

Making Hillingdon fit for the future

Report of the Obesity Working Group

A Policy Overview and Scrutiny Working Group established by the Social Services, Health & Housing Policy Overview Committee



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Chairman's Foreword

Chairing this Working Group has been a personal and professional journey for me. This has been my first experience as Chairman under the modernised decision-making process and I believe this report demonstrates the value of policy overview and scrutiny – i.e. the ability to listen to a range of views and then make recommendations on complex policy issues.



Perhaps more fundamentally, this review has been a personal journey for myself. At our first meeting I declared a personal interest in the matters under discussion: namely my own obesity. Through a combination of exercise and healthy eating I have lost 30lbs in the last six months.

At that first meeting I compared obesity to other health problems such as alcoholism: neither can be treated until people accept they have a problem. In both instances people may require help to tackle behaviour that threatens their health; the consequences are so great that public service intervention may be needed.

Elected representatives must not be afraid of leading a high-profile 'battle of the bulge': tackling obesity is not an attempt to implement a nanny state in which government (central and local) tells people what to eat and how to live their lives. Rather, I hope our report demonstrates the dire consequences to society of a failure to tackle obesity – consequences on people's health, the economy, and the cost of providing public services. With such implications, we must deal with obesity whilst recognising people's genuine concerns about possible 'nanny-statism'.

Obesity is a complex issue to tackle and will not be solved quickly. However, I believe this must not be used as an excuse for inaction otherwise the future costs will be huge. We do not pretend to have all the answers as to how Hillingdon can become 'fit for the future' but we hope this report acts as the catalyst for a more high-profile fight against obesity in Hillingdon. Following our evidence sessions the Government published a cross-government strategy for tackling obesity in England. This report contains many similar ideas to our own, including the promotion of cycling, using the planning system to encourage healthy lifestyles, promoting breastfeeding, diversifying school PE lessons, and employee well-being sessions, suggesting that an early draft of our report was leaked to Downing Street! Seriously though, this synergy suggests that we may be 'pushing at an open door' in relation to implementing these recommendations locally. I urge Cabinet and our partners to take full advantage. Finally, I would like to thank the huge array of witnesses who gave evidence to our review and the officers of the Council who supported our work. I commend the report to Cabinet and our partners.

A handwritten signature in black ink, which appears to read 'D.A. Yarrow'.

Cllr David Yarrow

Introduction

1. This report presents the findings of the Obesity Working Group: a policy overview & scrutiny working group established by the Social Services, Health & Housing Policy Overview Committee (POC) to review how increasing levels of obesity in Hillingdon can be addressed.
2. 'Cross-cutting' is one of the 100 words 'banned' by the Local Government Association as part of the 2007 Plain English Day. Despite these negative connotations, we suggest that cross-cutting can usefully describe the problem of obesity. Obesity cannot be solved by a single service, department or organisation; any approach to address the issue must involve a range of coordinated initiatives that 'cut-across' or span different organisations.
3. Given this complexity, the working group comprised representatives from the Education & Children's Services POC, Corporate Services & Partnerships POC, the External Services Scrutiny Committee and the Chairman of the sponsoring POC – Social Services, Health & Housing.

Why review obesity?

4. The prevalence of obesity is such a problem that the World Health Organisation (WHO) has described it as a global epidemic, with the prevalence of obesity among adults in Britain trebling in the last 20 years. Recent media reports have referred to this as 'globesity'.
5. In 2001, the National Audit Office calculated that treating diseases related to obesity costs the NHS in England £0.5 billion a year. It also estimated that obesity costs the rest of the economy at least £2 billion through factors such as sickness absence.
6. The review sought to answer a series of questions including:
 - What are the causes and consequences of obesity in Hillingdon?
 - What is being done to tackle the problem?
 - How can obesity be prevented from developing?
 - What role can schools play in promoting healthy living?
 - How can adults be encouraged to live healthy lifestyles?

Our review

7. The main method for collecting evidence for this review was through a series of witness sessions. We themed these sessions around the following themes:
 - Preventing obesity in babies and early years children
 - Tackling obesity in school-age children and young people
 - Tackling obesity and promoting healthy lifestyles in adults
 - The broader context: the role of businesses and the planning system in addressing obesity

8. This report presents the findings from these witness sessions. We first provide background to how we undertook the review and then present our findings from the witness sessions. We make recommendations to address the main issues that arose in our discussions.
9. We are hugely grateful to the following people who gave up their time to attend our meetings and advise us on the key issues:
 - Alison Booth: Childcare & Early Years Deputy Service Manager, LBH
 - Angela Flux: Head of Healthy Hillingdon (PCT & LBH)
 - Anna-Maria Plaza: Healthy Hillingdon (PCT & LBH)
 - Anne Thyse: Practice Development Midwife, Hillingdon Hospital
 - Chris Spencer: Director of Education & Children's Services, LBH
 - Dr Hilary Pickles: Director of Public Health, Hillingdon PCT
 - Elaine Tabony: Provider Services, Hillingdon PCT
 - Geoff Elliott: Deputy Director of Planning & Community Services, LBH
 - Gill Dickinson: Provider Services, Hillingdon PCT
 - Heidi Bahia: Postnatal Ward Manager, Hillingdon Hospital
 - Howard Griffin: Sport & Leisure, LBH
 - Ian Edwards: Head of Partnerships, Business & Community Engagement, LBH
 - Jack Webster: Traffic Services Manager, LBH
 - Jales Tippell: Planning & Community Services, LBH
 - Jim Swan: Hillingdon Cyclists User Group
 - Ken Smithson: Principal Road Safety Officer, LBH
 - Martin Barker: Hillingdon Youth Parliament
 - Michelle Sanderson: Healthy Hillingdon (PCT & LBH)
 - Paul Naylor: Interim Head of Green Spaces, LBH
 - Philippa Constable: Partnership Development Manager, Hillingdon North School Sport Partnership
 - Sarah Durner: Health Promotion Advisor, Healthy Hillingdon (PCT & LBH)
 - Sarah James: Hillingdon Cyclists User Group
 - Sarah Tortolano: Virgin Active
 - Shelley Otway: Virgin Active
 - Steve Roberts: Groundwork Thames Valley
 - Steve Smith: Head of Facilities Management, LBH

- Sue Drummond: Head of Sport & Leisure, LBH
- William Lavender: Hillingdon Youth Parliament

10. In addition to questioning people with an interest or expertise in the issue, we also reviewed a range of relevant literature. Of particular interest were: the report of the House of Commons Health Committee on obesity (2003/4); the Foresight report published in October 2007; National Institute for Health & Clinical Excellence (NICE) guidance on tackling obesity; and the joint report on tackling childhood obesity produced by the National Audit Office, Healthcare Commission and Audit Commission. We also reviewed a selection of overview & scrutiny reviews into obesity undertaken by other local authorities.
11. A central aim of this working group is to raise the awareness of the growing problem of obesity and the importance of tackling it. We were therefore delighted that Chris Longhurst, Chief Reporter of the *Uxbridge Gazette*, accepted our invitation to act as an advisor to the Working Group. In addition to contributing to the debate at meetings, Chris produced a series of excellent articles in the local paper that highlighted the main themes discussed at each meeting. These were undoubtedly successful in raising public awareness, we had a series of enquiries from the public and stakeholders about the review.
12. We do not pretend we have the answers to the questions outlined above, but we hope that this review work will act as a catalyst to the work that must be undertaken to tackle obesity in Hillingdon. This may be a long process and the impact may not be immediately clear. We believe though obesity is an issue that cannot be ignored.

Evidence & Findings

BACKGROUND AND STRATEGIC RECOMMENDATIONS

What is obesity?

13. Obesity occurs when people put on weight to an extent that it threatens their health. Excess weight gain happens when people take in more energy in food than they expend through physical activity.
14. Obesity and overweight are commonly assessed using the Body Mass Index (BMI). This is defined as weight in kilograms divided by height in metres squared: a BMI of 25-30 indicates overweight, a BMI of 30 or over indicates obesity; and a BMI of over 40 severe or morbid obesity.

Is obesity a problem?

15. Numerous studies have highlighted the increasing rates of obesity in recent years. Figures from the British Heart Foundation indicate that rates of obesity amongst British adults have trebled in the last 20 years and in 2002 22.1% of men and 22.8% of women were obese with a BMI greater than 30.¹ These figures mean that in addition to having some of the highest rates of obesity in Europe, Britain also has one of the highest rates of increase in obesity, with other European countries 'only' witnessing a 10-40% rise.
16. Studies predict a dire future for Britain's health if this rise in obesity continues unchecked. The Foresight report was the largest ever UK study into obesity and involved 250 scientists. The report presents a dire vision for the nation's health and a future in which obesity becomes the norm. The study suggests that based on current trends 40% of Britons could be obese by 2025, rising to 60% by 2050.²
17. Obesity and overweight are not simply issues of personal appearance; excess weight can have a significant impact on health. Obesity is associated with a reduced life expectancy of approximately nine years and this is mainly due to the increased risk of heart disease.³ The other major health risk from obesity is diabetes: the risk of developing type 2 diabetes is 20 times higher for people who are obese compared to lean people.⁴
18. The figures relating to childhood obesity are also alarming: results from the most recent measurement programme in Hillingdon record that almost 20% of reception year pupils in Hillingdon and over a third of year six Hillingdon pupils are overweight or obese. On

¹ Hillingdon PCT Annual Public Health Report, 2005, p. 33

² Foresight, Tackling Obesities: Future Choices – Project Report

³ Hillingdon PCT Annual Public Health Report, 2005, p. 34

⁴ Foresight, Tackling Obesities: Future Choices – Project Report, p. 33

some predictions, today's generation of children will be the first for over a century for whom life expectancy falls.⁵

What has caused increased obesity?

19. Given that obesity occurs when people take in far more energy in food than they expend through physical activity, increasing obesity is in part due to people eating more energy dense and processed food whilst undertaking less physical activity. Indeed, there are some alarming statistics to support this argument.
20. Energy dense foods, which contain many calories but are not filling, are increasingly available. For example, a king-size Snickers bar has more calories than a main meal of sirloin steak served with potatoes and broccoli. However, given that the Snickers bar only weighs 100g, it is not as filling as the steak meal that weighs 400g. The past 20 years have seen considerable changes in people's diets – including what is eaten and when. Sales of snacks have more than tripled, with the number of takeaways and ready meals increasing. This has led the average time spent preparing a meal to fall from an hour in 1983 to 13 minutes in 2001. Britain is the highest consumer of ready meals in Europe; double the amount consumed in France and six times that in Spain.⁶
21. Recent years have also seen a shift to an increasingly sedentary lifestyle, with the number of cars doubling and the levels of cycling and walking falling by a quarter. Currently, just over one third of men and a quarter of women achieve the target of 30 minutes of physical activity five times a week. There is concern that the proportion of children walking or cycling to school has fallen, and there has been a rise in sedentary pastimes such as watching TV, playing computer games or using the internet. A National Audit Office report has estimated that the extra physical activity involved in daily living 50 years ago compared to today was the equivalent to running a marathon a week.⁷
22. Tackling obesity will therefore involve people eating fewer calories whilst undertaking more exercise. We do not advocate interfering in every aspect of people's lives to tell people what they can or cannot eat and implementing a 'nanny-state'. However, we suggest that the dramatic rise in obesity demonstrates that the problem will not be resolved by individual action alone. Furthermore, the impact on the nation's health suggest that this issue should not be left to individual action.
23. In fact, we were struck by the terminology and arguments of the Foresight review, which suggests that we now live in an 'obesogenic environment' that leads to 'passive obesity'. The report suggests that our environment makes healthy living difficult and many unhealthy behaviours are common because they are the 'easy' option. For example, many parents drive their children to school for this is perceived as a preferable (and often easier) option than allowing children to walk or cycle once factors such as safety and bike storage are factored in.

⁵ House of Commons Health Committee, p. 3

⁶ House of Commons Health Committee, p. 27

⁷ House of Commons Health Committee, p. 41

Why should local government and the health service be interested in tackling obesity?

24. We strongly believe that public sector organisations must take action to dismantle this ‘obesogenic environment’ and ensure that healthy lifestyles become an easier option; for in addition to the health implications, the economic implications of obesity are alarming.
25. It will not be financially sustainable for obesity to continue to develop at such rates. Increased obesity will cost the NHS an ever-increasing amount in healthcare costs: one estimate suggests that the direct healthcare costs of overweight and obesity will increase seven-fold with the wider costs to society and business reaching £45.5 billion (at current prices).⁸ The costs of treating obesity related health problems such as diabetes will predominantly fall on the NHS, and the PCT should be interested in tackling obesity to save these costs. However, we suggest that an increase in such long-term health conditions is also likely to complicate the provision of social care and therefore the Council should be interested in taking action to avoid these obesity induced costs.
26. Local authorities are increasingly viewed as playing an important role in promoting the social and economic well being of their residents, and we believe that this community leadership role means that the Council should be helping to lead the battle against obesity. The National Audit Office has highlighted significant indirect costs of obesity due to the higher levels of sickness and absence from work that obese people suffer. Indeed, the Health Select Committee estimates that obesity leads to lost earnings of £2.3–3.6 billion to the economy each year, accounting for an annual total of 45,000 lost working years. This is viewed as an underestimate; later studies have suggested that the total impact of obesity on employment may be as much as £10 billion.⁹ Obesity therefore presents a threat to both the well being of local people and the vitality of the local economy.

Our strategic recommendations

27. Significantly, we suggest that local authorities possess many tools for tackling obesity and can encourage healthy lifestyles to be more common through existing service provision e.g. through the planning process, the education system, and the provision of leisure facilities. In the course of our meetings we heard that the Council is already involved in a wide range of activities that can help tackle obesity. However, much of this is not directly ‘badged’ as tackling obesity and there is no overt coordination of these different initiatives. This is similarly the case with the Council’s partners. We congratulate the Council and partners on this work, but we feel that clearer coordination could help make the step-change in multi-agency and multi-service activity that is required to ensure the increasing rates of obesity are tackled.

⁸ Foresight, Tackling Obesities: Future Choices – Project Report, p. 5

⁹ Foresight, Tackling Obesities: Future Choices – Project Report, p. 39

28. We start by suggesting that there would be significant benefit in pulling together what is already happening. We believe that this should not necessarily involve new resources; in fact, such coordination can often lead to better outcomes and potential savings by eliminating any overlap. As we say at the start of this report, we do not pretend to have the answers as to how obesity can be tackled in Hillingdon. The issues are complex and require detailed thought beyond that which our time allowed. We therefore hope that Cabinet and PCT will agree to undertake further work to examine how existing activities can be coordinated.
29. Throughout this review we have been extremely grateful to the help and support of Dr Hilary Pickles, Hillingdon PCT's tireless Director of Public Health. After many years of dedicated service we are sad that Dr Pickles is retiring, however we are delighted that the Council and PCT have agreed that her replacement will be a joint appointment between the two organisations. We believe that this demonstrates the Council's acknowledgement that it has a key role in working with the PCT to promote the health and well being of local residents. We suggest that this post-holder will be well placed to deliver the step-change in the local work to tackle obesity that this review can hopefully stimulate.
30. We appreciate it is not our place to dictate to Cabinet on how the Executive should be organised, but we believe that senior political support for this coordinated approach will help ensure any potential divisions and gaps between services and organisations are overcome. A 'champion' or named lead would show a commitment to tackling the problem and ensure Hillingdon makes progress in tackling obesity. This could be through the Cabinet Member for Social Services, Health & Housing, a new Cabinet post to focus on the health of local residents (e.g. as in Barnet), or a new role of Cabinet Champion or Assistant on Obesity.
31. As we repeatedly state, the rise in obesity can only be tackled by many organisations working together. We were therefore pleased that childhood obesity was a 'stretch' target in the first Local Area Agreement (LAA) between the Council, partners and central government. We understand that due to government guidance the second LAA will not have obesity as a key target, however we feel it is vital to ensure partners remain focused on tackling this issue.
32. We view this report as the start of work to raise the profile of tackling obesity in Hillingdon. Given the importance of the issue, and that it will not be solved quickly, we ask that overview & scrutiny receives an update on the action undertaken in response to these recommendations.

Recommendation 1

That Cabinet endorse the Working Group's view that increasing rates of obesity present a major challenge to the health of local people and that failure to tackle this will have a significant impact on the Council, NHS and other public service providers.

Recommendation 2

That Cabinet support our view that obesity cannot be tackled by a single service, initiative, or organisation and that a 'joined-up' approach is required. We therefore ask Cabinet to oversee the creation and delivery of a strategy to tackle obesity and the factors that cause it. This strategy should 'join-up' the work of different services and organisations so that resources are maximised to their full potential. We suggest this builds on our review by:

- **Identifying the current strands of activity by different organisations that can tackle obesity**
- **Evaluating the effectiveness of these initiatives and the scope for improvement through a coordinated approach.**

Recommendation 3

That an Executive Member has political ownership of this strategy and helps ensure sufficient attention is given to the importance of tackling obesity.

Recommendation 4

That Cabinet ensures the new Director of Public Health focuses on obesity as one of her/his main priorities in recognition that this over-arching health challenge will address many other health conditions such as diabetes and heart disease.

Recommendation 5

That the Council and its partners place tackling obesity as a key priority for the Local Strategic Partnership, and that initiatives addressing obesity are included in the second Local Area Agreement.

Recommendation 6

That Cabinet ask officers to provide a formal response to the recommendations of the Working Group, and that an appropriate forum of Policy Overview & Scrutiny Councillors receive an update after approximately 6-12 months of any action that has been taken.

33. In the reminder of our report we present recommendations relating to specific activities that can tackle obesity. We suggest that enhancing the work to address obesity does not require vast amounts of new money or new initiatives. We believe that taken together, small changes or developments to existing services may lead to significant differences when brought under an overarching strategy.

BREASTFEEDING

Breastfeeding: helping prevent obesity developing

34. A series of studies have highlighted that the prevalence of overweight/obesity and type-2 diabetes is lower among breastfed individuals, with the risk of developing overweight and obesity being about 20% lower in the breastfed group compared with the formula fed group. Furthermore, the PCT's Public Health Department suggested that there is strong evidence to suggest that the lower risk of developing obesity may be directly related to length of exclusive breastfeeding although it may not become evident until later in childhood.
35. This link is thought to be due to the fact that it is almost impossible to overfeed a baby through breastfeeding, and also that bottle milk has a higher calorific value than breast milk.
36. These obesity benefits are in addition to the other positive effects of breastfeeding including a lower risk of developing cardiovascular disease in later life. Breastfeeding has also been shown to have a positive effect on intelligence and performance at school, with performance in intelligence tests higher among those individuals who had been breastfed.

Promoting breastfeeding in Hillingdon

37. Given these health benefits of breastfeeding, it was concerning to hear that far fewer Hillingdon mothers breastfeed compared to those in other parts of the country. We heard that in Hillingdon only 54% of mothers breastfeed, compared to an initiation rate of 78% for England overall.
38. We note the reasons why women may not breastfeed, including the fears of young mothers about the long-term impact on their body and societal views that a father should help feed their babies. However, these factors are not specific to Hillingdon and cannot logically explain why Hillingdon lags so far behind the rest of the country in relation to breastfeeding.
39. We were pleased to hear that a multi-agency breastfeeding policy was launched in September 2007. This policy was developed by the Breastfeeding Support Group (BSG) which includes representatives from the PCT, Hillingdon Hospital and new mothers. The policy is based on UNICEF's ten steps to baby friendly hospital (BFH) to encourage more mothers to initiate breastfeeding.
40. It was highly valuable to hear the views of the Hospital's Postnatal Ward Manager on this issue, in particular the work that is taking place to gain baby friendly accreditation. This will mean that bottle-feeding will be banned from the post-natal wards, except where the mother is too unwell to breastfeed. Midwives will have to help mothers put babies to their breast soon after birth. We heard that these practices could actually save the Hospital money each year for it will have to purchase far lower quantities of bottles

and formula milk. As such, we do not foresee a financial argument for the Hospital not undertaking the work to gain baby friendly accreditation.

41. The above action should help increase the number of mothers who start breastfeeding, however it is also important to ensure that mothers are supported to continue breastfeeding beyond discharge from hospital. In particular, we feel it is vital to enable mothers to breastfeed or express milk when they are outside of their home. It is not acceptable to expect mothers to use a toilet to breastfeed and suitable facilities should be provided in shopping centres and other public buildings.
42. Many mothers may decide not to breastfeed long before giving birth, especially young mothers concerned about body image. We therefore suggest that the third strand of activity to increase breastfeeding rates involves ensuring the benefits of breastfeeding are promoted at an early stage. In particular, antenatal classes and health visitors can play a key role in promoting breastfeeding for this is often the stage when expectant mothers seek information.
43. In relation to body image it is also vital to stress that breastfeeding can help mothers lose the weight they gained during pregnancy, and therefore breastfeeding can have a positive impact on the body. Similarly, we feel that the myths surrounding the convenience of bottle-feeding must be dispelled. Breastfeeding should be seen as more convenient as there is no need for sterilisation or ensuring that the milk is heated to the correct temperature.
44. We feel it is important to ensure that future mothers understand the benefits of breastfeeding, to both themselves and their child, at an early stage as possible. Many attitudes and views are formed early in life and then reinforced and developed in adolescence. We therefore suggest that citizenship/Personal Social & Health Education (PSHE) classes are used to discuss the benefits of breastfeeding.

Recommendation 7

That work is undertaken to explore why breastfeeding rates are much lower in Hillingdon than the national average. We recommend that Hillingdon Hospital and Hillingdon PCT work to increase the breastfeeding initiation rate, including ensuring ante-natal contact with expectant mothers stresses the wide health benefits of breastfeeding; that the Hospital undertakes the necessary steps to gain 'baby friendly status'; and that post-natal contact ensures new mothers have the support to continue breastfeeding including potentially peer support networks.

Recommendation 8

That the Council and NHS lead by example and seek to ensure that the busiest public buildings of these organisations have a supportive environment for breastfeeding (which may include dedicated facilities).

Recommendation 9

That the health benefits of breastfeeding are promoted, particularly in relation to helping prevent obesity. Specifically, we recommend that the Council encourages schools to discuss the health benefits of breastfeeding in order to establish positive attitudes at an early stage.

YOUNG CHILDREN

Promoting healthy eating through childminders

45. We heard that there is no obligation on childminders or those who provide care to early years/pre-school children to collect data on obesity. However, we heard that there is much commitment amongst these childcare professionals to promoting healthy lifestyles. The Council's Childcare & Early Years Service, along with Healthy Hillingdon and the Council's partners, are actively working on a range of positive initiatives.
46. It is now a national requirement for all registered childminders to be inspected by Ofsted, and an element of this relates to the balance of children's food and whether childminders promote healthy eating. We heard that the Council's Childcare & Early Years Service is running workshops for childcare professionals preparing for Ofsted assessment. Similarly the Council has helped develop a 'healthy lunchbox' that was given out to childminders and those who work in breakfast and after school clubs. This included a model lunchbox with advice to childminders on healthy eating and how to promote this to parents. Within the service Surestart Townfield at Barra Hall have produced a recipe book containing healthy recipes provided by the parents and workers themselves.
47. We were also pleased to hear about the healthy eating training offered by Healthy Hillingdon to childminders and carers of under 5s, and sessions for under 5s themselves. The relatively strong attendance at these sessions is probably in part due to the fact that there is no charge. This means that the training costs Healthy Hillingdon approximately £50 a session or £500 a day and the resources available to Healthy Hillingdon dictate the reach of this training. We heard that the three relevant Healthy Hillingdon officers have delivered 'train the trainer' sessions to enable childminders and parents to deliver training themselves. However, these officers advised that the training is more effective when delivered by Healthy Hillingdon staff themselves. We understand that Healthy Hillingdon is under review and its resources and work may change. However, we suggest that these sessions can be a cost effective method of helping establish healthy eating habits; each childminder or parent is being trained for a few pounds.

Recommendation 10:

That Cabinet joins the Committee in welcoming the successful work to promote healthy eating amongst childminders and parents, and in tandem with recommendation 12 investigates whether Healthy Hillingdon could be supported to rollout this training to more people.

Children's Centres

48. Our recommendations at the start of the report reflect our view that a step-change in the fight against obesity could be achieved without a significant input of new resources; coordination or slight modification of existing work could have a major impact. We suggest that the Children's Centre initiative is one such example of how existing (or already allocated) resources can be used to tackle obesity.
49. Hillingdon's Children and Young People's Plan involves the development of Children's Centres that aim to improve outcomes for young children and their families by providing a holistic range of integrated services. In April 2007 Cabinet approved the capital strategy for the development of 12 new Children's Centres and we understand from colleagues on the Education & Children's Services Policy Overview Committee that plans are well underway for these new Centres. The aim is to have these new Centres open and operational by the 2008 Autumn term. The Government has provided Hillingdon with a capital allocation of £3.3 million to develop these centres, along with £2.4 million of revenue funding for 2006-08.
50. The precise services on offer at each centre will vary according to local need. However, each centre will provide the following services that will help boost opportunities for children in their early years:
 - Outreach services to parents identified as being in need of them
 - Information and advice
 - Support to childminders
 - Drop-ins and other activities
 - A link to Jobcentre Plus
 - Childcare
51. Following on from the work of both the Council's Childcare & Early Years Service and Healthy Hillingdon, we suggest that Children's Centres could play a key role in promoting healthy eating and lifestyles amongst both carers of young children and also the children themselves. The initiative represents a significant injection of new money into Hillingdon, particularly those most deprived, and we suggest that it is vital to ensure the full benefits to Hillingdon's young people are realised.

Recommendation 11:

That the Council ensures that the funding for Children's Centres is used to deliver the maximum possible benefit for young children's health and well-being. Specifically, we ask that Children's Centres be empowered to play a key role in tackling obesity through promoting healthy eating and lifestyles amongst young children and their carers.

Play space for young children

52. In addition to healthy eating, it is important to ensure that Hillingdon's very young residents undertake a suitable level of physical activity. We were concerned that not all young people have appropriate space to play when at or very near their homes. In particular, those of us with planning committee experience are disturbed about the implications of planning guidance that states that in certain circumstances a balcony may be sufficient amenity space. We believe that young children must have suitable facilities to play, for this is not only vital to self development, it will also help combat excessive weight gain. We are therefore concerned to hear of this issue and will continue to make representations to Government as appropriate.
53. In addition to their homes, it is important to ensure that young residents of Hillingdon have access to larger spaces in which to play. Hillingdon is fortunate in that it has a relatively large number of open spaces compared to many other London Boroughs. We discuss this issue more fully later in the report. However, at this stage we feel it is worth congratulating officers for the successful bid to the Big Lottery Fund for £590,000 to help encourage young children to use local parks, including through the funding of three 'play trailers' that will visit parks in the Borough and encourage children to play outdoors.

SCHOOL-AGE CHILDREN

54. It is arguably the growing rates of childhood obesity that have attracted the most media attention in relation to obesity. The campaigns of TV Chef Jamie Oliver were extremely high-profile and have contributed to a raft of policy initiatives/announcements from Government. This section of the report presents our findings in relation to the efforts to tackle obesity amongst school-age children in Hillingdon, through both the promotion of healthier eating and increased physical activity.

School meals

55. Since the early 1990s school meals in England had become mainly made up of convenience foods or packed lunches. We heard that in Hillingdon, as in many other areas, most secondary schools were serving burgers, pizza and fizzy drinks as their main meals. Schools were also given a choice to close their school kitchens and many local primary schools no longer had a hot meal service as their school kitchens had been transformed into classrooms. This had an effect on local children's diet; school meals are the only opportunity for some children to access a hot meal. We heard of

early evaluative work that showed many children were arriving at school without having eaten anything of any nutritional value.

56. In 2005, the government announced that it wanted to reduce the onset of childhood obesity and subsequently introduced the food in schools programme. This programme was to be led by Healthy Schools and aimed to get schools to take on a whole school approach to healthy eating.
57. The Government then introduced legislation to cover food and nutritional standards for school meals. The interim food based standards came into place in September 2006 and restricted certain foods such as fizzy drinks, burgers and chips, being sold as part of school lunches. The standards were extended in September 2007 to cover all food sold on the school site and includes breakfast clubs, morning break, after-school clubs and vending machines. The Government is toughening these standards and introducing nutritional standards for primary schools in September 2008 and secondary schools in September 2009.
58. The Food in Schools Team was created in Healthy Hillingdon consisting of a programme coordinator who is a Health Promotion Advisor, a school menu and contract advisor-the school dietician and a project and business support worker who is a Healthy Schools support officer. In addition to promoting healthy eating in schools, this team is responsible for spending the Government grant paid to local authorities to help meet the nutritional standards. This transitional funding is due to run for three years until 2008 and consisted of £159,300 in the first year followed by £268,000 for each of the following two years.
59. We heard that this funding – combined with the efforts of the Food in Schools Team – has enabled significant improvements to the provision of food to Hillingdon school pupils; for example 42 schools now have healthy eating accreditation compared to one school two years ago. In addition to offering support with marketing and menu planning to school meal providers, the team has also undertaken a range of work to improve the environment for school meal provision. We heard that the programme has involved creating a positive social atmosphere in dining facilities so as to promote the consumption of balanced meals rather than snack or fast foods eaten ‘on the go’. We were delighted to hear from representatives of the Youth Parliament that the programme of introducing tablecloths, salad bars, fruit trees and improved crockery has been extremely popular and improved eating habits. Importantly, they said the quality of food has improved. We also note that it is important to involve young people in the design of menus: this should help encourage the take-up of healthy options.
60. Given the tangible improvements delivered by the Food and Schools Team, it is important to note that the Government funding is due to expire in August 2008. Significant differences can be achieved by fairly small sums of money: we heard that salad bars and serveries for hot food that is cooked elsewhere can be installed for approximately £7,000 to £9,000 per school. The Government intended the money to be transitional; we note the competing resource demands on the Council but we hope that a solution will be found to enable the improvement in school meal provision to continue. We stress that the costs are relatively small compared to treating obesity.

61. We were particularly concerned to hear that not all eligible pupils take up their entitlement to free school meals: this is particularly important given that some of these pupils may not have a nutritious meal at home. We heard that Uxbridge High School has a swipe card system for paying for school lunches: parents can use this to alert catering staff to pupil's allergies and 'prizes' are awarded for pupils who have gained the most points for purchasing healthy food. Such a scheme can help raise free school meal take-up by removing some of the stigma and embarrassment: i.e. other pupils and staff do not know whether the food is being paid for by the parent or not. We heard that swipe-card schemes such as these can cost approximately £6,000 to implement and it is not possible to fund this from the current government transitional funding. Given the potential benefits we believe it is worth examining whether funding could be found to implement similar systems in other Hillingdon schools.

Recommendation 12

That Cabinet note the outcomes from the 'Food in Schools' programme, and examines how the successful aspects of this work can be supported once the transitional government funding ends in 2008. We suggest that the review of Healthy Hillingdon and appointment of the joint Director of Public Health may enable Healthy Hillingdon to focus on the work that has proved successful, including:

- **Training to school meal staff, including working to help plan healthy menus**
- **Developing marketing material for schools to promote healthy eating**
- **Improving the physical environment of school canteens**
- **Helping schools develop policies to promote healthy packed lunches**
- **Increasing the provision of hot food and salad bars**
- **Disseminating best practice on food provision from schools across Hillingdon**

Recommendation 13

That the Council works with schools and the PCT to encourage the take-up of free school meals, including investigating the potential for implementing cash-less swipe card payment systems. We suggest that the Council, schools and partners explore the potential for innovative funding solutions for such systems including potentially sponsorship or partnership with a (possibly local) IT business.

Increasing physical activity by young people

62. The Government has also provided funding to increase the level of physical education (PE) undertaken in schools. Specifically, we heard that three School Sports Partnerships have been established in Hillingdon as result of funding from the Department for Children, Schools and Families (DCSF) and the Department for Culture, Media and Sport (DCMS).

63. The role of the partnerships is to improve the quality and quantity of sport in schools with the aim of meeting the following target: that by 2010, all 5-16 year olds undertake five hours of PE, school sport and physical activity a week, and 16-19 year olds undertake three hours a week.
64. Currently 82% of Hillingdon schools are meeting the existing two hour target, however we heard that the new five hour target is extremely challenging. The Government's expectation is that two of the five hours will form part of the curriculum with the remaining three hours undertaken extra-curricular (e.g. after school clubs, lunch-times, youth clubs).
65. We heard that the partnership development managers undertake a range of work to help deliver this target including organising competitions and festivals, linking schools to sports clubs and organising volunteers to work with schools. We heard that there is increasing diversity in the range of school sports on offer and this is helping to engage those who have not wanted to participate in traditional sports such as football and cricket. We fully support this diversity and believe it is important to tackle the perception that some children are not 'sporty'; offering alternative formats of physical activity will help young people find something they enjoy and are good at. We welcome the support that the Council's Sports Development Team provides to help improve the quality and quantity of physical activity by all young people.
66. We understand that the school timetable is as ever under pressure. However, we feel it is important to ensure core subjects that appear in the school 'league tables' do not squeeze PE out of the timetable. It is undoubtedly important that young people receive a sufficient amount of tuition in vital subjects such as Maths, English and Science, however in addition to the health benefits, we suggest that PE also helps ensure concentration and alertness in the classroom. Team sports and physical activity also help develop personal confidence and team working.
67. We strongly believe that young people must be supported to be the best that they wish to be: i.e. it is vital to ensure those who want to undertake competitive sport are able to do so, while equally, young people are also able to undertake physical activity on a more informal and less-competitive basis. Youth Parliament representatives highlighted at our meeting that it can often be hard for secondary school pupils to participate in team sports such as football on a more informal basis as these sports can become focused on the school teams. We urge schools to ensure that school sports facilities are available for pupils from across the spectrum of ability and interest. We were therefore delighted to hear at the January 2007 Council meeting that no school playing fields in Hillingdon have been sold off in the last eight years, compared to a loss of such facilities in many other local authorities.
68. Hillingdon has a unique opportunity in that it hosts Brunel - a university with leading sports expertise and facilities. We were pleased to hear that the Council's Sports & Leisure Service is already in discussions about extending Brunel's current work with young people, including students volunteering to help with local sports clubs. Brunel can

also play a central role in developing the Borough's most talented sporting young people and we hope this potential can be realised to the full.

Recommendation 14

The Schools Sports Partnerships and other initiatives have led to an increase in the level of physical activity in schools. In order that Hillingdon meets the new target of five hours of PE for 5-16 year olds by 2010 we ask the Council to work with schools to continue to increase the level of PE undertaken by Hillingdon pupils. Specifically, we recommend that:

- a.) Schools are encouraged to include sufficient space in the timetable for PE on account of both the health benefits and also that increased PE may increase concentration in the classroom.**
- b.) Schools are encouraged to offer a diverse range of PE activities to encourage participation by pupils not wishing to engage in traditional sports. We recommend that the Council's Sports Development Team continue to work with schools to increase the diversity of the school sport on offer, including offering access to the Council's leisure facilities as appropriate.**
- c.) The Council reaffirms its commitment to the importance of schools providing facilities for physical activity.**

Recommendation 15

That work is undertaken to ensure that Hillingdon young people benefit from the sporting expertise and facilities that Brunel University can offer (e.g. through students coaching and mentoring Hillingdon pupils).

The journey to school

69. It is vital to take a holistic approach and look at the whole of young people's school day: as highlighted above the school curriculum alone cannot provide all of the physical activity that is required. The high proportion of pupils travelling to school by car can undermine efforts to raise physical activity amongst young people: we believe it is vital to encourage young people to be more active throughout their daily lives.
70. The Council has traditionally offered cycle training to approximately 900 school pupils each year. Officers advised us that recent funding from TfL should enable this to be increased to 1400-1500 pupils a year. Starting with basic cycling skills in the playground, this training moves onto cycling on roads and should enable young people to cycle to school on quiet roads unsupervised. Again therefore, it is important to note that an increased effort to tackle obesity may not require new Council resources; much can be achieved by harnessing available external funding.
71. We were also interested to hear about the work Groundwork Thames Valley are undertaking to encourage cycling to school in Hounslow. Parents are often concerned about the safety of their children cycling to school and the exposure to traffic. This

project has therefore created 'bike trains' that use experienced cyclists to provide a 'protective bubble' for young cyclists. We heard that the extra safety reassurance offered by the scheme has encouraged parents to allow their children to cycle to school. The officer from the organisation offered to advise officers on the potential for setting up similar schemes in Hillingdon.

Recommendation 16

That the Council continues to increase the coverage of children's cycle training as a result of the funding from TfL so that all young people are able to receive this training if wanted. Furthermore, we ask Cabinet to request officers to ensure that all sources of funding for cycle training continue to be taken up (e.g. through TfL).

Recommendation 17

That the Council works with schools and other partners (including the voluntary sector) to encourage children to cycle to school wherever possible. This could include learning from best practice in other areas (e.g. the 'bike trains' in Hounslow), promoting the benefits of school travel plans, and that school policies encourage cycling (e.g. by providing secure bike racks).

School nursing

72. The 2004 Chief Nursing Officer's Review outlined the key role that school nurses can play in tackling obesity by working with pupils, parents, carers, teaching staff and other key stakeholders. We were interested to hear from a school nurse in Hillingdon who told us that schools often misunderstand the role and expertise of school nurses.
73. The PCT's school nurses are responsible for weighing school pupils as part of the National Child Measurement Programme (NCMP). The NCMP was established in 2005 and involves weighing children in reception and year 6. Parents and children are able to refuse to be weighed. However this is rare, and in 2007/8 the survey covered over 91% of pupils in Hillingdon.
74. The survey has highlighted some worrying results. In 2006/7 20% of reception year pupils were overweight or obese, whereas over a third (33.5%) of year 6 pupils were overweight or obese. The rates of obesity and overweight are therefore greater amongst the oldest primary school pupils; however that survey is a 'snapshot' and it is not possible to tell whether this demonstrates that the problem worsens significantly during primary school or is specific to those particular cohorts. We also heard that obesity levels range from less than 5% to more than 25% between schools in Hillingdon. We are therefore glad that the measurement programme is due to continue for this will enable a tracking of specific cohorts across primary school and will demonstrate whether pupils do put on excess weight during primary school years. It will also enable effort to be targeted on schools where the problem is greatest and enable best practice to potentially be learnt from schools with much lower rates of obesity.

75. School nurses are trained healthcare professionals working in schools with young people and will have a different approach and background to teachers. We were pleased to hear that Hillingdon school nurses are very keen to expand their contribution to tackling childhood obesity and we were particularly interested to hear about the work to pilot the 'MEND' programme.
76. We were told that MEND is one of the UK's most innovative and effective obesity prevention and treatment programmes. By the end of 2008, MEND will be running at over 300 locations across the UK. In Hillingdon, the programme is currently running at two sites (Harlington Community School and Harefield Academy). Discussions are under way to roll it out to a third site (Barnhill Community School). The scheme combines the elements that the National Institute for Health and Clinical Excellence (NICE) advises are essential to effectively overcome overweight and obesity, including seeking to change unhealthy attitudes and behaviours around food, promoting safe and fun exercise, and taking young people to a local supermarket to learn about healthy eating and daily meal planning.
77. We heard that funding to run the programmes for three years at these sites comes from a variety of sources, including Sport England, the Big Lottery Fund and Local Area Agreement (LAA) pump-priming grant. Trained school nurses and PE teachers deliver the programme and we were pleased to note that the Council's leisure services are involved through offering the use of Hayes Pool and Highgrove.
78. The PCT advised that the MEND programme has received very positive feedback from professionals and participants. Data from the pilot shows that children have lost weight and have improved fitness as measured by BMI and heart rate. The other benefit of the programme is that children have improved their self-esteem as observed by school nurses.
79. The coverage of the MEND programme is obviously limited by available resources. We therefore support the PCT's proposals to pilot a shorter version of the programme that would enable more young people to benefit. We congratulate all involved for what has been achieved so far and suggest that it demonstrates the outcomes that can be gained by different organisations pooling their expertise.

Recommendation 18

That the Council and PCT closely analyse the results of the school weight measurement programme so that any changes in the occurrence of obesity are highlighted and resources are targeted on wards/socio-economic groups with greater incidences of obesity. This analysis will also highlight whether initiatives to tackle obesity are having an effect.

Recommendation 19

That the PCT continues to rollout the MEND programme that has been successful in addressing the causes of obesity in young people. We recommend the PCT's partners fully support the PCT in this programme, including the Council

continuing to offer use of its leisure facilities. We suggest that the PCT may wish to explore the potential for developing a briefer version of the MEND programme that could enable more young people to benefit, while the full programme continues for those most in need.

Engaging schools in the ‘battle against the bulge’

80. We hope that the above paragraphs demonstrate the key role schools can play in tackling obesity amongst their pupils. However, we appreciate that there is only so much that the Council and partners can do in relation to realising this potential given that schools are autonomous in many aspects of their management.
81. Governing bodies agree the overall policies for each school within the national framework set by government. We therefore believe that it is important that governing bodies are encouraged to ensure their schools are doing all that is possible to tackle obesity amongst their pupils. ‘One size does not fit all’ and therefore we recognise that governing bodies may want to choose an approach that they feel best approaches their situation.
82. Given that schools have a large degree of autonomy from the Council’s Education Department we feel it is vital to ensure a close working relationship remains. We note that the Building Schools for the Future Programme represents a significant input of new funding into school buildings and welcome the positive impact this may have on obesity, e.g. by providing new sports facilities and catering facilities. However, we were struck by the comments of the Director of Education & Children’s Services that it will be vital to take a strategic approach to ensure this potential is realised. This may involve schools discussing development plans to ensure a complementary spread of specialist sports provision for example.

Recommendation 20

That Governing Bodies are encouraged to nominate a Governor (we suggest parent governor) to champion initiatives to promote healthy lifestyles at school i.e. healthy school meal provision and appropriate PE provision. We recommend that the Council’s Education Service undertakes activities to support these governors, including potentially a conference to outline best practice.

Recommendation 21

The Building Schools for the Future (BSF) programme represents a potentially historic injection of new funding into school buildings, and we recommend that the Council ensures full advantage is taken of this opportunity so that all Hillingdon schools are equipped to provide quality food and physical education. We recommend that the Council works with schools to enable a strategic approach that could involve schools providing different types of sports provision (e.g. one local school provides indoor facilities such as a climbing wall and a neighbouring school has artificial outdoor pitches).

PROMOTING HEALTHY LIFESTYLES AMONGST ADULTS

83. This final section of our findings outlines our recommendations in relation to promoting healthy living amongst adults. In recognition that the Council has very limited influence over what adults eat, we focused our attention on the level of physical activity undertaken by adults. This is something that local authorities can directly influence through established Council services: in particular the provision of leisure and recreation facilities. The Council can also influence the amount of physical activity undertaken by local residents through its role as the local planning authority. We discuss these issues below.

The Council's leisure facilities

84. Gyms and sports centres clearly play a central role in tackling obesity by providing facilities for people to burn off calories and exercise. We were therefore interested to question senior officers from the Council's Sports and Leisure Service about the local authority's provision of these facilities. Private gyms operated for profit have often been criticised for focusing on lifestyle products (e.g. sun-beds) and being too expensive. We were therefore pleased to hear that the Council's facilities are available to all residents to use and a variety of initiatives seek to ensure a wide range of local people are able to realise the health benefits of exercising at these.
85. Membership to the Council's facilities is flexible and in addition to being cheaper than many private sector gyms, users can also 'pay as you go'. We were also interested to hear that the Council is successfully increasing usage by introducing targeted classes and events. Most notably, a women's only session has been introduced at Hayes Pool as a result of a public request. The session (which is staffed only by females) has proved extremely popular and has encouraged many women to exercise who would not have done previously. This popularity has led to officers seeking to introduce further sessions.
86. We were also pleased to hear about the 'leisure link' card – another initiative that has sought to encourage a wider range of people to exercise. The card is available from as little as £2.00 and provides discounted rates for concessionary groups on activities such as swimming, golf fees, some library charges, gym sessions and swimming lessons. We heard that the scheme has recently been reviewed to include additional groups such as asylum seekers and looked after children. In addition to these discounts carers of disabled users are admitted for free. It was excellent to hear that there are currently 2,065 Leisure link members.
87. We also heard that much work has been undertaken to encourage older residents to exercise. In addition to the leisure link card, officers advised that the 'Young @ Heart' sessions, which include light exercise such as swimming, an exercise class or short mat bowls, have proved very popular. The sessions, which also include an opportunity to socialise over light refreshments have recently been extended with a typical month now seeing over 600 visits to the classes. We heard that between April 2006 and March 2007 5,742 visits were recorded.

88. This would suggest that Hillingdon is proving successful in stimulating residents to exercise and we believe that a continuation of this work will help tackle obesity. It is therefore excellent that Hillingdon is one of the few local authorities to be undertaking a capital development programme to expand its leisure facilities. In addition to the Uxbridge Lido development, it was highly pleasing to hear that plans are underway for new leisure facilities at Botwell Green. We particularly support the proposal to combine the sports facilities with other services such as a library and adult education classes. We suggest that such co-location may encourage people to enter leisure centres (e.g. when borrowing a library book) when they may never have previously thought of entering a stand-alone leisure centre. This work should be seen as a natural complement to the work to extend usage through the leisure link card.
89. Similarly, we fully support continued investment in the Council's leisure facilities for we note that increased capacity would enable more people to undertake exercise. For example, officers advised that they are currently struggling to establish further 'women's only' sessions given that many facilities are already operating at full capacity during peak times. In addition, continued capital investment will help ensure that the Council's facilities can compete more equally with the private sector gyms. We suggest that a pleasant environment is essential in order to encourage people to spend time at – and revisit – the Council's facilities.
90. We hope that this report demonstrates the importance of partners working together; one of our key messages is that more can be achieved when partners pool their respective expertise and resources. We were therefore delighted to hear about the current partnership between the NHS and the Council's Leisure Services to deliver the exercise and lifestyle referral scheme. This involves specially trained leisure officers working with cardiac patients referred from local hospitals. During the 12 week programme these individuals are helped to increase their fitness and reduce the risk of further heart problems. Officers advised that the scheme currently has capacity for approximately 100 referrals per year, but could be expanded if additional resources were available. We hope this scheme can continue to develop and suggest that work is undertaken to explore whether schemes could be established that enable GPs to refer patients to the Council's leisure facilities where increased exercise will be more effective at improving health than drug-based treatment. There are already examples of such partnerships; e.g. the 'Active Wokingham' exercise referral scheme allows doctors and other health care providers to refer suitable patients to leisure facilities for exercise programmes. This is a joint project between Berkshire West PCT, Wokingham Council and the Council's leisure provider Leisure Leisure Connection Ltd.¹⁰

¹⁰ Further information is available on www.wokingham.gov.uk/leisure/sports/sport-fitness/exercise-referral-scheme or www.berkshirewest-pct.nhs.uk/page.asp?fldArea=3&fldMenu=4&fldSubMenu=0&fldKey=604

Recommendation 22

That the Council continues to develop its leisure service provision to ensure as many people as possible undertake physical activity. Specifically, we suggest:

- a.) That following the success of the ‘women only’ sessions at Hayes Pool, further targeted initiatives are offered where possible.**
- b.) That as far as possible within available resources, the Council continues to develop its leisure facilities so that the environment is as attractive as possible and encourages greater public use.**
- c.) That schemes such as the one proposed for Botwell Green are developed where possible. We believe that the co-location of Council leisure services with other services such as a library and adult education centre will encourage more people to use the leisure services.**
- d.) That the Council markets its facilities amongst groups of Hillingdon residents that have not traditionally undertaken physical activity, in particular by promoting the availability and benefits of the ‘leisure-link’ card.**

Recommendation 23

That the PCT works with the Council to develop a scheme whereby GPs or health professionals can refer patients to the Council’s leisure centres for supported exercise. We recommend that this could build on the success of the current cardiac rehab programme.

The Council’s green spaces

91. Although the Council’s leisure facilities have an important role to play in enabling exercise, it is important to recognise that not everyone will wish to undertake such activity. The Council’s green spaces can therefore make a significant contribution to obesity by providing facilities to undertake lower-level or more informal physical activity such as walking, or in the case of families, playing in parks.
92. Indeed, Hillingdon is fortunate to have a large number of high quality green spaces. We congratulate the Council on having six ‘Green Flag’ awards, but it is vital to ensure that the visitors to the Council’s green spaces receive an excellent first impression. We were therefore pleased to hear that work is underway to ensure this continues to happen and initiatives such as a new grounds maintenance contract should lead to improvements over the next 2-3 years. We agree with our witnesses that it is important to seek to provide facilities that encourage people to stay in the green spaces for extended periods of time: including for example toilets and cafes. We heard that Healthy Hillingdon and the Green Spaces Team are working together to promote walking in the Council’s green spaces. These walks are led by trained leaders and attract up to 25-30 people. We suggest that these can help promote the health of participants and also maintain the vitality of the green spaces themselves by encouraging usage – and in particular usage by a diverse range of people.

93. We also agree with our witnesses that some initiatives do not need to cost money, it may be possible to increase usage by doing things differently. For example, children enjoy variety and leaving the grass longer in certain areas may provide new areas for children to play or 'adventure'.
94. It is important to encourage respectful use of green spaces. The Council's park ranger patrols can issue fines for dropping litter and have adopted a zero tolerance approach to alcohol abuse in parks. We fully support such work for this should again help create an environment that people are encouraged to use and spend time undertaking physical/leisure activity in.

Recommendation 24

That the Council uses its available resources to ensure the Council's green spaces are as attractive as possible to a wide range of users. In particular, we suggest that the Council continues to closely monitor the grounds maintenance contract and uses the park ranger patrol to tackle any problems with anti-social behaviour (e.g. drinking) that may occur. We support the initiatives such as 'healthy walks' that encourage usage of the green spaces and recommend that these continue: we suggest that increased, and diverse, usage of green spaces will help prevent anti-social behaviour.

Promoting physical activity

95. The Council therefore has a good range of indoor and outdoor facilities for undertaking physical activity and it was pleasing to hear that much work is underway to promote their usage. We note that promotional material has been produced on varied themes including walk specific leaflets (e.g. the Willow Tree Wander and the Hillingdon Trail) and that information is available on the Council's website. We were also pleased to hear that the Council's Sports Development Team also seeks to encourage Hillingdon residents to undertake physical activity beyond the Council's own facilities where appropriate. We note that the website has links to a wide range of national sporting associations and Sport England, however we suggest that this excellent work could be enhanced by promoting the facility on the Sport England website (www.activeplaces.com) that enables users to search for local sporting facilities. In addition, we suggest that officers may wish to enhance the promotion of the Council's leisure facilities on its website, perhaps for example by including photographs of the facilities on offer at Queensmead, Hayes Pool and Highgrove. We believe that such enhanced promotional material could tap into increased interest in sport as we get closer to the 2012 Olympic Games.

Recommendation 25

That the Council continues to actively promote the opportunities for physical activity that are provided in the Council's own facilities and at local sports clubs. For example, we suggest that the Council's website be developed to include greater promotional material for the Council's own facilities, a link to the Sports England search facility, and details of local sports clubs. We feel that it is vital the Council and partners capitalise on any increased interest in sport as a result of the build-up to the 2012 Olympics.

Encouraging cycling

96. We earlier discussed the benefits of providing cycle training to schoolchildren. We believe that such training is important for it will hopefully help establish positive attitudes to cycling at an early age. However, we were struck by the comments of one of our witnesses that there is a generation of adults who have 'missed out' on cycle training i.e. many current parents have never cycled as they were driven to school and therefore now drive their children to work.
97. We feel this is a significant concern. In addition to the impact on congestion and the environment, cycling instead of driving short distances can have a major benefit on health. For example, we heard that one colleague of a witness lost 2.5 stone in six months of cycling their daily commute from West Drayton to Ealing. Cycling is also likely to have sustainable long-term benefit as it is part of the daily routine, whereas going to the gym requires extra time to be found in the day. Given these positive benefits we therefore sought to examine how cycling can be encouraged in Hillingdon.
98. A vital method of encouraging cycling is ensuring that people feel safe and therefore training can play a central role. Many Boroughs – including Westminster, Ealing, and Kensington & Chelsea – offer adult cycle training. However, we heard that Hillingdon does not presently. We understand officers are currently exploring the potential for introducing such training and we support this.
99. While training could be part of the solution, it is also important to ensure that the physical infrastructure is provided to facilitate cycling. We heard that the quality of cycle-paths and cycle-lanes varies in Hillingdon, with some being very short and/or narrow. Officers advised that this is often due to funding being granted for specific schemes or accident black spots. The varying width of cycle-lanes often reflects the differing age of these facilities. It is vital to maintain cycle-paths once these have been built. Our review heard from regular cyclists whose experience led them to be uncertain as to whether there is a regular maintenance programme for off-road cycle-paths (e.g. sweeping, replacing vandalised signs etc).
100. In addition to cycle-lanes, we believe that it is vital to provide adequate facilities to safely 'park' bikes. We understand that TfL funding has enabled increased bike racks to be

installed at stations in Hillingdon, however these are often full suggesting that more are required. We also believe that it is also important to increase the number of bike racks outside other facilities such as libraries, sports centres, and in town centres. We note that other European countries often have far greater cycle storage facilities than in England: e.g. Belgium and Denmark have bike racks at bus stops and double-decker bike racks at stations.

Recommendation 26

That the Council works with partners to examine what action could be undertaken to promote cycling amongst adults. Specifically, we recommend that:

- a.) The potential for offering adult cycle training is explored (as in many other Boroughs including Ealing, Westminster and Kensington & Chelsea).**
- b.) The Council exploits all opportunities for external organisations providing infrastructure that encourages cycling (e.g. bike-racks, cycle-lanes etc).**
- c.) The Council clarifies the procedure for maintaining off-road cycle tracks, and adopts a suitable programme of inspection/repair if not yet in place.**

Employee well-being

101. As we repeatedly stress, a decrease in obesity can only be achieved by different organisations all playing a part. We believe that employers can – and should – play a role in this issue by facilitating their employees to lead healthy lifestyles. We suggest that this makes good business sense for employers: as we outlined at the start of this report, obesity related health problems lead to much sickness absence and decreased productivity. We therefore sought to examine what the Council is doing to promote healthy living amongst its own employees.
102. We believe that people will be more likely to cycle to work if employers provide adequate facilities, e.g. bike racks, showers, and changing rooms. We were therefore pleased to hear that the Civic Centre has various amenities available for staff who cycle to work or take part in exercise during their working day. These facilities include covered bike racks in the Mezzanine Car Park (which have recently been increased by seven to a total of 19), 40 lockers, single sex shower facilities and a drying room. The Council has also trialled an Assisted Cycle Purchase Scheme where the Council purchases a bike for a member of staff and then leases it back under a salary sacrifice scheme over one year. The employee makes considerable savings on Tax, National Insurance (NI) and VAT and the Council saves on employer NI contributions.
103. In addition, we sought to examine how healthy the food on offer to Council employees is and were pleased to hear that ‘oasis’ café at the Civic Centre won a Healthy Eating Award in 2005. The Council’s catering facilities at the Civic Centre, Queenswalk and the Harlington Road Depot are run as ‘businesses’ and therefore must provide food that meets customer demand. We note that Facilities Management undertake an annual satisfaction survey amongst the Council’s officers and we suggest that this is used to gain further information on the demand for healthy food. Perhaps more significantly, we

heard that the contract for providing Facilities Management services to the Council (including catering) is currently subject to tender. We feel that the successful bidder must ensure that a range of healthy options are offered at a reasonable price. We also note that Council employees are offered discounts at the Council's leisure facilities and also several private sector gyms in Hillingdon, which is positive.

104. Much work is therefore being undertaken to promote healthy living amongst the Council's employees and this is excellent. However, we are not sure how these initiatives are currently coordinated. Although Facilities Management provide many of the services or facilities to enable healthy lifestyles at work, we feel that it would help if there is a lead officer or service that leads on employee well-being. This would help to demonstrate that the Council is serious about promoting good health amongst its employees and should also lead to reduced sickness absence. We were therefore pleased to hear that this need has already been identified and work is underway on developing a coordinated employee wellbeing programme.
105. We believe that this would lead to the Council truly acting as a community leader and a good example to other employers in Hillingdon. The Council already works closely with many major employers in Hillingdon through the Local Strategic Partnership (LSP) and we suggest that the LSP could be used to highlight the benefits to employers of promoting healthy living amongst their staff. The Council and/or the LSP may wish to consider the merits of promoting an award scheme for employers who achieve best practice in this area; for example the London Cycling Campaign offers accreditation to employers that provide facilities for cyclists.

Recommendation 27

That the Council leads by example and promotes healthy lifestyles amongst staff. We suggest that this may include:

- a.) Staff catering facilities continuing to provide healthy food, particularly under any new tender for the provision of food within the main Council premises**
- b.) Staff continue to be encouraged to undertake physical activity through both the offer of discounted gym memberships and facilities for those cycling to work.**
- c.) Initiatives to promote the health of staff are coordinated by an identifiable officer(s).**

Recommendation 28

That the Council and PCT work through the LSP to promote to employers in Hillingdon the value of promoting healthy living amongst staff. We recommend that this may include recognising employers who meet certain criteria (as undertaken in Bradford for example).

Tackling obesity through the planning process

106. Our final recommendation relates to the contribution to tackling obesity that the Council can make through its role as the local planning authority. The Local Development Framework (LDF) is one of the key planning documents in Hillingdon and seeks to promote walking and cycling in a number of ways, including seeking to:
- Protect strategic walking routes, bridleways and public rights of way
 - Ensure that provision is made in the Borough for walking and cycling, including the provision of footpath links, cycle ways and cycle parking facilities
 - Ensure that major trip generating development will be encouraged in locations with good public transport, pedestrian and bicycle access
 - Ensure that new community and social infrastructure developments such as schools, hospitals and leisure facilities are provided in locations within easy access to their catchments by walking/cycling and public transport (e.g. such developments will also be required to facilitate walking and cycling by providing cycle parking, safe routes within the site and beyond where appropriate).
 - Support the needs of cyclists and pedestrians by maintaining and enhancing Hillingdon's cycle and pedestrian network by developing safe and convenient routes which provide links to transport interchanges and through major sites identified in the Southern Hillingdon Area Action Plan, Site Allocation and emerging Uxbridge Area Action Plan Development Plan Documents.
 - Reduce the reliance on car travel by directing the majority of new development to the areas most accessible by public transport and benefiting by a range of social and community infrastructure including sports, leisure and recreation facilities.
107. The Local Implementation Plan is Hillingdon's statutory transport plan and has a series of initiatives that could tackle obesity by promoting walking and cycling, including the provision of pedestrian crossings, footpaths and cycle-paths.
108. Throughout the report we have stressed the importance of taking advantage of external sources of funding. During this area of the review we therefore sought to establish whether planning obligations (commonly known as section 106 funding) could potentially be used to provide facilities such as cycle-paths that could reduce obesity. Section 106 agreements are negotiated agreements, within the context of planning applications, between local planning authorities and persons with an interest in the piece of land (i.e. 'developers'). They are subject to strict government criteria and can only be used to make development acceptable in planning terms where this would not otherwise be the case.
109. Officers stressed that section 106 funding does not represent a direct source of funding for infrastructure that will help tackle obesity in Hillingdon. The criteria relating to how the money can be used are very tight and there must be a geographical or functional link between the development and the item being provided by the developer as part of the agreement. Planning obligations cannot be used purely as a means of securing benefits for the local community and are governed by the fundamental principle that planning

permission may not be bought or sold. Furthermore, we heard that planning obligations cannot be used to fund existing deficiencies in infrastructure or services. However, we were pleased to hear that providing these strict guidelines are kept, the planning obligations system can be used to seek contributions to ensure adequate leisure and recreation facilities. We strongly encourage Cabinet to ensure this continues.

110. We were also concerned about the impact of the proposed new planning legislation that could provide homeowners with greater freedom to undertake building work under 'permitted development', i.e. homeowners would be able to undertake more significant building work without seeking planning permission than at present. We believe that this could lead to further loss of garden space for children to play in as a result of extensions being made to property. Officers advised us that the details of the changes have not yet been published, however the legislation is likely to differ to the White Paper, with the greater freedoms relating to solar panels and wind turbines for example. We suggest that this situation be monitored.
111. Taking a slightly more lateral approach, we sought to understand whether the planning system could be used to prevent the opening of takeaways near schools, and ensure that large new buildings are designed in such a way that the layout promotes the use of stairs rather than lifts. Government and the Mayor of London's planning policies restrict the freedom of local authorities in the planning process and officers advised that the Council would be highly likely to lose an appeal (and be forced to pay costs) if it refused an application for a takeaway near a school or for a new building on the grounds that the stairs were more prominent than a lift. However, as we highlighted earlier, the cross-government obesity strategy was published after we had finished our formal witness sessions. This strategy states the Government's belief that local authorities can use existing planning powers to control more carefully the number and location of fast food outlets and will promote these flexibilities to encourage local authorities to manage the proliferation of fast food establishments near schools and parks. We urge those involved in the planning process in Hillingdon to note this government pronouncement.¹¹
112. The Government's new obesity strategy also announces £30 million of investment in 'Healthy Towns'. According to this strategy, interested local authorities will be able to bid for funding from a 'Healthy Community Challenge Fund'. Successful bids will involve the creation of 'healthy towns' that are designed to ensure healthy lifestyles. We repeatedly state our view that obesity can only be tackled through a coordinated 'whole-system' approach and therefore broadly support the principle of healthy towns. The RAF Uxbridge site presents a 'once in a generation' opportunity to design and build a large site almost from scratch. We note that initial plans are seeking to ensure that the development is environmentally friendly in terms of heat and power and suggest that there could be an opportunity to bid for government funding to develop a healthy town on the RAF Uxbridge site. Such a 'lean and green' development would continue to ensure that Hillingdon is innovating in service provision and delivery.

¹¹ 'Healthy weight, healthy lives: a cross-government strategy for England' HM Government, 2008, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378

Recommendation 29

That the Council uses all available opportunities within the planning system to ensure that new developments promote healthy living (e.g. through the Local Development Framework and working with developers to strongly encourage the provision of cycle-lanes and play areas). In addition, we recommend that:

- a) Cabinet monitors any upcoming potential changes to the definition of 'permitted development' that may lead to an increase in the loss of gardens in which children can play within Hillingdon, and takes action as appropriate.**
- b) Cabinet asks officers to examine the implications of the Government's obesity strategy that indicates support for local authorities using planning powers to manage the spread of fast food outlets.**
- c) Officers investigate the Healthy Town model (in particular the two reports from the Greater London Authority 'Health issues in planning' and 'Health and urban planning toolkit') in preparing the draft RAF Uxbridge Supplementary Planning Document.**
- d) As much as is possible within planning guidelines, officers seek to ensure that all new developments have suitable amenity space. We recommend that the Local Development Framework (LDF) clearly states that balconies and roof gardens are not suitable dedicated play space.**

Closing word

113. We wish to close our report with the following extract from the House of Commons Health Select Committee's Report on obesity:

'In conclusion we [the Select Committee] note that it is difficult to establish the impact of any individual measure to combat so complex and challenging an issue as obesity; this is not, in our view, an excuse to delay and measures must be taken to tackle the nation's diet and its levels of activity. We acknowledge the responsibility of the individual in respect of his or her own health but believe that the Government must resist inaction caused by political anxiety over accusations of "nanny statism".¹²

114. We firmly support these views and likewise urge local government executive members to act. We hope our report demonstrates the importance of action: obesity is becoming an ever greater problem and a coordinated and multi-faceted approach is essential in tackling the epidemic of 'globesity'.

¹² House of Commons Health Select Committee, p. 5

115. We do not pretend that we have a blueprint for what this approach should look like. However, we hope that this report can mark the start of a step-change in the 'battle against the bulge' in Hillingdon. Only by tackling this alarming rise in obesity can we ensure that Hillingdon is indeed 'fit for the future'.

Comments of the Social Services, Health & Housing Policy Overview Committee

116. The Social Services, Health & Housing Policy Overview Committee (POC) established this working group to examine the issue of obesity in Hillingdon. We, the POC, considered the Working Group's findings outlined in this report and are delighted to present these to Cabinet and the Council's partners. The report clearly outlines the seriousness of the situation in Hillingdon and the consequences of a failure to act. We fully endorse the recommendations and hope that the report can kick-start a step-change in local efforts to tackle obesity.
117. Although implicit in many of the recommendations, we would like to make a further recommendation to reflect the specific challenges facing disabled people in maintaining a healthy weight. It is vital to ensure that leisure facilities are physically accessible for those with a disability, and staff working in these facilities are trained to deal with the specific requirements that people with a disability may have. We note that the Council has new leisure developments in the pipeline and we urge that these move beyond the legal minimum for disabled access.

Recommendation 30

That the Council's Sport and Leisure Services seek to ensure that:

- a.) People with a disability are aware of the facilities that are available to them at the Council's leisure facilities.**
- b.) Staff working at these facilities are appropriately trained to respond to the specific needs that people with a disability may have.**
- c.) Any improvements to existing facilities and new leisure developments go beyond the statutory minimum in terms of disabled access.**

Appendix 1: glossary, references & further reading

Glossary

BFH	Baby Friendly Hospital
BMI	Body Mass Index
BSF	Building Schools for the Future
BSG	Breastfeeding Strategy Group
DCMS	Department of Culture, Media & Sport
DCSF	Department of Children, Schools & Families
LAA	Local Area Agreement
LDF	Local Development Framework
LSP	Local Strategic Partnership
NCMP	National Child Measurement Programme
NI	National Insurance
NICE	National Institute for Health & Clinical Excellence
PE	Physical Education
POC	Policy Overview Committee
PSHE	Personal, Social & Health Education
TfL	Transport for London
WHO	World Health Organisation

References & further reading

Chapter 5: Obesity, **Hillingdon PCT Annual Public Health Report 2005**, John Aldous,
<http://www.hillingdon.nhs.uk/uploads/aphr05/aphr05r.pdf>

Obesity: Third Report of the **House of Commons Health Select Committee**, 2003/4:
<http://www.parliament.the-stationery-office.co.uk/pa/cm200304/cmselect/cmhealth/23/23.pdf>

Tackling Child Obesity – First Steps, Report by the Comptroller and Auditor General prepared jointly by the **Audit Commission, the Healthcare Commission and the National Audit Office**, February 2006
http://www.nao.org.uk/publications/nao_reports/05-06/0506801.pdf

Tackling Obesities: Future Choices – Project Report, **Foresight**, Government Office for Science, 2007
http://www.foresight.gov.uk/Obesity/Obesity_final/Index.html

Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children, **National Institute for Health & Clinical Excellence**
<http://www.nice.org.uk/CG43>

'Healthy weight, healthy lives: a cross-government strategy for England' **HM Government**, 2008
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378

Appendix 2:

Summary of recommendations

This appendix lists the recommendations made by the Working Group. The lead organisation(s) for implementing each recommendation are shown in italics.

Overarching strategic recommendations

Recommendation 1

That Cabinet endorse the Working Group's view that increasing rates of obesity present a major challenge to the health of local people and that failure to tackle this will have a significant impact on the Council, NHS and other public service providers. *Lead: Cabinet*

Recommendation 2

That Cabinet support our view that obesity cannot be tackled by a single service, initiative, or organisation and that a 'joined-up' approach is required. We therefore ask Cabinet to oversee the creation and delivery of a strategy to tackle obesity and the factors that cause it. This strategy should 'join-up' the work of different services and organisations so that resources are maximised to their full potential. We suggest this builds on our review by:

- Identifying the current strands of activity by different organisations that can tackle obesity
- Evaluating the effectiveness of these initiatives and the scope for improvement through a coordinated approach. *Cabinet*

Recommendation 3

That an Executive Member has political ownership of this strategy and helps ensure sufficient attention is given to the importance of tackling obesity. *Cabinet*

Recommendation 4

That Cabinet ensures the new Director of Public Health focuses on obesity as one of her/his main priorities in recognition that this over-arching health challenge will address many other health conditions such as diabetes and heart disease. *Cabinet and the PCT*

Recommendation 5

That the Council and its partners place tackling obesity as a key priority for the Local Strategic Partnership, and that initiatives addressing obesity are included in the second Local Area Agreement. *Cabinet and the LSP*

Recommendation 6

That Cabinet ask officers to provide a formal response to the recommendations of the Working Group, and that an appropriate forum of Policy Overview & Scrutiny Councillors receive an update after approximately 6-12 months of any action that has been taken.

Cabinet

Breastfeeding

Recommendation 7

That work is undertaken to explore why breastfeeding rates are much lower in Hillingdon than the national average. We recommend that Hillingdon Hospital and Hillingdon PCT work to increase the breastfeeding initiation rate, including ensuring ante-natal contact with expectant mothers stresses the wide health benefits of breastfeeding; that the Hospital undertakes the necessary steps to gain 'baby friendly status'; and that post-natal contact ensures new mothers have the support to continue breastfeeding including potentially peer support networks. *Hillingdon Hospital and PCT*

Recommendation 8

That the Council and NHS lead by example and seek to ensure that the busiest public buildings of these organisations have a supportive environment for breastfeeding (which may include dedicated facilities). *Hillingdon Council, Hospital and PCT*

Recommendation 9

That the health benefits of breastfeeding are promoted, particularly in relation to helping prevent obesity. Specifically, we recommend that the Council encourages schools to discuss the health benefits of breastfeeding in order to establish positive attitudes at an early stage. *Hillingdon Council (Education)*

Young children

Recommendation 10:

That Cabinet joins the Committee in welcoming the successful work to promote healthy eating amongst childminders and parents, and in tandem with recommendation 12 investigates whether Healthy Hillingdon could be supported to rollout this training to more people. *Hillingdon Council*

Recommendation 11:

That the Council ensures that the funding for Children's Centres is used to deliver the maximum possible benefit for young children's health and well-being. Specifically, we ask that Children's Centres be empowered to play a key role in tackling obesity through

promoting healthy eating and lifestyles amongst young children and their carers.
Hillingdon Council (Education & Children's Services)

School-age children

Recommendation 12

That Cabinet note the outcomes from the 'Food in Schools' programme, and examines how the successful aspects of this work can be supported once the transitional government funding ends in 2008. We suggest that the review of Healthy Hillingdon and appointment of the joint Director of Public Health may enable Healthy Hillingdon to focus on the work that has proved successful, including:

- Training to school meal staff, including working to help plan healthy menus
- Developing marketing material for schools to promote healthy eating
- Improving the physical environment of school canteens
- Helping schools develop policies to promote healthy packed lunches
- Increasing the provision of hot food and salad bars
- Disseminating best practice on food provision from schools across Hillingdon

Hillingdon Council and PCT

Recommendation 13

That the Council works with schools and the PCT to encourage the take-up of free school meals, including investigating the potential for implementing cash-less swipe card payment systems. We suggest that the Council, schools and partners explore the potential for innovative funding solutions for such systems including potentially sponsorship or partnership with a (possibly local) IT business. *Hillingdon Council (Education and Healthy Hillingdon)*

Recommendation 14

The Schools Sports Partnerships and other initiatives have led to an increase in the level of physical activity in schools. In order that Hillingdon meets the new target of five hours of PE for 5-16 year olds by 2010 we ask the Council to work with schools to continue to increase the level of PE undertaken by Hillingdon pupils. Specifically, we recommend that:

- a) Schools are encouraged to include sufficient space in the timetable for PE on account of both the health benefits and also that increased PE may increase concentration in the classroom.
- b) Schools are encouraged to offer a diverse range of PE activities to encourage participation by pupils not wishing to engage in traditional sports. We recommend that the Council's Sports Development Team continue to work with schools to increase the diversity of the school sport on offer, including offering access to the Council's leisure facilities as appropriate.

- c) The Council reaffirms its commitment to the importance of schools providing facilities for physical activity.

Hillingdon Council (Education) and local schools

Recommendation 15

That work is undertaken to ensure that Hillingdon young people benefit from the sporting expertise and facilities that Brunel University can offer (e.g. through students coaching and mentoring Hillingdon pupils).

Hillingdon Council (Sports and Leisure) and Brunel University

Recommendation 16

That the Council continues to increase the coverage of children's cycle training as a result of the funding from TfL so that all young people are able to receive this training if wanted. Furthermore, we ask Cabinet to request officers to ensure that all sources of funding for cycle training continue to be taken up (e.g. through TfL).

Hillingdon Council (Traffic Services)

Recommendation 17

That the Council works with schools and other partners (including the voluntary sector) to encourage children to cycle to school wherever possible. This could include learning from best practice in other areas (e.g. the 'bike trains' in Hounslow), promoting the benefits of school travel plans, and that school policies encourage cycling (e.g. by providing secure bike racks). *Hillingdon Council (Traffic Services)*

Recommendation 18

That the Council and PCT closely analyse the results of the school weight measurement programme so that any changes in the occurrence of obesity are highlighted and resources are targeted on wards/socio-economic groups with greater incidences of obesity. This analysis will also highlight whether initiatives to tackle obesity are having an effect. *Hillingdon PCT and Council (Joint Director of Public Health)*

Recommendation 19

That the PCT continues to rollout the MEND programme that has been successful in addressing the causes of obesity in young people. We recommend the PCT's partners fully support the PCT in this programme, including the Council continuing to offer use of its leisure facilities. We suggest that the PCT may wish to explore the potential for developing a briefer version of the MEND programme that could enable more young people to benefit, while the full programme continues for those most in need. *Hillingdon PCT*

Recommendation 20

That Governing Bodies are encouraged to nominate a Governor (we suggest parent governor) to champion initiatives to promote healthy lifestyles at school i.e. healthy school meal provision and appropriate PE provision. We recommend that the Council's Education Service undertakes activities to support these governors, including potentially a conference to outline best practice. *Hillingdon Council (Education) and schools*

Recommendation 21

The Building Schools for the Future (BSF) programme represents a potentially historic injection of new funding into school buildings, and we recommend that the Council ensures full advantage is taken of this opportunity so that all Hillingdon schools are equipped to provide quality food and physical education. We recommend that the Council works with schools to enable a strategic approach that could involve schools providing different types of sports provision (e.g. one local school provides indoor facilities such as a climbing wall and a neighbouring school has artificial outdoor pitches). *Hillingdon Council (Education) and schools*

Promoting healthy lifestyles amongst adults

Recommendation 22

That the Council continues to develop its leisure service provision to ensure as many people as possible undertake physical activity. Specifically, we suggest:

- a) That following the success of the 'women only' sessions at Hayes Pool, further targeted initiatives are offered where possible.
- b) That as far as possible within available resources, the Council continues to develop its leisure facilities so that the environment is as attractive as possible and encourages greater public use.
- c) That schemes such as the one proposed for Botwell Green are developed where possible. We believe that the co-location of Council leisure services with other services such as a library and adult education centre will encourage more people to use the leisure services.
- d) That the Council markets its facilities amongst groups of Hillingdon residents that have not traditionally undertaken physical activity, in particular by promoting the availability and benefits of the 'leisure-link' card.

Hillingdon Council (Sport & Leisure)

Recommendation 23

That the PCT works with the Council to develop a scheme whereby GPs or health professionals can refer patients to the Council's leisure centres for supported exercise. We recommend that this could build on the success of the current cardiac rehab programme. *Hillingdon PCT and Hillingdon Council (Sport & Leisure)*

Recommendation 24

That the Council uses its available resources to ensure the Council's green spaces are as attractive as possible. In particular, we suggest that the Council continues to closely monitor the grounds maintenance contract and uses the park ranger patrol to tackle any problems with anti-social behaviour (e.g. drinking) that may occur. We support the initiatives such as 'healthy walks' that encourage usage of the green spaces and recommend that these continue: we suggest that increased usage of green spaces will help prevent anti-social behaviour. *Hillingdon Council (Green Spaces Team)*

Recommendation 25

That the Council continues to actively promote the opportunities for physical activity that are provided in the Council's own facilities and at local sports clubs. For example, we suggest that the Council's website be developed to include greater promotional material for the Council's own facilities, a link to the Sports England search facility, and details of local sports clubs. We feel that it is vital the Council and partners capitalise on any increased interest in sport as a result of the build-up to the 2012 Olympics. *Hillingdon Council (Sport & Leisure)*

Recommendation 26

That the Council works with partners to examine what action could be undertaken to promote cycling amongst adults. Specifically, we recommend that:

- a) The potential for offering adult cycle training is explored (as in many other Boroughs including Ealing, Westminster and Kensington & Chelsea).
- b) The Council exploits all opportunities for external organisations providing infrastructure that encourages cycling (e.g. bike-racks, cycle-lanes etc).
- c) The Council clarifies the procedure for maintaining off-road cycle tracks, and adopts a suitable programme of inspection/repair if not yet in place.

Hillingdon Council (Environment & Consumer Protection)

Recommendation 27

That the Council leads by example and promotes healthy lifestyles amongst staff. We suggest that this may include:

- a) Staff catering facilities continuing to provide healthy food, particularly under any new tender for the provision of food within the main Council premises
- b) Staff continue to be encouraged to undertake physical activity through both the offer of discounted gym memberships and facilities for those cycling to work.
- c) Initiatives to promote the health of staff are coordinated by an identifiable officer(s).

Hillingdon Council

Recommendation 28

That the Council and PCT work through the LSP to promote to employers in Hillingdon the value of promoting healthy living amongst staff. We recommend that this may include recognising employers who meet certain criteria (as undertaken in Bradford for example). *Hillingdon Council and PCT*

Recommendation 29

That the Council uses all available opportunities within the planning system to ensure that new developments promote healthy living (e.g. through the Local Development Framework and working with developers to strongly encourage the provision of cycle-lanes and play areas). In addition, we recommend that:

- a) Cabinet monitors any upcoming potential changes to the definition of 'permitted development' that may lead to an increase in the loss of gardens in which children can play within Hillingdon, and takes action as appropriate.
- b) Cabinet asks officers to examine the implications of the Government's obesity strategy that indicates support for local authorities using planning powers to manage the spread of fast food outlets.
- c) Officers investigate the Healthy Town model (in particular the two reports from the Greater London Authority 'Health issues in planning' and 'Health and urban planning toolkit') in preparing the draft RAF Uxbridge Supplementary Planning Document.
- d) As much as is possible within planning guidelines, officers seek to ensure that all new developments have suitable amenity space. We recommend that the Local Development Framework (LDF) clearly states that balconies and roof gardens are not suitable dedicated play space.

Hillingdon Council (Planning & Community Services)

Recommendation 30

That the Council's Sport and Leisure Services seek to ensure that:

- a) People with a disability are aware of the facilities that are available to them at the Council's leisure facilities.
- b) Staff working at these facilities are appropriately trained to respond to the specific needs that people with a disability may have.
- c) Any improvements to existing facilities and new leisure developments go beyond the statutory minimum in terms of disabled access.

Hillingdon Council (Sport and Leisure Services)