets in Southampton.</p> <p>15. That addressing obesity becomes a priority when the City Council and the PCT are joint commissioning health and well-being services, and in the development of the new Joint Strategic Needs Assessment.</p> <p>16. Include consideration of the impact on obesity levels when completing an Integrated Impact Assessment (IIA). An IIA is completed when the Council is developing new policies, strategies, projects and major service changes.</p>	<p>Southampton (£147 million, this is estimated to rise to £217 million by 2015)</p>
<p><b>Joint Working</b></p> <p>17. Taking into account all of the preceding recommendations from this Inquiry, the rapidly rising cost to society and public services of obesity, Cabinet be asked to review the costs of obesity in the city. This should focus on how investment in jointly commissioned programmes could reduce these costs in the longer term, including encouraging partners to work together to focus resources on integrated programmes to reduce levels of obesity.</p>	<p>A reduction in the annual cost of obesity to Southampton (£147 million, this is estimated to rise to £217 million by 2015)</p>

#### Appendix 4 – Relevant National Indicators

PI Description	Target 2009/10	Projected Outturn 2009/10	Previous Year	Forecast Direction of Travel	2008/09 National Indicator Quartile Position (top quartile in brackets)
NI 55a The Percentage of Children in Reception who are obese, as shown by the National Child Measurement programme (NCMP)	9.1	9.27	9.3	N/C	2nd (8.53%)
NI 56a The percentage of children in Year 6 who are obese as shown by the National Child Measurement Programme (NCMP) (LAA Designated Target)	16.1	17.0	18.6	Improved	2nd (16.48%)
LAA 1c v Increase in the percentage of schools achieving and maintaining National Healthy School Status. Without Stretch (LAA Local Indicator)	85	88	72	Improved	N/C
LAA 1c vii Increase in the percentage of 5-16 year olds in school sports partnerships engaged in two hours a week minimum on high quality PE and School sport within and beyond the curriculum (LAA Local Indicator)	170	368	84	Improved	N/C
NI 52a Take up of school lunches - Primary Schools	30	30	34.3	Declined	N/C
NI 52b Take up of School Lunches - Secondary Schools	35	33.3	33.3	No Change	3rd (43.4%)
NI 57 Children and young peoples participation in high-quality PE and sport	35	41		N/C	N/C
NI 8 Adult participation in 30 mins of moderate intensity of exercise 3 x 30 or more a week	23.7%	21.8%	21.8%	N/C	3 <sup>rd</sup> (24.01%)

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