

Thursday 11th July 2013	ITEM: 9
Thurrock Health and Well-Being Board	
Smoking and Obesity Scoping Paper	
Report of: Debbie Maynard – Head of Health Improvement	
Accountable Director: Andrea Atherton – Director of Public Health	
This report is Public	
Purpose of Report: To set out the current position in Thurrock in relation to smoking and obesity; identify the services currently commissioned; and detailing the next steps to reduce the prevalence of smoking and obesity – particularly in areas where they are most prevalent.	

EXECUTIVE SUMMARY

This paper sets out the current position in relation to the statistics available to explain smoking and obesity in Thurrock and the services currently commissioned to tackle these important issues. This paper details the partnerships formed within the Council around these key areas, the weaknesses identified and steps planned and undertaken to tackle these. The Committee is asked to note the contents of this paper and give support to the next steps required.

1. RECOMMENDATIONS:

1.1 To note the report.

2. INTRODUCTION AND BACKGROUND:

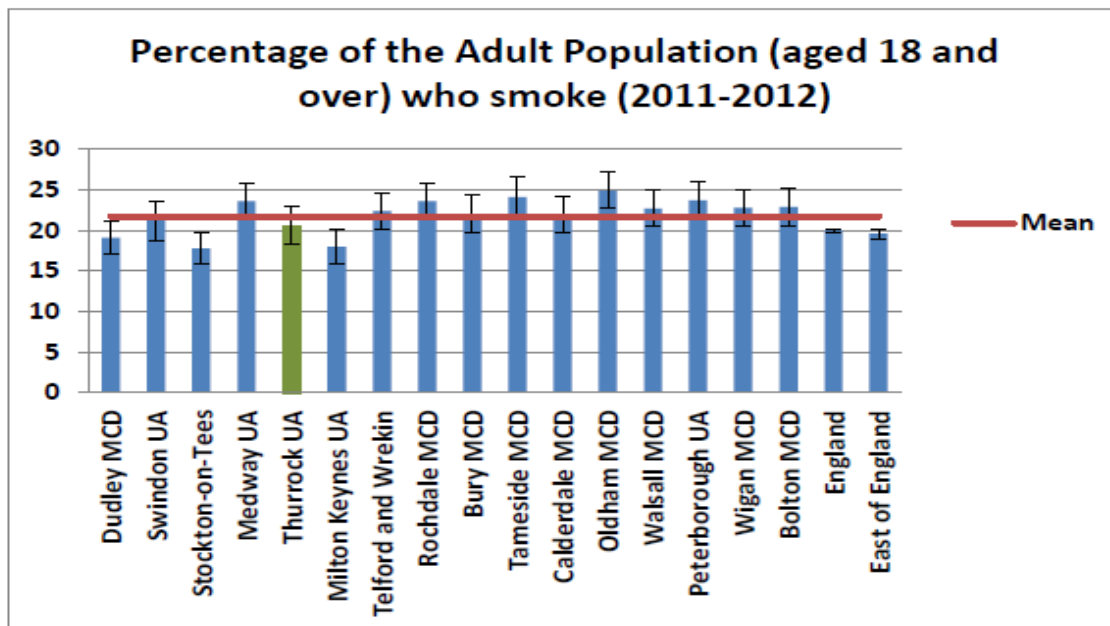
2.1 Smoking

Smoking continues to be the leading preventable cause of death in England. Reducing the smoking prevalence was one of four the priorities identified by the Thurrock Health and Well-being Strategy for 2013 – 2016.

The graph below shows the overall adult smoking prevalence in Thurrock for 2011/12 (by percentage of the adult population aged 18 and over who smoke) compared to the England mean and the CIPFA comparator local authorities.

Thurrock has a smoking prevalence slightly lower than the mean for its CIPFA comparator group and slightly higher than the mean for both, England and East of England. However, as the 95% confidence interval for Thurrock's smoking prevalence overlaps with all of its CIPFA comparators, England and East of England,

we cannot conclude with 95% confidence that Thurrock's smoking prevalence is statistically significantly different to any of them.



Smoking prevalence is not distributed evenly in Thurrock but largely linked to deprivation levels. The greatest prevalence of smoking is in Grays, Tilbury St. Chads, Tilbury Riverside and parts of Stanford East and Corringham town.

Rate of access to stop smoking services per head of the population generally increases with deprivation with deprived areas having a greater access rate than affluent areas. However when rate of access to stop smoking services is considered as a percentage of the estimated smoking population per ward, the picture is mixed with some deprived areas having high access rates and some having low access rates.

Rate of quit success at four weeks through stop smoking services per estimated smoking population of different wards does not correlate well to deprivation levels with some deprived areas such as Belhus having high quit rates per estimated smoking population and others low rates.

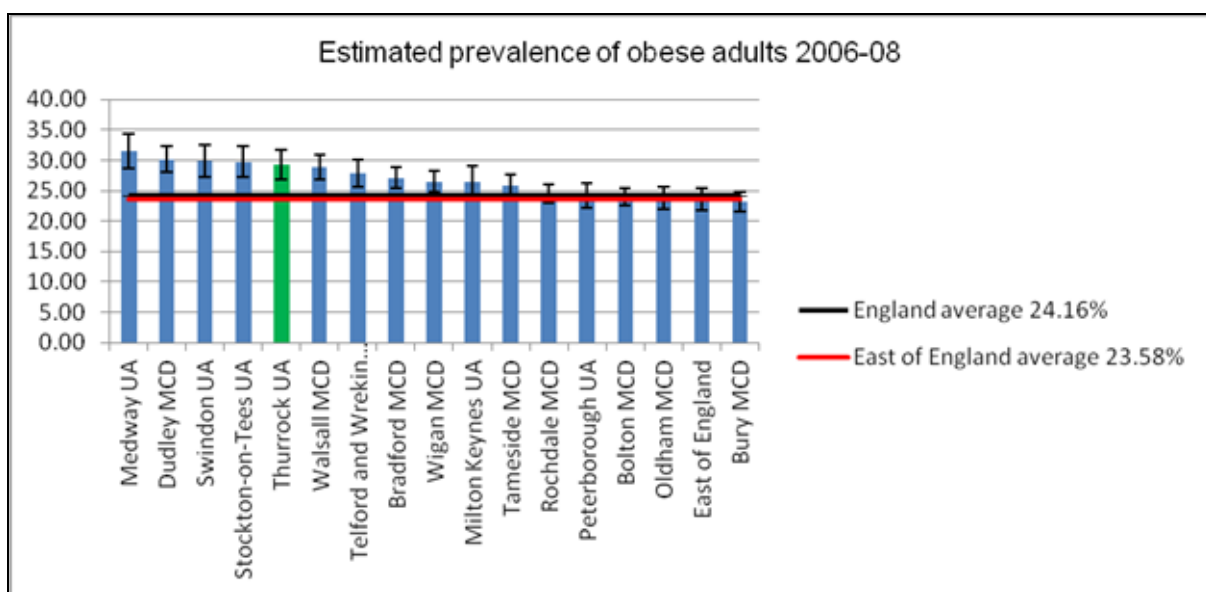
In order to reduce health inequalities we need to review the commissioning arrangements in order to increase access and quit rates per estimated smoking population in the deprived areas of West Thurrock and South Stifford, Grays Riverside, Tilbury St. Chads, Little Thurrock and Blackshots and Chadwell St. Mary. Although Smoking prevalence appears to have declined amongst men in Thurrock, death rates: have for lung cancer generally remained higher than both regional and national rates, yet overall have declined. For women in Thurrock, death rates have declined for cancer and although they are lower than observed in males but are higher than regional and national rates.

2.2 Tackling Obesity

Tackling Obesity is another of the four priorities to achieve for adult health and well-being in Thurrock which includes reducing the prevalence of obesity. 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.

Body Mass Index (BMI) is a calculated measure from a person’s height and weight used to highlight if the person may have excess body fat. A BMI of 30 or more is classified as obese and a commonly used measure of obesity. A BMI of 30+ indicates that the person’s health could be at risk.

The graph below shows the estimated prevalence of obese adults aged 16+ compared with CIPFA neighbours.



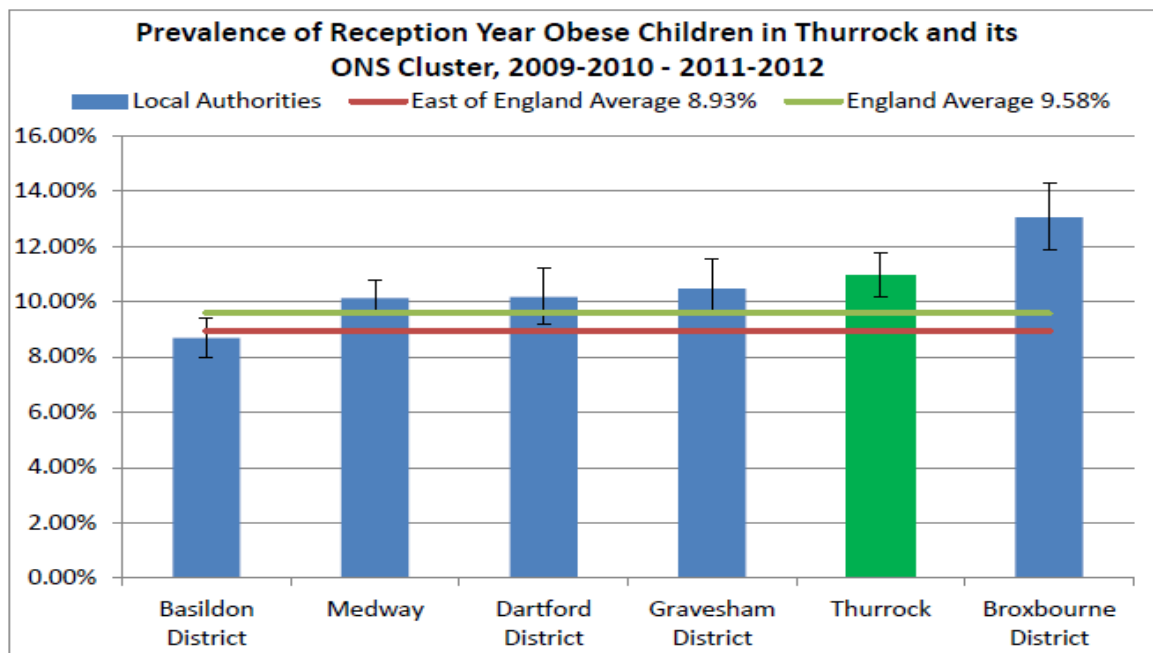
Thurrock’s prevalence of obese adults is significantly higher than the national and East of England average and is near the top of the range of CIPFA comparator local authorities which is a comparison group measured by the similarity between the authorities based upon a wide range of socio-economic indicators this shows that there are a larger percentage of obese adults in Thurrock than other similar areas.

Obesity prevalence across Thurrock is linked to deprivation with the greatest prevalence in Tilbury and the East of Thurrock (29-30%) with the more affluent areas of Orsett, North Stifford and Bulphan showing the lower percentages (24-26%) of the adult population as obese.

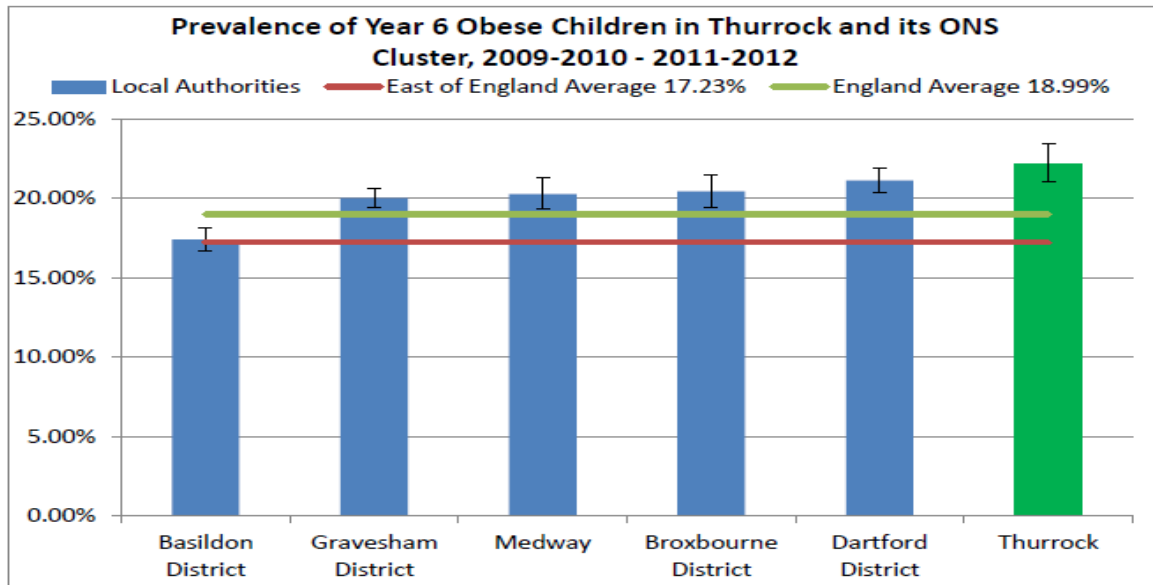
Childhood obesity is a complex public health issue that is a growing threat to children’s health. Children who are obese are at an increased risk of becoming obese adults and they risk the early appearance of obesity-related health problems normally associated with middle age. Therefore, if the number of obese children continues to rise, today’s children and future generations could have shorter life expectancies than their parents. It is estimated that obesity reduces life expectancy by between 3-13 years.

The prevalence of obesity amongst children attending schools in Thurrock in 2011/2012, is 10.92% for Reception Year (children aged 4 to 5 years) and 22.19.% for Year 6 (aged 10 to 11 years), both above the national averages of 9.58% and 18.99% respectively.

The graph below shows the prevalence of reception year obese children in attending Thurrock schools compared with their ONS local authority cluster. The prevalence of obesity in reception year is in line with its ONS cluster local authorities but significantly higher than East of England and national averages.



The graph below shows the prevalence of year 6 obese children in 2011/2012 academic year in Thurrock schools compared with their ONS local authority cluster. Thurrock has the highest rate of year six obese children among its local authority comparator group and significantly higher than the regional and national averages.



There is a positive correlation between deprivation and the % of children classified as obese in year R and even more strongly in year 6 (age 10-11).

This is important data for commissioning health services as it indicates a health inequality and shows that services to tackle childhood obesity need to be focused towards areas of higher deprivation within Thurrock.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

3.1 Commissioned Services

All 2013/14 contracts have been signed and performance reporting agreed. For Smoking and Obesity these service specifications are all provided by NELFT (North East London Foundation Trust).

Adult Weight Management

The Healthy 4 Life Course delivered by the Vitality team helps participants identify positive change to lifestyle with eating a balanced diet & increasing physical activity. To meet the criteria participants have a BMI of greater than 25. The course is 12 weeks in duration and weekly sessions & care plans are developed with on-going support at 3, 6 & 12 month follow up.

The venues for the Healthy 4Life course are targeted to be accessible for people in the most deprived areas of Thurrock.

Child Obesity

The overarching aims of this service delivered by the Change 4 Life team are to support the reduction of childhood obesity within Thurrock. To promote, encourage and support children, parents and families to adopt a healthier lifestyle.

The objectives of the team include coordinating weight management programmes and Change 4 Life social marketing and working with other services to achieve UNICEF Baby Friendly Initiative. Children participating in the lifestyle weight management programme can expect to reduce or maintain their BMI z score, increase the proportion of fruit and vegetables eaten daily, reduce sedentary activities and increase physical activities. This service is targeted toward the 20% most deprived MSOAs and families are offered support via this programme following National Childhood Measurement Programme (NCMP) results showing a child is obese or overweight.

Smoking

The Vitality Health and Wellbeing Service deliver specialist stop smoking services to the population of Thurrock they also subcontract with GPs and Pharmacies to provide these services. The service aims to raise awareness of the harms of tobacco, help to prevent young people from starting smoking, and ensure that people who want to quit have as much support as they need. National stop smoking campaigns such as Stoptober and the health harms campaign are also supported and promoted.

The provider service have a target to achieve the 4 week quitter target of 1,335 in order to deliver the 50 quits per 1000 smokers aspired to regionally. The service has targets in relation to key groups of smokers in Thurrock:

- Routine and Manual Workers
- Pregnant Mothers
- Children & Young People under the age of 19
- Black and Ethnic Minority Groups
- 20% most deprived MSOAs

In addition the service this year will be expanded to deliver 10 school based interventions as a development to begin to tackle the preventative agenda around smoking. Currently there is little preventative work in Thurrock and more needs to be targeted and invested to prevent children starting smoking. This will be an important part of the tobacco control strategy.

3.2 Partnerships/Projects

Since arriving in the Council the Public Health team have made numerous links and partnerships. This is essential to tackle the wider aspects of health improvement to facilitate lifestyle change. To further integrate within the structures of the Council each member of the team has been aligned to a DMT to link into projects and engage teams with Public Health priorities.

Employee Wellbeing Programme

A pilot programme has been developed with Impulse Leisure and Slimming World with the aim to reduce individual's weight as measured by their BMI and therefore have a positive impact on wellbeing and general health.

Employees were offered a 12 week programme of weight management with dietary advice via a funded place at a local slimming world class. Local leisure centre membership at Impulse was subsidised for 12 weeks (contribution of £5 per month from the employee) with individual support and education from a specialist fitness advisor at regular intervals to increase motivation and adherence.

The Employee Wellbeing programme is showing great success, 145 employees of the council are participating and a further 6 months support has been offered to those employees who have signed up. Employees will contribute to this scheme at £15 per month the remainder from the original funding agreed. This project has helped to raise the profile of the team within the Council whilst also providing valuable data and information as a workplace pilot scheme. The project will be evaluated by the Public Health team in consultation with Impulse Leisure and Slimming World including follow up of the participants at 3, 6 and 12 months to inform future commissioning for weight management in Thurrock.

Get Healthy Get into Sport

The public health team with other officers of the council have worked with Barking and Dagenham on a successful bid for funding from Sport England which will encourage the most inactive members of the community aged 14 years and over with a BMI 28+ to take part in a 12 week programme of sports / club activities with funded membership for a further 9 months for those regularly taking part in the club. A coordinator will be appointed for Thurrock who will receive referrals, complete an initial health check and sign post into various sporting activities/clubs, with follow ups at 1, 6 and 12 weeks. The project is for 3 years. A project board has been developed to manage the programme delivery.

Takeaways Planning Project

The team have advised the planning team at the council around take away and fast food distribution and have worked to take a paper to Overview and Scrutiny committee to recommend that no further takeaways are giving planning permission within a defined radius of schools in Thurrock. Further work is being planned to engage with businesses providing food as part of the Public Health responsibility deal.

Eat Better, Start Better

The team have linked with the Learning and Skills team to deliver the Eat Better Start Better programme in Thurrock- a two-year programme to improve food provision for children aged 1-5 in early years settings. The main element of the programme is a comprehensive food, nutrition & cooking training package. The project aims are:

- Improved, healthier food provision for children aged 1-5 in early years settings and at home
- Increased food, nutrition and healthy cooking knowledge and skills for the early years and childcare workforce
- Increased food and nutrition knowledge and practical cooking skills for parents and families

The project is due to finish in September and will be evaluated by the Children's food trust.

Sportivate funding

Sportivate is a £32 million lottery programme aimed at getting 14-25 year olds back into sport. In Essex £950,000 is being invested over 4 years and in the last round of funding the team facilitated Thurrock receiving its maximum quarterly allocation of £10k via the Thurrock Sports and Physical Activity Partnership. Projects currently running in Thurrock are: golf, dance and urban rebounding which are being delivered through Impulse Leisure; and table tennis, zumba and cricket which are being delivered through Palmers College. All programmes are 6 week courses aimed at those not doing any, or little, sport in their own time. The next round of funding which is being applied for will run from September 2013. At the start of 2013 Thurrock also won funding to deliver free 12 week walking sessions, which started in May, and were coordinated through Impulse Leisure and run across their three sites: Blackshots, Belhus Park and Corringham. The team have played an essential role in shaping projects with the Thurrock Sports and Physical Activity Partnership.

Change 4 Life roadshows

Change4Life is a government initiative which engages with both adults and children to live healthier, longer lives by eating well and moving more. During 2013 Change 4 Life is touring its roadshows across the country promoting lifestyle changes to local people. Unfortunately Thurrock was unsuccessful in winning one of the roadshow dates for January to March's Be Food Smart shows, but we have applied again to try to win a date for one of the summer roadshow events. If Thurrock is successful the roadshow will bring live cooking demonstrations, physical activity challenges, and lots of helpful information such as shopping tips and recipes. The roadshow will provide an opportunity for local Thurrock residents to be able to see how the national Change 4 Life campaign can work locally and can support them and their families to make positive lifestyle change.

3.3 Strategy

Public Health Strategy Board / JSNA Delivery Group

Two groups have been established to manage and deliver against the public health service plan. Membership across the council and partners has been initially agreed both groups meet for the first time in June 2013 to finalise TOR and agree membership – The Public Health Strategy Board will report into the HWB Board, The JSNA Delivery Group will report in to the PH Strategy Board. These Groups will lead and shape the development of Public Health within the Council and task and finish groups will be set up to deliver key pieces of work.

Public Health Transition

The Public Health Grant (PHG)

Duncan Selbie, Chief Executive of Public Health England (PHE) visited Thurrock Council on 9 May 2013. At this meeting Duncan Selbie confirmed that the £1.1million shortfall of PHG will now be included in Thurrock Council's baseline. When the £1.1m is received by the council there will be the need to demonstrate that these funds have been used effectively to support programmes to improve the health and well-being of the Thurrock population included in the public health outcomes to Local Authorities. Proposals are being developed to ensure this happens and that all the public health outcomes in Thurrock are delivered.

The new public health staffing structure which has been approved will ensure that the public health team can integrate across the council and ensure that the council has public health embedded to ensure that the community of Thurrock see improved outcomes year on year.

3.4 Next steps

The team will continue to work in partnership towards integrating Public Health into the council, expanding on consultations already undertaken including engaging the youth cabinet.

Through the future workstreams developed via the Public Health Strategy group the Public Health team will facilitate and lead the delivery of the following key actions relating to each of the priorities of smoking cessation and improving obesity.

The Public Health Service plan Tobacco Control and Smoking Cessation plans for 2013-14

- To develop and implement Thurrock tobacco control strategy (including developing services for prevention)
- To work with Essex Tobacco Alliance and regional smoke free campaigns
- Commission and contract manage the current Smoking Cessation service
- GPs and Community Pharmacies offering smoking cessation programmes will now be managed and subcontracted by the stop smoking specialist service to allow full performance management of the specialist service for smoking cessation targets and performance indicators.
- To monitor services in the acute trust including smoking in pregnancy programme
- To lead effective marketing campaigns across providers working with stakeholders

Weight Management (including physical activity, healthy eating and NCMP) plans for 2013-14

- To develop a healthy weight management strategy with partners across Essex by September 2013
- Deliver NCMP for academic year 2013/14 and develop plans for active follow up
- New service model from April 2013 for Child Weight Management Programme linking to the NCMP
- Develop options for a sustainable weight management service
- Develop and implement a multi-agency physical activity pathway for Thurrock
- Develop feasibility and options for increasing physical activity working with Active Essex new strategy
- Review opportunities for local exercise on referral schemes
- Work with Barking and Dagenham for Get Healthy, Get into Sport pilot programme from April 2013

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 smoking and obesity, the services that are currently commissioned to help reduce smoking and obesity, and the next steps planned to develop obesity and smoking strategies.

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

5.1 Following consultation around the Health and Wellbeing Strategy plans are being developed to consult wider with communities and engaging with links made with the youth Council to influence service reviews and contribute to strategies for smoking and healthy weight. There needs to be further in depth consultation with communities to ensure that the opportunity to redesign services has maximum impact within the Thurrock population.

Cllr Barbara Rice and Debbie Maynard are meeting with the NELFT providers on 10th June 2013 to gain a greater understanding of the services on offer to the people of Thurrock currently to aid this development.

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

The strategy and initiatives will be delivered within existing budgets.

7.2 Legal

Implications verified by: **Paul Feild Senior Governance Solicitor**
 Telephone and email: **020 8227 3133**
Paul.feild@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: **Samson DeAlyn**
 Telephone and email: **sdealyn@thurrock.gov.uk**
2472

A focus of the 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 smoking and obesity.

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):

- None.

APPENDICES TO THIS REPORT:

- None.

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