

**Healthier Communities:**

# Tackling Obesity

**Scrutiny of Obesity and Overweight in the District**

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**Report of the Health Improvement Committee**

**Bradford District Council**

[www.bradford.gov.uk](http://www.bradford.gov.uk)





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# Chair's Foreword

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I am delighted to be able to introduce the report of the Obesity Review Group.

The Obesity Review Group was established by Bradford Council's Health Improvement Committee in 2004 to examine what could be done to address the serious and growing health issue of obesity.

I was both pleased and apprehensive when I was asked to chair the group. Pleased because it was important that the Council worked with its partners in the health service and other agencies to address an issue that is creating real – and in many cases life-threatening - health problems for many of the district's people. Apprehensive because I realised that the task ahead was challenging and one that would require the Obesity Review Group and myself to tackle a very steep learning curve.

My fears receded when I saw how willing people across the district were to help us address this challenge. We held three hearings, which heard from health services colleagues, council officers, and people from the voluntary and private sectors. We held a successful open meeting in Keighley and a productive meeting with three of the

district's major supermarkets. Our South Asian 'focus day' produced some fascinating debate and contributed directly to three of the recommendations of the review.

I believe that our recommendations form a solid basis for action in the fight against obesity. The challenge is to the health service, the Council and our partners to take them forward. The Health Improvement Committee will be watching closely to make sure this happens!

The work of the Obesity Review Group has been supported by a number of officers from the Council and from the health service. Dr Andrew Hill, from Leeds University, agreed to join the Obesity Review Group. His expert advice and guidance to the Review Group was invaluable – and always delivered with wry humour.

**Cllr Michael Kelly**  
**Chair, Obesity Review Group**

*This report is dedicated to the memory of Jo Fletcher who undertook much of the initial thinking as one of the Council's Performance Co-ordinators. Tragically, Jo died suddenly in July 2005.*



# Introduction

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This report presents the results of a major piece of work undertaken by Bradford Council's Health Improvement Committee to examine issues of obesity and overweight.

The Health Improvement Committee established an Obesity Review Group to address the following questions:

- What is being done to tackle obesity in the District?
- What should be done to tackle obesity in the District?
- Are the structures in place to deliver an improvement?

We undertook most of our work in 2005, conducting three hearings, hosting an open meeting in Keighley, and a series of specialist events, including a meeting on the role of supermarkets in changing obesity and a 'focus day' on the impact of obesity on people from South Asian communities.

Our survey of 2,500 local residents has given us valuable and extensive information about how our local population has addressed its weight issues and their views on the services available to help them.

The rest of this document presents our recommendations for action. We believe they provide a sound basis for the health service, the Council and other agencies in the district to take forward action on tackling obesity and overweight. If this work is successful, it will have a beneficial effect on the health of the people of the districts for this and future generations.

# Facts and Figures

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Although obesity is an international health problem, in some areas there is a lack of reliable information. Our second recommendation acknowledges this.

However, here are some things that we do know:

- Worldwide, 300 million people are obese and a further 750 million are overweight. In the UK, the prevalence of obesity has been steadily increasing over the last 50 years and has trebled since the 1980s.
- In England 43 percent of men and 33 percent of women are overweight and an additional 22 percent of men and 23 percent of women are obese. This means that the health of approximately two thirds of men and half of all women is at risk through their being overweight.
- In the Yorkshire and Humber region, the prevalence of obesity increased from 19 percent to 26 percent in men and from 22 percent to 24 percent in women between 1998 and 2002.
- The region has the second lowest proportion of adults eating five or more portions of fruit and vegetables daily.
- Levels of physical activity in Yorkshire and Humber are lower than the national average;
- There are 3,600 extra deaths per year in the Yorkshire and Humber region attributed to obesity compared to the national average.
- There is a higher prevalence of obesity and overweight among lower socio-economic groups (especially women) and some black and minority ethnic groups, for example, women from Pakistani and African-Caribbean communities. The prevalence of obesity and overweight increases with age.
- Certain groups are at an increased risk of becoming overweight or obese. These include: people who have stopped smoking, those previously overweight or obese people who have lost weight, people with disabilities, and children with one or more obese parents.

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- Research shows that the probability that overweight school-aged children will become overweight adults is around 50 percent.
  - People of South Asian origin who are categorised as overweight have a higher risk of suffering from obesity-related disorders than white people.
  - Those who are overweight or obese are at an increased risk of:  
Coronary Heart Disease (CHD), type 2 diabetes, hypertension and stroke, some cancers (e.g. colon, kidney), gall bladder disease.
  - Among children, there is evidence to suggest that overweight and obesity has a relationship with asthma, exercise intolerance and, especially among girls, psychosocial problems such as depression.
  - In 2001 the National Audit Office calculated that obesity shortens life on average, by 9 years and accounts for 9,000 premature deaths per year.
  - The House of Commons Health Select Committee estimated the total cost of obesity to be between £3.3 and £3.7 billion a year.

# Findings

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## Leadership

We are convinced of the need for concerted action across the District to address rising rates of obesity and overweight in both adults and children. The causes, characteristics and potential solutions to the problem are complex and cross-cutting, so 'obesity' must be viewed as a priority not just for 'health', but for other key policy-makers and service providers.

If we are to make a significant impact on the health of Bradford's citizens, then long-term, joined-up and diverse approaches will be needed. These approaches must address both prevention and treatment, link action on food with that on physical activity, fully exploit and build on existing best practice, capacity and resources, and allow us to make the most of opportunities as they arise.

So our first recommendation is that the district needs an 'action on obesity champion'. This person will provide leadership on the issue throughout the district, and, on behalf of the district at a regional and national level.



## Recommendation 1

A proposal (including person specification and job description) for the post of 'Bradford District Action on Obesity Champion' be produced and possible sources of support and funding (such as the Department of Health) be identified and pursued.



## Information

In common with much of the country, we don't have any comprehensive data on obesity levels in the Bradford District.

There is already sufficient and compelling evidence of the need for action on obesity, and it is important that available resources are targeted to where they can most effectively impact on the situation.

However, it is important that we know the full extent of the problem and are able to monitor progress, so our second recommendation seeks to ensure that family doctors and other professionals develop a comprehensive picture of the position in the district.

## Recommendation 2

That robust mechanisms are put in place to ensure the long-term sustainability of the collection and dissemination of District-wide Body Mass Index (BMI) data for adults and children.



## Keighley - A Case Study

As part of our information gathering, we held an open meeting in Keighley in May 2005. The meeting was attended by around twenty people from the voluntary, health and private sectors, who have an interest in issues of obesity and overweight.

At the meeting, people told us about a number of initiatives, programmes, services and campaigns currently taking place in Keighley. We were reminded that we are not starting with 'a blank sheet of paper', when we address obesity issue, but there is much excellent work to build on.

We observed that - in some instances - organisations interested in obesity in Keighley were not aware of the activities that others were involved with. And we wondered what role bodies such as Keighley Area Committee and Keighley Town Council could play in the battle against obesity.

We thought that we could try out some new approaches in Keighley that the rest of the district could learn

from, so our third recommendation seeks to establish an action research project in Keighley that will test different approaches to see what works well and what is less successful.

### Recommendation 3

That the Review Group commissions an 'action research' project in Keighley to: map service provision (statutory and voluntary); consider resource, funding and capacity issues and to investigate communication and networking by service providers and other interested parties (including the public). The outcome of the research will be to identify improvements in the co-ordination and delivery of services related to addressing obesity that can act as a model of good practice for the rest of the district.



## Workplaces

Many of us spend a great deal of time at work and so the workplace is a good place to address health issues, particularly with those sections of the population (often men!), who are less likely to access mainstream health advice.

At one of our hearings, we heard from Blyth Valley District Council, who told us about their success in establishing a Health Business Award scheme, which we considered an excellent idea and what that we should seek to replicate.

Throughout our work, we heard a number of instances of good practice by employers and in workplaces. We thought that the Council and NHS organisations in Bradford should set an example and seek to become excellent at promoting health in their workplace.

So recommendations 4 & 5 are that an award scheme should be established for businesses in the district and that the Council and the NHS should model excellent practice.

### Recommendation 4

Introduction of an award scheme for employers throughout the district who promote the health of their employees.

### Recommendation 5

That the Local Authority, schools, and all local NHS employers should be models of good practice and lead by example in the use of the workplace as a setting to promote healthy lifestyles and in making healthy choices available to all their employees.



## Working with private organisations

*Weightwatchers* attended one of our hearings and explained about how they operate and about developments where they work in partnership with GPs to offer 'slimming on prescription'.

And in December 2005, we were delighted to meet representatives of Sainsbury's, Tesco and ASDA to discuss the role that supermarkets can play in promoting healthy eating, both as food retailers and as major employers in the district.

We felt that there was much benefit to be gained by statutory public sector organisations - in particular health organisations - working in partnership with the private sector and our recommendation asks the district's Primary Care Trusts to address this issue.

### Recommendation 6

That the district's Primary Care Trusts actively explore increased partnership work with the private sector as a mechanism to reduce the rate of obesity and overweight in the district.



## Young People and Schools

We spent the whole of one of our hearings considering obesity issues relating to children, young people and families. Throughout this session - and, indeed, all our work - the importance of the prevention of obesity and overweight in children and young people has been stressed.

And, just as the workplace is a good arena for addressing these issues with adults, schools are an ideal place to work with children and young people.

We were very aware that schools have many priorities. But we wanted to make sure that health remained high on the list. The Building Schools for the Future programme will provide great enhancements to the quality of school buildings and an opportunity to make sure that buildings help promote health, as well as the school curriculum.

### Recommendation 7

That the Director of Education seeks to ensure that all schools and Children's Centres in the district have appropriate facilities so that they are fully able to provide healthy food. In addition, any contractual arrangements entered into by the Council (such as BSF) must not constrain schools and children's centres from arranging their own catering provision.

### Recommendation 8

That the Director of Education acts to ensure that all schools in the district are fully able to meet Government targets on the delivery of physical education and sport through the design of the buildings and playing fields, and the provision of resources.



## Physical activity

Maintaining a balance of healthy eating and sufficient exercise is the obvious way for people to keep control of their weight, but something that is far easier said than done.

For several years, the district has had a very successful campaign - bactive - to encourage exercise. We felt it important that this was built on, and all physical activity policies and plans explicitly address how they can help combat obesity in the district.

One of our most enjoyable and interesting pieces of work was the South Asian focus day that we held in December 2005. Asian women told us that they did not feel that their needs were always heard. As Asian women are a group who are often more likely to be affected by obesity, we wanted to make sure that their voice was heard.

### Recommendation 9

- (a) That the Council work with its partners to consider all opportunities to address obesity within district physical activity strategies and implementation plans.
- (b) That the Council and its partners actively consult and engage with women of South Asian heritage in the district about their participation in and access to physical activity and sport in order to accurately ascertain demand and current unmet need. Further, that the results of this consultation and engagement be incorporated into future sport and physical activity strategies and implementation plans.



## Business and health improvement

Inevitably, much of our work focussed on the NHS and the Council. But there is a lot that other organisations, particularly businesses, can do as well.

Many businesses make tremendous contributions to their local communities and nationally and internationally through charity and community work. The tremendous efforts made by businesses throughout the district following the Pakistan earthquake bear testament to that.

We felt that there are opportunities for businesses - particularly food-related businesses - to contribute to health promotion in their community work.

### Recommendation 10

That the Strategic Health Improvement Partnership and the Economic Partnership actively consider how best to engage and involve local and locally based businesses (especially food related businesses) in health improvement in communities and that this activity be focussed on tackling health inequalities and obesity in the district.



## Regeneration

Major investment is taking place throughout the district to regenerate communities and the economy. The focus of this work is properly on the physical environment of the district, employment and on strengthening communities.

We believe that, as well as focussing on these important issues, regeneration initiatives can help make sure people have access to nutritional and affordable food.

### Recommendation 11

In the context of the current regeneration activity in the district, that the Council and its partners through both the Community Strategy and the Local Area Agreement, encourage new enterprise in targeted areas of known deprivation in the district that will extend the opportunities for communities to have access to 'nutritionally adequate, appropriate and affordable food'.



## What Next

The Obesity Review Group has now completed its work. We will watch, with interest, the steps that are taken to implement our recommendations.

We recognise that this is a long-term initiative, but we think that progress should be monitored. So our last recommendation asks the Council's Health Improvement Committee to check on progress in two year's time.

### Recommendation 12

That by July 2006 the Council and its partners agree a programme of monitoring and evaluation of the recommendations of the Obesity Review and that a report be submitted to the Health Improvement Committee by July 2008 at the latest. The Review Group further recommends that the Health Improvement Committee include the issue of 'obesity' on its work programme during the municipal year 2008/09.



## Acknowledgements

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### **We would like to thank the members of the Obesity Review Group;**

Cllr Michael Kelly (Chair)  
Cllr Paul Flowers  
Dr Andrew Hill  
(Co-optee, Leeds University School of Medicine)

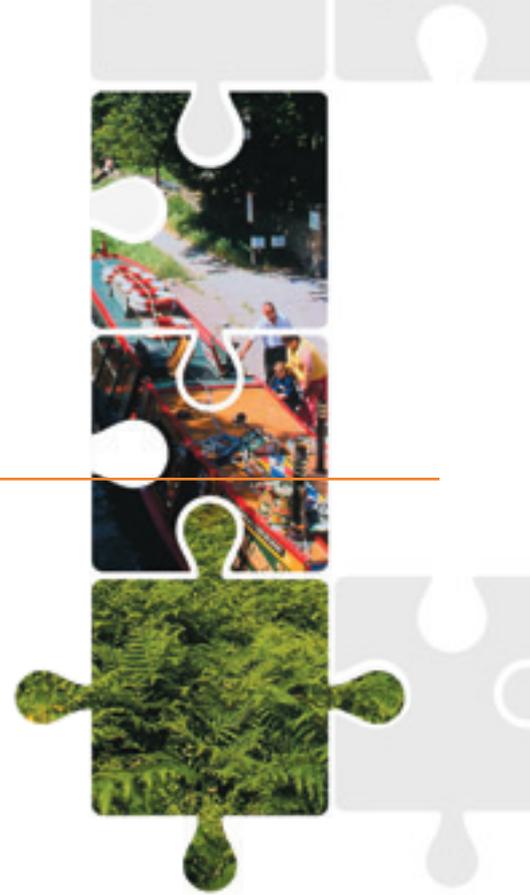
### **The members of the Health Improvement Committee**

Cllrs Byrom (Chair), Godward, Ali, Kelly, and Prestage

### **Portfolio Holder:**

Cllr Martin Smith

And our gratitude to all who have worked with the review group so enthusiastically.



# Enquiries

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Any enquiries or requests for background information, please contact the Scrutiny Manager:

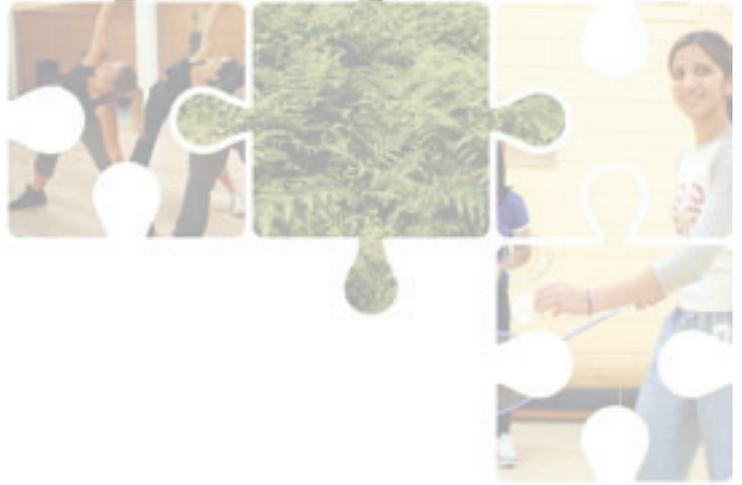
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