

<b>11 March 2014</b>		<b>ITEM: 5</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Public Health Update Report – Smoking and Obesity</b>		
<b>Report of:</b> Debbie Maynard, Head of Public Health		
<b>Wards and communities affected:</b> all	<b>Key Decision:</b> Non-key, for information.	
<b>Accountable Head of Service:</b> Debbie Maynard, Head of Public Health		
<b>Accountable Director:</b> Roger Harris, Director of Adults, Health and Commissioning		
<b>This report is</b> public.		
<b>Purpose of Report:</b> To update health overview and scrutiny committee as to key public health outcomes in the Thurrock population around the priority areas of smoking and obesity including details of current statistics, priorities and actions.		

## **EXECUTIVE SUMMARY**

With the transfer of Public Health to the local authority in April 2013 and the council's commitment to improving Health and Wellbeing the Public Health Strategy Board (PHSB) has been established. The Public Health Strategy Board sits under the Health and Wellbeing Board and its purpose is to oversee the delivery of the public health priorities within the Health and Wellbeing Strategy and the Public Health Service plan and to engage partners.

Smoking continues to be the leading preventable cause of death in the East of England, as in the rest of the developed world and is the single biggest cause of health inequalities between different population groups in Thurrock.

Similarly the need to tackle the problem of obesity relates to the undisputed evidence that obesity is a risk factor for a range of health problems. The four most common medical problems linked to obesity are coronary heart disease, hypertension, type 2 diabetes and osteoarthritis. The incidence of all these conditions increases with increasing body weight (Jung, 1997, NHS Centre for Reviews and Dissemination, 1997). Being overweight or obese also has a negative effect on mental health, sleep apnoea and respiratory problems. There is a serious impact of obesity on physical and mental health and wider economic and social costs. The prevalence of obesity has risen dramatically in the last 20 years and it is now estimated to cost more to the economy than smoking.

The purpose of this paper is to set out the details of the Smoking and Healthy Weight workstream actions during 2014/15 and give an awareness of the most up to date statistics and targets in these areas.

## **1. RECOMMENDATIONS:**

- 1.1 Health Overview and Scrutiny Committee acknowledge this report**
- 1.2 Health Overview and Scrutiny Committee champion the need to work with partners around all aspects of tobacco control in Thurrock including prevention of children starting smoking, smoking cessation and wider enforcement and legislation issues.**
- 1.3 Health Overview and Scrutiny Committee champion the need to work with partners around all aspects of increasing the proportion of people in Thurrock who achieve a healthy weight and reduce those that are obese and overweight through acknowledging all influences and the wider determinants of Obesity and overweight.**

## **2. INTRODUCTION AND BACKGROUND:**

- 2.1** The Health and Social Care Act of 2012 introduced the establishment of a new public health system. All local authorities now have a duty to improve the health of the people in their area and have responsibility for commissioning appropriate public health services. Progress in public health is measured by the Public Health Outcomes Framework.
- 2.2** The Public Health Outcomes Framework has domains relevant to addressing overweight, obesity and smoking and the following areas are relevant to the new duties of the local authority:
  - Activities to tackle obesity such as community lifestyle and weight management services
  - Increasing levels of physical activity in the local population
  - Locally-led nutrition initiatives
  - Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
  - Local initiatives on workplace health
  - Reducing smoking prevalence in the general population and targeting particular groups e.g. pregnant women and those employed in routine & manual occupations
- 2.3** One of Thurrock Council's five Corporate priorities is to 'Improve Health and Wellbeing' demonstrating the Council's commitment to this agenda.
- 2.4** The Public Health Strategy Board was established in June 2013, reporting to the Health and Wellbeing Board. There are a number of workstreams including the Healthy Weight workstream and Smoking workstream.
- 2.5** The healthy weight and smoking workstreams aim to deliver the public health priorities around healthy weight and smoking as highlighted within the Health and Wellbeing Strategy and the Public Health Service Plan and to engage with relevant partners in this work. The workstreams are responsible for

overseeing the production of the Healthy Weight and Smoking strategies for Thurrock and the work that arises from this which will inform and deliver the PHSB priorities.

- 2.6** The workstream memberships consist of representatives from groups and organisations that have both knowledge and working interest in these areas for both adults and children. The workstream members have been instrumental in designing the engagement and process toolkit for the collection of data that have influenced this Healthy Weight strategy.

### **3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:**

#### **3.1 Overweight and obesity – Adults data**

The data for Thurrock published by Public Health England from the Active People survey (12/13) shows that 70.8% of adults (aged 16 +) are overweight or obese. The England average is 63.8%.

#### **3.2 Overweight and Obesity- Children's data**

The National Child Measurement Programme (NCMP) measures the weight and height of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight children and obese levels within primary schools.

The programme is now recognised internationally as a world-class source of public health intelligence and holds UK National Statistics status. It has been in operation since 2006.

#### **3.3 Obesity and Overweight National Targets**

Within the Public Health Outcomes Framework (2012) there are 2 indicators explicitly related to overweight and obesity:

- Excess weight in 4-5 year olds
- Excess weight in 10-11 year olds

These are based on NCMP data and show **Thurrock** as similar to the England average for 4-5 year olds (**22.1%** compared to 22.2%), and higher although similar statistically to the England average for 10-11 year olds (**35.5%** compared to 33.3%). These will be measured annually.

Healthy Lives, Healthy People (2011) set a national ambition for:

“A sustained downward trend in the level of excess weight in Children by 2020”

“A downward trend in the level of excess weight averaged across all adults by 2020”

### **3.4 Actions for reducing the prevalence of adult obesity 2014-15 - Healthy Weight Workstream**

- Development and implementation of a Healthy Weight strategy for Thurrock by June 2014
- Commissioning of a new service model for weight management services to be in place by 1 April 2015
- Development of a directory of physical activity and sporting opportunities for Thurrock to be complete end March 2014
- Partnership working with County Sports Partnership (Active Essex) to deliver opportunities for people to be more physically active.
- Review opportunities for local exercise on referral schemes
- 'Beat the Street' community activity project to be implemented for 8 weeks June 2014
  
- We have collaborated with Barking and Dagenham and have been awarded a grant for 2013-16 from Sport England. The 'Active Sport for Life' project aims to demonstrate a clear link between improved health, life expectancy and participation in sport. The project will seek to do this by encouraging the most inactive members of the community (aged 14+) whose primary reason for referral through any programmes is they have a BMI of 28+. A programme of sports activities will be provided to increase their participation to at least once a week for a minimum of 30 minutes. A coordinator has been employed based in the community working with residents and local sports and activity groups to coordinate people accessing existing sporting and active community groups. They will also support small sports clubs to develop their communities to engage wider with people who are inactive. This launched in February 2014.

**3.5** The Thurrock Healthy Weight Strategy (currently in draft) will detail how we will be working towards achieving the national ambition of "A downward trend in the level of excess weight averaged across all adults by 2020." (Healthy Lives, Healthy People. A call to action on obesity in England 2011)

### **3.6 Commissioning and Service review**

A full service review and benchmarking exercise has taken place with 5 CIPFA comparator sites led by the Thurrock Public Health team which has supported the case for re commissioning 3 services. Notice was served to current providers for Adults and Children's lifestyle weight management and 5 – 19 yrs School Nursing.

**3.7** Looking at the NICE guidance, national policy, and stakeholder engagement around the topic achieving a healthy weight in Thurrock a new service model for weight management will be commissioned during 2014-15. This new

service will commence on 1 April 2015 and will be responsive to the evidence and engagement sought through the Healthy Weight workshop and satellite groups and questionnaires delivered During September – December 2013. (Numbers consulted especially community groups include here) Can we add something about disadvantaged hard to reach groups and Christian groups

**3.8** The following areas of focus will be featured in what is commissioned from weight management services and also from other projects that will impact upon obesity and healthy weight within Thurrock:

**3.8.1 Community involvement –**

- Pilots within intergenerational cooking clubs
- champions and local development within hubs
- Health Local Area Coordinators (LACs)
- 'Beat the street' community activation project
- Sustainability
- Cooking classes

**3.8.2** There will be a general move towards tier 1 delivery being largely community based and delivered by the community through community and voluntary sector and the development of health champions and trainers.

**3.8.3 Psychological support** To be built into service specifications of commissioned services to recognise the complex interplay of factors involved in over eating, unhealthy patterns that develop and breaking unhealthy cycles and relationships with food and exercise. Psychological factors will be considered when commissioning and implementing new projects.

**3.8.4 Family based inclusive approach.** A family based approach when commissioning children and young people's lifestyle weight management services is recognised as essential and will be a feature of the new service model. The age range of interventions will cover from 0-19 removing the gaps in service that currently exist to ensure there is an offer for all children and young people.

**3.8.5 Develop better links with schools.** This is considered essential with the redesigned service model to allow appropriate follow up from NCMP measurements and to engage as widely as possible with children and young people and their families in Thurrock.

**3.8.6 Emphasis of 'fun' activities.** To be successful, sustainable and beneficial exercise and physical activity needs to be fun and responsive to what families and people in Thurrock want to do.

## **Smoking**

**3.9** Smoking prevalence is not distributed evenly within Thurrock. The table in appendix C shows the adult smoking prevalence by Middle Super Output Area (MSOA) for Thurrock, as measured by the 2008 East of England Lifestyle survey. This is the most up to date data that is available for smoking prevalence by MSOA. This shows the highest prevalence of smoking in the Grays, Tilbury and St.Chads, Tilbury Riverside and parts of Stanford East and Corringham Town that shows a clear health inequality linked to deprivation.

### **3.10 Smoking National Targets**

Within the Public Health Outcomes Framework (2012) there are 3 indicators explicitly related to smoking:

- Smoking status at time of delivery
- Smoking Prevalence
- Smoking prevalence – routine & manual workers

These indicators show **Thurrock** as not significantly different to the East of England and England averages for smoking at time of delivery (**11.4%** compared to 12.4% and 12.7% respectively), again not significantly different to the East of England and England averages for Smoking Prevalence (**20.7%** compared to 18.7% & 19.5% respectively), and finally not significantly different to the East of England and England averages for Smoking prevalence – routine & manual workers (**27.3%** compared to 29.8% and 29.7% respectively). However, you will note the prevalence is higher across this latter group and links to the MSOA prevalence trends in 3.9 above. These will be measured annually. Within the commissioned treatment service there are key performance indicators for young people, pregnant women, BME groups, routine & manual workers and MSOA (20% most deprived) to ensure a focus on these hard to reach target groups.

In March 2011, the Department of Health published Healthy Lives Healthy People: A tobacco control plan for England.

The plan established three clear national ambitions to reduce the harm from smoking. By the end of 2015 together we will:

- Reduce adult smoking prevalence in England to 18.5% or less by the end of 2015
- Reduce regular smoking among 15 year olds to 12%
- Reduce smoking throughout pregnancy to 11%

### **3.11 Actions for reducing the prevalence of smoking 2014-15 - Smoking Workstream**

- Development and implementation of a refreshed Tobacco Control strategy for Thurrock by September 2014

- Commissioning of a new service model for stop smoking services during 2015-2016 including a greater focus on prevention.
- To develop a workshop(s) engaging partners and stakeholders to consult and gain views to inform Thurrock's Smoking / Tobacco Control strategy in the summer
- Input to the delivery of service reviews for Adults and Young People's stop smoking services.
- Develop links with partners pertinent to enforcement of tobacco control.
- To implement and monitor the LG Declaration on Tobacco Control.

## **3.12 Future direction**

### **3.12.1 Workshop**

This is planned for the summer and the objective is to engage all stakeholders to help inform and shape the direction of the tobacco control strategy as well as consult on the type of stop smoking service that Thurrock requires.

### **3.12.2 Develop better links with schools**

Prevention is a key tenet of the smoking workstream and we will be working with our provider(s) in-year to develop a preventative programme for children and young people that has a measurable impact against the number of young people that take up smoking. This is in addition to other preventable interventions already undertaken with young people.

### **3.12.3 ASH & CIEH e-cigarette policy development**

Thurrock have been selected by the organisations Action on Smoking and Health (ASH) and the Chartered Institute of Environmental Health (CIEH) to take part in a pilot project to develop a policy on e-cigarette use that will sit alongside our existing smokefree policy which the smoking workstream is also refreshing. The work with ASH will be concluded before the summer with the intention of being used nationally as best practice by both sponsoring organisations.

### **3.12.4 Declaration on Tobacco Control**

Thurrock was the 22<sup>nd</sup> LA to sign up to the Local Government Declaration on Tobacco Control in November 2013 – one of the first councils to do so. The objectives of the Declaration are listed below and will be realised via the Smoking Workstream:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;

- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

#### **4. REASONS FOR RECOMMENDATION:**

- Public health hope that the Health Overview and Scrutiny Committee support the work that the workstreams are leading on and acknowledge this report
- That the Health Overview and Scrutiny Committee champion the need to work with partners around all aspects of tobacco control in Thurrock including prevention of children starting smoking, smoking cessation and wider enforcement and legislation issues.
- That the Health Overview and Scrutiny Committee champion the need to work with partners around all aspects of increasing the proportion of people in Thurrock who achieve a healthy weight and reduce those that are obese and overweight through acknowledging all influences and the wider determinants of Obesity and overweight.

#### **5. CONSULTATION (including Overview and Scrutiny, if applicable)**

- 5.1 We have ensured that there have been opportunities for engagement and feedback with community organisations and individuals and the workstream membership is reflective of the voluntary and community sector.

For the healthy weight workstream a series of satellite groups were undertaken with a variety of community groups and organisations, particular emphasis was undertaken to ensure that all segments were included such as older people, young people, parents, ethnic groups and disability groups.

Three questionnaires for community groups, GPs and schools were developed using a similar approach as the satellite questions but with particular relevance to the groups.

The final approach was to deliver a workshop to gather further information and to develop a network of interested stakeholders. The event brought together



community, voluntary and statutory organisations that joined together to hear a series of presentations and to undertake group work around a series of questions pertaining to the obesity agenda. This was a well attended event with positive feedback and enthusiastic engagement from participants.

The Smoking Work Stream is planning a workshop for the summer that will bring stakeholders together to focus on refreshing the Tobacco Control Strategy, ready for a launch in 15/16. This work will also inform the Stop Smoking Service review ahead of re-tendering the service in 15/16.

## **6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

- 6.1 The actions being taken as part of the service reviews to benchmark and review the three services will contribute to the delivery of the corporate priority to 'to improve health and wellbeing of Thurrock people.

## **7. IMPLICATIONS**

### **7.1 Financial**

Implications verified by: **Mike Jones**  
Telephone and email: **01375 652772**  
**mxjones@thurrock.gov.uk**

There are no financial decisions that relate to this report. The new services will not exceed the current budget. Efficiencies will be sought as part of the new services.

### **7.2 Legal**

Implications verified by: **Chris Pickering**  
Telephone and email: **01375 652925**  
**Chris.Pickering@BDTLegal.org.uk**

There are no legal considerations arising from this report. This report is updating the committee with recent statistics and as such there are no legal implications resulting from it. Full tendering and procurement policies will be adhered to.

### **7.3 Diversity and Equality**

Implications verified by: **Teresa Evans**  
Telephone and email: **tevens@thurrock.gov.uk**

This report highlights the work that has been carried out with regards to smoking national targets and the obesity agenda. The consultation work so far has included specific groups including BME, younger and older people and disability groups. Key performance indicators will also ensure the work with these groups identified 'at risk' will continue. This will also form part of any commissioned services.

7.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

None

**BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):**

- Healthy Lives, Healthy People: A tobacco control plan for England (2011)
- JSNA Refresh 2012
- Healthy Lives, Healthy People. A call to action on obesity in England (2011)

**APPENDICES TO THIS REPORT:**

- Appendix A: NCMP Summary of 2012-13 data
- Appendix B: Briefing on the Adult Obesity statistics published by PHE on 4<sup>th</sup> February 2014
- Appendix C: HOSC Smoking data

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