

17th July 2014	ITEM:
Thurrock Health and Well-Being Board	
Healthy Weight and Tobacco Control strategies	
Report of: Beth Capps, Senior Public Health Manager	
Accountable Director: Andrea Atherton, Director of Public Health	
This report is Public	
Purpose of Report: To update the board as to progress with the development of the Healthy Weight and Tobacco Control Strategies for Thurrock.	

EXECUTIVE SUMMARY

1. RECOMMENDATIONS:

- 1.1 The Health and Wellbeing Board endorse the healthy weight strategy
- 1.2 The Board support the delivery of the healthy weight strategy through the healthy weight strategic delivery plan.
- 1.3 The Board supports the tobacco control workshop planned for autumn 2014 to lead to a tobacco control strategy for Thurrock.
- 1.4 The Board endorses the Council's commitment to tobacco control through Thurrock Council having signed up to the Local Government Declaration for Tobacco Control.

2. INTRODUCTION AND BACKGROUND:

- 2.1 The healthy weight and tobacco control work streams were established in June 2013, reporting into the Public Health Strategy Board.
- 2.2 The vision of the healthy weight strategy:

It is our vision for the population of Thurrock to achieve and maintain a healthy weight, to have healthy active lives that lead to a long life expectancy.

- 2.3 The strategy looks at the need to work with our partners in the NHS, education, transport, the community and voluntary sectors, local businesses and individuals to address all the wider determinants of health that impact on this agenda.
- 2.4 The prevalence of obesity and overweight in Thurrock is above average in children and adults. The prevalence of obesity and overweight in children appears to be levelling off in recent years, however, there continues to be a

large difference between reception and year 6 in the proportion of children that are overweight and obese. Issues of inequality, ethnicity and disability are highlighted as important in tackling this worrying trend across the life span.

- 2.5 The strategy has an overarching target; *“To reduce the proportion of children and adults in Thurrock who are obese, achieving a sustained downward trend by 2016/17”* and it is broken down into measurable targets for each year.
- 2.6 The strategy details the methods of consultation and engagement to date and the need to continue this approach to develop a sustainable pathway across the lifespan to deliver on the objectives and targets within the strategy.
- 2.7 The tobacco control strategy and workshop have been postponed to the autumn (2014) to allow the development of a policy around electronic cigarettes and to allow further consideration of the impact of electronic cigarettes. The tobacco control work stream that reports to the Public Health Strategy Board is planning a workshop for September to consult on tobacco control in Thurrock and to steer the strategy. This has been timed in line with the lead in to ‘Stoptober 2014’ and aims to engage people in this increasingly popular campaign designed to help as many people as possible quit smoking during October each year.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

Healthy Weight

- 3.1 The healthy weight work stream consists of statutory, community and voluntary sector members who were instrumental in designing and delivering the data collection methods that evidenced this strategy.
- 3.2 Looking at NICE (National Institute of Health & Clinical Excellence) 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. This new service will commence on 1 April 2015, and will be responsive to the evidence and engagement sought.
- 3.3 A full report has been completed following the benchmarking work completed by the Public Health team with five of our CIPFA (Chartered Institute of Public Finance and Accountability) comparator sites. This has allowed us to benchmark current services for adults and children’s weight management along with school nursing.
- 3.4 Following the benchmarking review, the workshop and development of the healthy weight strategy it is proposed that the children’s weight management programmes that follow on from the National Child Measurement (NCMP) each year in schools, will now be delivered by the school nursing service rather than a separate team. We will also be commissioning new child weight management services linked to health visiting and midwifery, with some programmes being delivered from Children’s Centres and local clubs with the

focus being on fun for all the family. We will look at age specific programmes i.e. teenage, toddlers, boys or girls only sessions and programmes for disabilities etc. We want any child or young person to be able to access services, no one should be disadvantaged. These services will be piloted initially for one year only to measure the impact of the programmes on families, children and young people. We aim to review how successful these services are and measure the impact on the wellbeing of our children and young people.

3.5 Following the benchmarking review, the workshop and development of the healthy weight strategy it is proposed that the new adult weight management service will be commissioned for one year using a health trainer model linking in with community delivered programmes i.e. commercial weight management programmes, exercise and activity clubs, allotments, health walks, cookery classes, fun sessions to get people more physically active, nutrition advice etc. These services will be age related and will cover medical and non-medical referrals. We will also look at programmes for those with disabilities and programmes that will be inclusive of people with disabilities. For children's weight management programmes, these services will initially be piloted for a period of 1 year to allow evaluation within that year and flexibility to modify and change anything that isn't working and producing the outcomes we would like to impact on health and wellbeing.

3.6 To deliver the healthy weight strategy a three year delivery plan (Appendix C) has been produced to lead key actions to ensure that in partnership with others we are successful in halting obesity locally and changing behaviours that will ensure that people living in Thurrock will lead a lifestyle that results in a healthier population in Thurrock by 2017. Specific actions with measurable are detailed including the following areas:

- Community and Voluntary Sector
- Education and Learning
- Environment and Health.
- Health and Social Care
- Parks and Green Spaces
- Planning and Environment.
- Sports and Physical Activity
- Transport
- Workplaces/Local Businesses
- Working with CCG and NHS Partners –pathway work.

Tobacco Control

3.7 100,000 people in the UK and 5 million globally die prematurely every year from a smoking related illness. 1 in 2 of all long term smokers dies from their smoking habit .Locally and nationally we have seen a decline in recent years in the number of smokers engaging in a quit attempt with a recognised stop smoking service. At the same time we have seen a sharp rise in the sales of electronic cigarettes due to the increasing range of products available.

However, not all the evidence suggests these smokers are quitting with the help of an e-cigarette and many are simply switching products or dual-using.

- 3.8 As use of electronic cigarettes is a relatively recent phenomenon and evidence to date is scarce, there are still some major concerns about these products: those related to the product itself, those about relation between use of electronic cigarettes and smoking, and concerns about renormalization and regulation of electronic cigarettes. By 2015 we can expect to see at least one e-cigarette product licensed as a prescription medicine for nicotine replacement therapy (NRT).
- 3.9 There is clear evidence that the most effective tobacco control strategies involve taking a multi-faceted and comprehensive approach at both national and local level. The workshop planned for the autumn will allow us to further consult on these aspects and shape the tobacco control strategy for Thurrock.

4. REASONS FOR RECOMMENDATION:

- 4.1 The Health and Wellbeing Board identified one of its priorities as ‘improve physical health and wellbeing’. The focus of this priority is on reducing smoking and obesity rates. This paper sets out the current position in Thurrock in relation to tobacco control and healthy weight strategies, the planned new pilot services to be commissioned from 1 April 2015 for healthy weight. The issues surrounding smoking cessation are also outlined.

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

Healthy Weight

- 5.1 We have ensured that there have been opportunities for engagement and feedback with community organisations and individuals and the work stream membership is reflective of the voluntary and community sector.
- 5.2 Three questionnaires with a mixture of closed and open questions were developed to engage with:
- The community - sent to all Thurrock Council staff and cascaded out to community and voluntary groups.
 - General Practice- sent to all Thurrock GP’s and asked additional questions about their tier 3 and 4 referrals and preferred method of communication.
 - Schools - distributed to the Heads of Thurrock schools which asked for information about pupil’s healthy activities within their school life. Some visits were also undertaken following contact from schools.
- 5.3 A series of satellite groups were held with a variety of community groups to ensure a wide engagement of people and experience of lifestyle factors that influence a healthy weight.
- 5.4 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.

- 5.5 The strategy has been discussed at Adults and Children’s DMTs and is also due to be discussed at Children’s Partnership Board.

Tobacco control

- 5.6 We have ensured that staff and the community have had the opportunity to provide views on tobacco control and smoking related behaviours via a consultation and through a series of work streams.

- 5.7 The Smoke Free Questionnaire was devised to gauge opinion on tobacco and e-cigarettes and has been made available online, to all staff via the Intranet as well as hard copied where applicable. The survey closes later this month.

- 5.8 The Smoke Free Work Stream membership has representation from across council departments and recently set up a sub-group to work with Action on Smoking and Health (ASH) and the Chartered Institute of Environmental Health (CIEH) to review our smoke free policy and explore our position on the use of e-cigarettes. Our recommendation to prohibit the use of e-cigarettes has just been endorsed by People Board.

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

- 6.1 Reducing the prevalence of smoking and obesity contributes to the delivery of corporate priority ‘improve health and well-being’.

7. IMPLICATIONS

7.1 Financial

Implications verified by: **Mike Jones**
 Telephone and email: **mxjones@thurrock.gov.uk**
2772

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

7.2 Legal

Implications verified by: **Chris Pickering**
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Chris.pickering@BDTLegal.org.uk

The Health and Social Care Act 2012 (the Act) places a responsibility on Thurrock Council as a unitary authority to improve the health of their populations. Section 12 of the Act amended the NHS Act 2006 giving

Thurrock Borough Council a new duty to take such steps as it considers appropriate to improve the health of the people in its area. Working with the new Director of Public Health the Council is tasked to champion health across the whole of the authority's business, promoting healthier lifestyles and scrutinising and challenging the NHS and other partners to promote better health and ensure threats to health are addressed. The measures set out in this report are commensurate with the new responsibility.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**
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A programme of community and staff consultation and engagement has enabled a wide range of stakeholders to both shape and influence the focus and delivery mechanisms for the Healthy Weight Strategy and Tobacco Control Strategy.

A focus of the Healthy Weight Strategy will be to reduce health inequalities. This will mean focusing on those groups who are the most deprived in terms of health and well being in relation to obesity.

The services commissioned for smoking cessation and tobacco control will continue to focus on reducing health inequalities and are targeted to the most deprived areas in Thurrock.

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):

APPENDICES TO THIS REPORT:

- Appendix A Healthy Weight Strategy 2014-17
- Appendix B Appendices to Healthy Weight Strategy 2014-17
- Appendix C Healthy Weight Strategic Delivery Plan v3 DRAFT
- Appendix D Tobacco Control Declaration

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