

# Obesity Review

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## Personal and Health Services Scrutiny Panel

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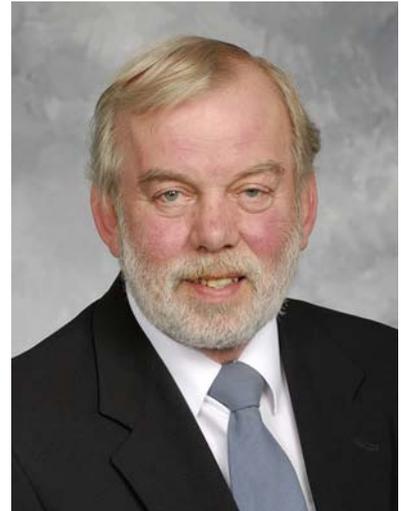
# 1. Introduction by the Chair

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I am pleased to present this report which has followed an in-depth review into obesity, comparing national trends with Tameside.

Obesity is a condition that affects us all in one way or another, either directly or indirectly. It demands a huge portion of the National Health Service funds which could be diverted to other services which are currently under funded.

The Scrutiny Panel has worked extremely hard in compiling this report, visiting many places where the people of Tameside can help themselves to lead a more active life. The report will show that much has been done to encourage healthier lifestyles within the borough but we must not be complacent, there is still a lot to do which will be highlighted in the recommendations.



Please take the time to study the report so that we can bring together the agencies and partners to improve on the provision we already have.

As Chair of the Panel, I extend my sincere thanks to all Members and staff who have willingly given hours of work in the production of this report.

On behalf of the Scrutiny Panel I would like thank all those individuals that have given information and assisted during the review. I would also like to express our appreciation for the total support of our dedicated Scrutiny Support Officer.

**Councillor R Ambler**  
**Chair**

## 2. Summary

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The environment around us influences our decisions about eating more healthily and being more active. It has become increasingly difficult to make and stick to healthy decisions and this is contributing to rising obesity rates, locally, nationally and internationally.

In Tameside, obesity is a serious concern for the council and its partner organisations. They are working together to tackle the issue and have developed a multi-agency Obesity Strategy and Action Plan to support people to maintain a healthy weight and improve their lifestyles.

The Scrutiny Panel has undertaken a review of obesity and healthy lifestyles to consider how the environment impacts on obesity in the borough, by looking at the barriers that prevent people from taking exercise and the services that support people to become more active. During the review Panel Members visited leisure centres, urban parks and country parks across Tameside to see, and experience at first hand, the facilities available for people to take exercise. The Panel also used the Citizens Panel Survey to ask people for their views about obesity and the facilities that they needed to support them to become more active and live healthier lifestyles.

Members learned that, nationally, the rise in obesity rates began about thirty years ago and that it will take years to reverse this long term trend. The scale of the challenge requires the public, private and voluntary sectors to work together to support people to eat healthier food and take up more exercise and activity, by creating an environment that promotes healthy choices.

The National Audit Office has estimated that obesity costs the National Health Service (NHS) £9.4 million a year. This is due to over 500,000 GP contacts, 1,200 hospital admissions and 4,800 outpatient attendances that are related to obesity. The Panel feels that this illustrates the importance of investing in the promotion of healthy lifestyles and prevention, to save resources in the longer term. Reducing obesity rates will decrease the number of NHS treatments due to obesity related medical conditions. This will save significant funds at a time when NHS resources are likely to be reduced.

The Panel found that the council and partner organisations are committed to supporting people in Tameside to improve their lifestyles and many provide excellent services and facilities. Engaging and encouraging the public to improve their lifestyles and take up the range of opportunities available for exercise and activity was more challenging.

This report provides a number of recommendations that the Panel feel will help to improve the services that support people to reach and maintain a healthy weight and the take up rate of those services.

## 3. Membership of the Scrutiny Panel

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Councillor Ambler (Chair), Councillor W Downs (Deputy Chair)  
Councillors Bowden, Brazil, Cartwright, Shorrocks, Harrison, Middleton and Sweeton  
Advisors: Dr Cropper and Dr Chand (part)

## 4. Terms of Reference

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### Aim of the Review:

To consider the opportunities and barriers that affect Tameside residents of all ages and enable them to lead healthy active lives, and prevent or address problems of obesity.

### Objectives:

- A. To look at the healthy lifestyle programmes, particularly relating to weight management, and opportunities that are available to Tameside residents to enable them to lead active and healthy lives.
- B. To examine the barriers and constraints that prevent people in the borough, particularly hard to reach and vulnerable groups, from leading active and healthy lifestyles.
- C. To consider the effectiveness of the approach taken, by the various appropriate partnerships, to tackling obesity among young people, given the significant impact this has upon health outcomes in adult life, including life expectancy.
- D. To look at the work of other health partnerships and best practice in relation to promoting opportunities for living healthier lifestyles.

### Value for Money/Use of Resources:

This review will consider the opportunities and barriers that Tameside residents experience in leading more active lives. Promoting healthy lifestyles will contribute to reducing the burden on the council and the NHS by decreasing obesity rates, obesity related illnesses and increasing life expectancy.

### Equalities Issues:

This review will examine the impact of healthy lifestyle programmes on reducing obesity and obesity related illnesses amongst all Tameside residents. Promoting active lifestyles will contribute to reducing health inequalities in the borough.

### Local Area Agreement Targets:

Reducing health inequalities and promoting healthy lifestyles are key priorities for the Tameside Health Partnership. This is reflected in the following Local Area Agreement 2008-2011 measures:

- NIS 120 - Mortality rate (all age, all cause);
- NIS 121 - Mortality rate from cardio vascular disease (under 75s);
- Local 8 - Mortality rate - inequalities between males and females;
- NIS 55 - Obesity amongst primary school age children in Reception; and
- NIS 56 - Obesity amongst primary school age children in Year 6.

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Reducing health inequalities is also a priority for Tameside Council. The authority uses the following performance indicators and National Indicators (NIS) to measure progress in this area:

- NIS 8 - Adult participation in sport and active recreation;
- NIS 119 - Self-reported measure of peoples' overall health and wellbeing;
- NIS 137 - Healthy life expectancy at age 65; and
- PESSCL (PE, School Sport and Club Links) survey measuring young peoples' participation in school and community sport.

## 5. Methodology

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5.1 During the course of this review Members met:

- The Chief Executive and two Consultants in Public Health from NHS Tameside and Glossop, and the Director of Public Health; to discuss the Trust's approach to tackling obesity in Tameside
- Representatives from the council -
  - (i) The Regulatory Services Manager and the Development Plans and Policy Co-ordinator;
  - (ii) The Head of Environmental Enforcement;
  - (iii) The Engineering Development Manager; and
  - (iv) The Facilities and Environment Forum Lead Officer.
- Each representative explained the opportunities and barriers to creating an environment that promotes healthy decisions;
- The Hyde District Assembly Town Manager and the Countryside Service Manager to discuss activity and exercise in urban parks and country parks;
- The Head of Community Safety to discuss the work of the Crime and Disorder Reduction Partnership (CDRP) in addressing crime and fear of crime in order to encourage more people to use parks and open public spaces;
- The General Manager of Tameside Sports Trust and the Head of Sports and Physical Activity for Tameside Council to discuss the opportunities for exercise in the borough and the Sports and Physical Activity Alliance Activity Strategy and Delivery Plan;
- The Health Partnership Lead Officer and the Head of Health and Wellbeing for Tameside Council and NHS Tameside and Glossop (joint appointment); Senior Health Improvement Manager and the Locality Lead for Health Improvement (Denton South) for NHS Tameside and Glossop; to discuss the support available to people in the community to reach and maintain a healthy weight.

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5.2 In addition, Members of the Panel:

- Consulted people in Tameside regarding their views about obesity and the facilities that they need to become more active and live healthier lifestyles, using the council's Citizens' Panel Survey;
- Visited three country parks in the borough; Werneth Low, Daisy Nook and Park Bridge, to gain a first hand insight into using the local countryside;
- Visited Stamford Park (Stalybridge) and the older peoples' outdoor gym in Granada Park (Denton) to experience the facilities available in urban parks. Members also visited Clayton Vale Park in Manchester to understand how a neighbouring local authority improved the amenities and the safety of the public;
- Visited two leisure centres operated by Tameside Sports Trust, the Copley Centre and Ashton Leisure Pool;
- Met informally with a Community Paediatric Dietician and a Senior Community Dietician from NHS Tameside and Glossop to gain an understanding of the diet and nutrition support services available; and
- Met informally with the Chairman of NHS Tameside and Glossop, a former GP, regarding the support that members of the public receive to reach and maintain a healthy weight from their local GP practice.

The content of this report has been checked for factual accuracy by the Head of Health and Wellbeing for Tameside Council and NHS Tameside and Glossop.

## 6. Background to the Review

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### 6.1 Setting the Scene

- 6.1.1 Obesity is an important issue for the Scrutiny Panel to review as reducing obesity rates is an important national and local priority.
- 6.1.2 To maintain a healthy weight we need a balance between the energy that we consume in the food we eat, and energy we use through physical activity. However, the way we live and the modern environment makes it harder to make healthy choices and to avoid obesity.
- 6.1.3 The Health Survey for England 2007 revealed that nearly a quarter of men and women are obese. The problem is also prevalent amongst children. Nearly a fifth of 2 to 5 year olds are obese and a further 14% are overweight.

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- 6.1.4 The Government Office for Science Foresight Programme<sup>1</sup> has predicted that, if current trends continue, by 2050, 60% of men and 50% of women will be obese.
- 6.1.5 Being obese or overweight can have a significant impact on health and reduce quality of life. The more overweight people are, the more likely they are to develop some types of cancer, heart disease, hypertension, type 2 diabetes and liver disease. A severely obese individual is also likely to die 11 years earlier than a person with a healthy weight.
- 6.1.6 The physical effects of being overweight or obese are often compounded by psychological ones<sup>2</sup> including depression and low self-esteem.
- 6.1.7 The National Child Measurement Programme (NCMP) weighs and measures primary school children aged 4-5 (Reception) and 10-11 (Year 6) each year. The results have consistently shown there is a strong positive relationship between deprivation and obesity. In 2007-8:
- 22.5% of Year 6 children that lived in the most deprived areas were obese compared to 13.6% of children that lived in the least deprived areas; and
  - 11.8% of Reception Year children that lived in the most deprived areas were obese compared to 7.2% of children that lived in the least deprived areas.
- 6.1.8 Obesity rates vary between different ethnic groups. There are also significant differences between males and females within ethnic groups. The Health Survey for England 2004 revealed that Black African and Black Caribbean females have much higher obesity prevalence compared to the general population, yet prevalence amongst Black African males is much lower.
- 6.1.9 The same trend occurs amongst children. The National Child Measurement Programme results for 2007-8 also show that obesity prevalence is higher in both Reception Year and Year 6 amongst ethnic groups.
- 6.1.10 Obesity puts significant financial pressure on the NHS. The Government estimated that the direct cost to the NHS to treat diseases caused by overweight and obesity is £4.2 billion<sup>3</sup>. However, there are also costs to the wider economy, for example, in working days lost due to sickness absence, as a result of obesity related diseases.
- 6.1.11 It is estimated that the direct health related cost of physical inactivity for NHS Tameside and Glossop was £4,189,600<sup>4</sup> for 2006/7.
- 6.1.12 The Chief Medical Officer has advised that adults should aim to achieve at least 30 minutes of moderately intense activity on five or more days each week (60 minutes every day for children and young people). Nationally, only 40% of men

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<sup>1</sup> Foresight, Tackling Obesities: Future Choices – Modelling Future Trends in Obesity and Their Impact on Health (Government Office for Science, 2<sup>nd</sup> Edition, 2007)

<sup>2</sup> Tackling Obesity in England, National Audit Office (2001)

<sup>3</sup> Healthy Weight, Healthy Lives: A Cross Government Strategy for England (Cross Government Obesity Unit, January 2008), p 2

<sup>4</sup> Be Active, Be Healthy: A Plan for Getting the Nation Moving (February 2009), pp 59-62

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and 28% of women meet these recommendations.<sup>5</sup> This is contributing to increasing levels of obesity.

6.1.13 A number of local priorities and targets look at tackling obesity, including:

- The Thameside Community Strategy theme 'A Healthy Thameside'
- Thameside's Local Area Agreement targets related to childhood obesity and adult participation in sports and physical activity;
- The Thameside Obesity Strategy and Action Plan;
- The Thameside Sports and Physical Activity Strategy; and
- The Thameside Health Improvement and Inequalities Strategy.

## 6.2 The National Response to Obesity

6.2.1 The Government recognises that obesity is a serious, complicated and growing problem and has responded by launching two national strategies:

### **(i) National Obesity Strategy**

In January 2008 the national obesity strategy, 'Healthy Weight, Healthy Lives: A Cross Government Strategy for England', was published. It aims to support everyone to make healthy choices and exercise greater control over their lives, by making sure that individuals and families have access to the opportunities they want and the information they need.

'Healthy Weight, Healthy Lives' sets out several policy areas where Government action will focus to tackle obesity. It also sets out a range of initiatives to encourage people to change their behaviour, such as the 'Change 4 Life' campaign which encourages families to eat better and move more.

### **(ii) National Physical Activity Strategy**

In February 2009 the national physical activity strategy 'Be Active, Be Healthy: A Plan for Getting the Nation Moving' was launched. It sets out the ambition and vision for a more active nation where the public sector, businesses, local communities and other organisations will work together to create urban and rural environments where walking, cycling and other forms of physical activity, exercise and sport are accessible, safe and the norm.

The strategy outlines a range of initiatives including the 'Lets Get Moving' programme, a new care pathway designed for GPs and practice nurses to encourage people into activity.

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<sup>5</sup> Be Active, Be Healthy: A Plan for Getting the Nation Moving Department of Health (February 2009), p 12

## 7. Review Findings

### 7.1 National and Local Performance Data

7.1.1 Body Mass Index (BMI) is one of the most frequently used methods to assess whether adults and children are a healthy weight. BMI is calculated by dividing a person's weight in kilograms by the square of their height in metres.

7.1.2 The BMI weight ranges, as set by the World Health Organisation, are outlined below:

Score	Weight Assessment
Under 18.4	Underweight
18.5 – 24.9	Healthy weight
25 - 29.9	Overweight
30 – 39.9	Obese
Over 40	Morbidly obese

7.1.3 The Health Survey for England 2007 measured overweight and obesity in the England population. The results showed that:

- 24% of men and women were obese;
- 65% of men were overweight or obese; and
- 56% of women were overweight or obese.

7.1.4 Locally GP practices maintain an obesity register of patients, aged 16 and over, with a BMI greater than or equal to 30 (recorded in the previous 15 months), for the Quality and Outcomes Framework (QOF). However, only potentially obese patients are weighed. Therefore this does not provide an accurate indication of obesity prevalence.

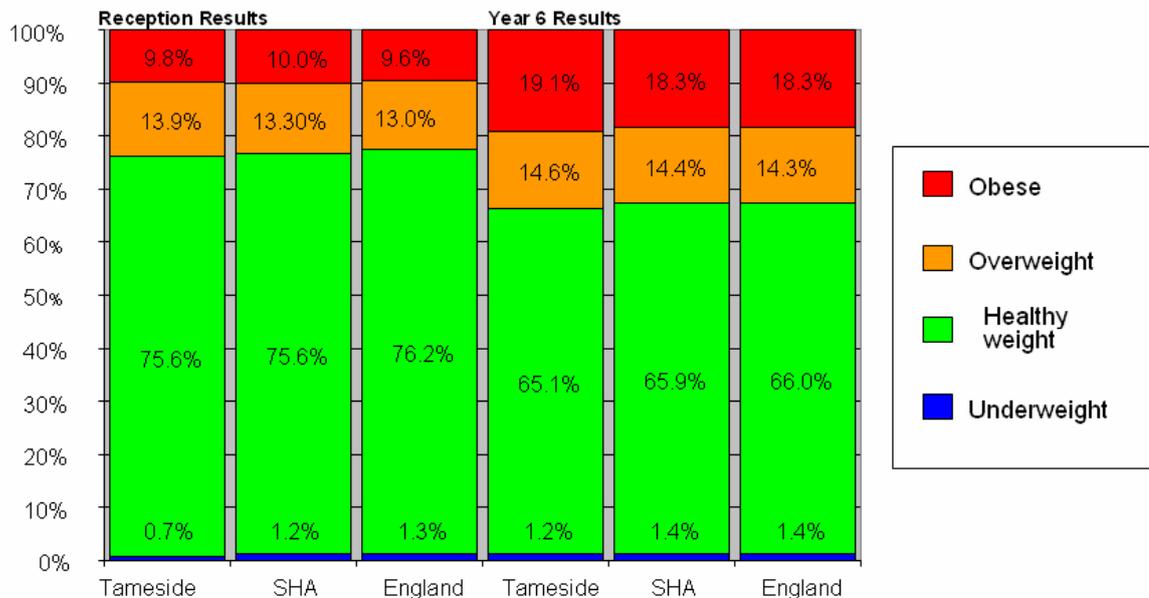
7.1.5 Other local data shows between September 2007 and December 2008, 47% of adults in Tameside and Glossop that had contact with their GP were weighed and measured. In total 33% were obese or morbidly obese, as the table below shows.

Tameside Population	Weight Assessment
28% (18,677 people)	Obese (BMI 30 – 39.9)
4% (2,499 people)	Morbidly obese (BMI 40 – 49.9)
1% (353 people)	BMI over 50

7.1.6 Furthermore, the Scrutiny Panel was informed by NHS Tameside and Glossop (the PCT) that obesity rates were increasing every year.

7.1.7 The data for obesity prevalence amongst children is more readily available due to the National Child Measurement Programme (NCMP), whereby school children aged 4-5 and 10-11 have their BMI assessed each year.

7.1.8 The graph below shows the 2007/8 NCMP results for Tameside compared to the North West Strategic Health Authority (SHA) regional average and the England national average.



**Source:** Health and Social Care Information Centre (2008)

7.1.9 The NCMP results for Reception Year show:

- More children are overweight in Tameside (13.9%) compared to the national average (13%).

7.1.10 The NCMP results for Year 6 show:

- More children are overweight in Tameside (14.6%) compared to the national average (14.3%); and
- More children are obese in Tameside (19.1%) compared to the national average (18.3%).

7.1.11 Obesity rates are higher in more deprived areas. The Health Survey for England 2007 shows that adults in unskilled manual jobs have the highest prevalence of obesity whilst the lowest prevalence is found in adults with professional jobs.

7.1.12 This trend is significant due to the prevalence of deprivation in Tameside. The Indices of Multiple Deprivation (IMD) 2007, shows that Tameside is the 56th most deprived area of 354 local authorities in the country.

## Conclusions

1. Lifestyles are a key factor in whether individuals are likely to become obese.

2. Obesity has a significant negative impact on a number of areas of health and wellbeing, which has a direct impact on life expectancy.
3. Obesity has a greater impact on areas with high levels of deprivation.
4. Data regarding the prevalence of overweight and obesity amongst adults in Tameside is not as readily available as the same data for children. Available information suggests that a higher proportion of the adult population in Tameside is overweight and obese, compared to the regional and national averages.
5. Tameside residents are therefore more likely to develop certain types of cancer, heart disease, hypertension, type 2 diabetes, strokes and liver disease; as the likelihood of having such conditions increases if individuals are overweight or obese.

## 7.2 Perceptions of Obesity amongst Tameside Residents

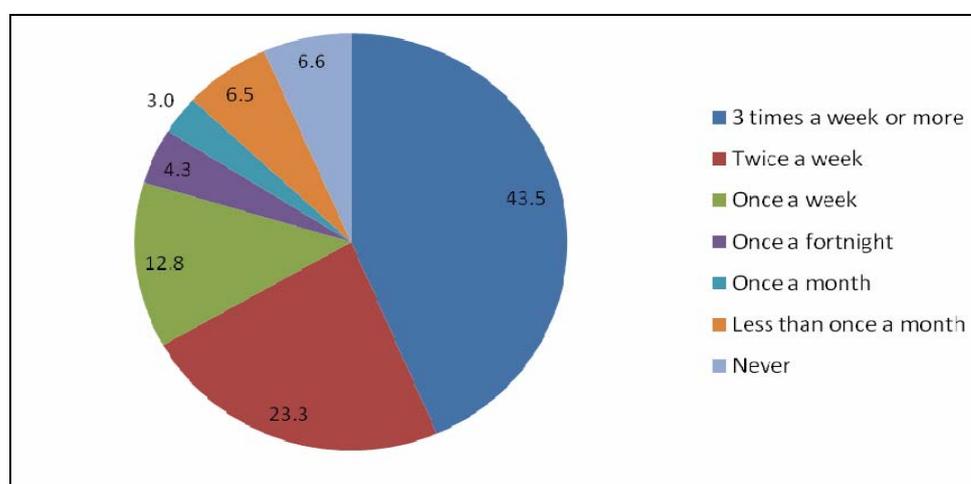
7.2.1 The Scrutiny Panel surveyed members of the Tameside Citizens' Panel in Spring 2009 to find out about the barriers that stop people from taking exercise, the opportunities that would encourage people to be more active, and their perceptions of their own weight.

7.2.2 There are approximately 1,800 members of the Tameside Citizens' Panel, of whom, 1,117 people completed the questionnaire either electronically or by post.

7.2.3 The Scrutiny Panel asked the following questions:

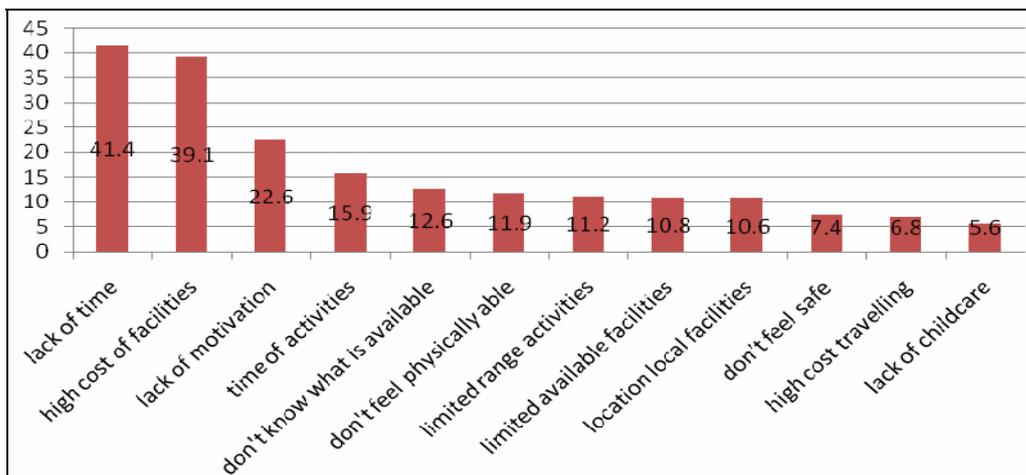
- How often people carried out 30 minutes of exercise or physical activity;
- What barriers stopped people from taking exercise
- What would make people more willing to take exercise; and
- Whether people considered themselves to be a healthy weight.

7.2.4 43.5% of all respondents said that they were physically active or took exercise, three times a week or more, as shown in the chart below:

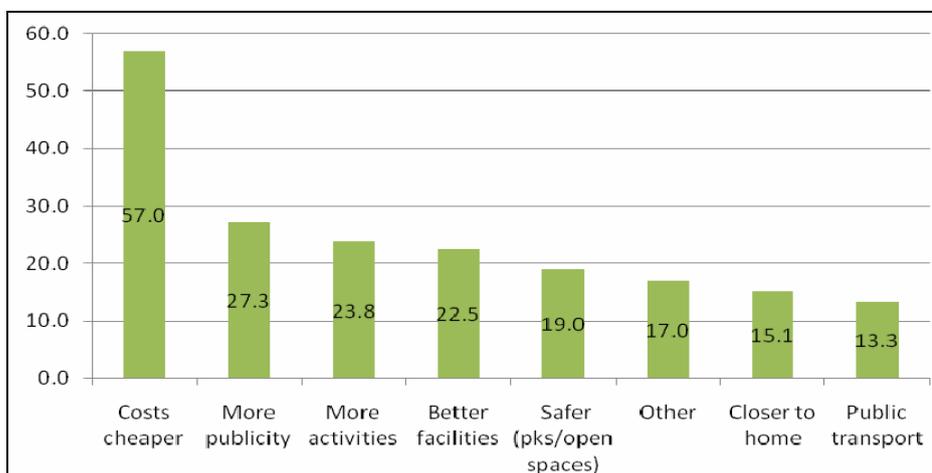


7.2.5 National Performance Indicator (NIS) 8 also measures how frequently adults take part in active sport and recreation. The most recent data for 2008-2009 shows that 20% of people in Tameside participated in sport and active recreation, at moderate intensity, for at least 30 minutes 3 times a week.

7.2.6 The most common reasons that people gave for why they did not exercise were lack of time (41.4%), the high cost of facilities (39.1%), and lack of motivation (22.6%), as shown in the graph below:

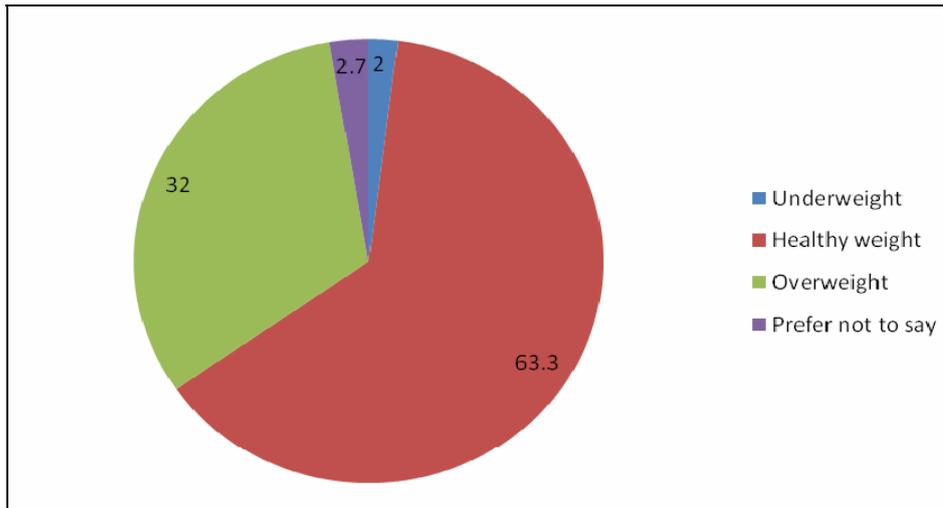


7.2.7 When asked what would make them more willing to exercise, the most popular responses were if costs were cheaper (57%), if they were more aware of what was available (27.3%), and if there were more activities available (23.8%), as shown in the chart below:



7.2.8 Almost one in five respondents (19%) stated they would be more willing to exercise or become more active if they felt safer when using parks and open spaces.

7.2.9 The majority of respondents (63.3%) considered themselves to be a 'healthy weight' and 32% considered themselves to be 'overweight', as shown in the graph below:



## Conclusions

6. In the Citizens' Panel Survey, 32% of people in Tameside considered themselves to be overweight. However, GP obesity registers in the borough suggest that the problem is more significant than this, with 33% being obese rather than overweight.
7. The Citizens' Panel Survey shows the three most significant barriers to people undertaking sports and physical activity are time, cost and lack of motivation.
8. There is a significant difference between Tameside residents' actual and perceived levels of sports and physical activity.

## 7.3 The Strategic Approach to Tackling Obesity

- 7.3.1 The Scrutiny Panel found that reducing adult and childhood obesity was a clear local priority. The Local Area Agreement, 'Tameside Together 2008-11', incorporates a range of performance targets, that directly and indirectly support people to live healthier lifestyles and tackle obesity; including:
  - NIS 8: The percentage of adults involved in sport and active recreation (that are active for 30 minutes or more on 3 or more days a week);
  - NIS 55: The percentage of obese children in Reception Year;
  - NIS 56: The percentage of obese children in Year 6; and
  - NIS 53: The prevalence of breast-feeding at 6-8 weeks from birth.
- 7.3.2 NHS Tameside and Glossop (the PCT) is responsible for leading the Tameside Health Partnership Board in tackling obesity and promoting weight management. The Panel was informed that NHS Tameside and Glossop worked with partners to develop an Obesity Strategy (2006-8) and Action Plan (2008-9), which were endorsed by the Tameside Health Partnership in September 2008.
- 7.3.3 The Obesity Strategy 2006-8 is scheduled for a review by July 2010, following a needs assessment in June-October 2009.

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- 7.3.4 The success and outcomes of the Obesity Strategy and Action Plan are monitored using the range of performance indicators outlined in 7.3.1, and also by the percentage of people losing weight that attend healthy lifestyle and weight loss programmes. A lead officer has been assigned responsibility for each action of the Obesity Action Plan and reports progress on a quarterly basis.
- 7.3.5 The public were engaged in developing the Obesity Strategy 2006-8 for Tameside. Over 100 people from a range of organisations attended a one day workshop in June 2005 and gave their views.
- 7.3.6 Further public consultation was undertaken in 2007 during the development of the Joint Strategic Needs Assessment (JSNA). Almost 400 people were involved. Residents stated they wanted support to take more exercise in ways that suited their lives and circumstances.
- 7.3.7 The Panel was informed about the initiatives in the Obesity Strategy and Action Plan, including: adult care pathways; child care pathways; breastfeeding and healthy weaning; promoting healthy diets and lifestyles; and nutrition and dietetic services.
- 7.3.8 The Tameside Health Partnership Board, one of the seven thematic partnerships of the Tameside Strategic Partnership (TSP), set up an Obesity Strategy sub-group, following the development of the first Obesity Strategy in 2006. The Sports and Physical Activity Alliance (SPAA) is a partnership of organisations taking the lead on improving active lifestyles. Many different Tameside organisations are involved with these partnership groups.
- 7.3.9 This partnership approach to tackling obesity is highlighted by the National Institute for Clinical Excellence (NICE) and the national obesity strategy, as the key to success in promoting healthy lifestyles and encouraging better weight management.
- 7.3.10 As previously mentioned, the estimated health related cost of obesity for NHS Tameside and Glossop was £4,189,600<sup>6</sup> for 2006/7. NHS Tameside and Glossop dedicate nearly £1million per year to support the delivery of the Obesity Strategy.
- 7.3.11 A range of other primary care services also undertake work which contributes to tackling obesity, in addition to carrying out their primary roles, such as the infant feeding team, school nurses, health visitors and the nutrition and dietetics service.

## Conclusions

9. The role of the PCT is to lead and co-ordinate the Obesity Strategy and Action Plan on behalf of the Tameside Strategic Partnership.
10. Obesity is both a health and a lifestyle issue. Reducing the prevalence of obesity involves the co-operation of a wide range of partners across Tameside and beyond.

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<sup>6</sup> Be Active, Be Healthy: A Plan for Getting the Nation Moving (February 2009), pp 59-62

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11. Reducing obesity is a strategic priority for the Tameside Strategic Partnership and NHS Tameside and Glossop.
  12. Programmes are being developed through the Obesity Strategy and Action Plan to encourage children and families to become more active and challenge behaviours which can lead to weight gain.
  13. The Panel are acutely aware of the importance of making the most effective use of available resources to tackle obesity, particularly given the current and anticipated financial challenges for the NHS and the wider public sector.
  14. The Panel welcomes the additional resources being allocated for breastfeeding services provided by community midwifery as a result of the Making It Better review of children's and maternity services in Greater Manchester.

## Recommendations

1. That the Obesity Strategy should be reviewed and refreshed regularly and on a timely basis to ensure continuity of work undertaken to address obesity.
2. That in the refreshment of the Obesity Strategy, NHS Tameside and Glossop takes the opportunity to use existing consultation and engagement exercises with members of the public to inform the development of services and programmes to tackle and prevent obesity.
3. That the current levels of investment in obesity prevention services be maintained in Tameside in order to help to reverse the trend in obesity rates, which in turn should produce cost savings for NHS Tameside and Glossop, due to decreasing demand for health services.
4. That, in line with National Support Team for Health Inequalities recommendations, obesity services should be rolled out consistently across Tameside to ensure everyone has equal access to them.
5. That all members of the Health Partnership give consideration to using their existing capacity and resources to support partner organisations to deliver obesity reduction programmes.

## 7.4 Health Improvement

- 7.4.1 The national obesity strategy "Healthy Weight, Healthy Lives" sets out a range of aims to improve the nation's lifestyles. The strategy states that people should have more opportunities to make the right choices for themselves and their families; people should have clear information about food and exercise; and that all policies should support people to maintain a healthy weight.

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- 7.4.2 Similarly, National Institute for Clinical Excellence (NICE) guidance<sup>7</sup> recommends that programmes to prevent obesity and improve diet and activity levels should: give tailored advice and provide ongoing support; target people at specific times when they may gain weight (such as when giving up smoking, during and after pregnancy and at the menopause); and involve parents and carers if aimed at children and young people.
- 7.4.3 The Tameside Health Improvement Service is comprised of staff from the council and NHS Tameside and Glossop. The joint service was established to support deprived communities in the borough access services to improve their health.
- 7.4.4 The service consulted over 40 people, aged between 35 and 60 years, from the most deprived neighbourhoods in the borough. The results revealed that:
- Depression and poor mental health contribute to how likely an individual is to have an unhealthy lifestyle;
  - Overweight people tend to have a number of issues, in addition to their weight, making it difficult for them to become healthier;
  - There is confusion around Government guidelines on diet and nutrition, and a belief that they are too strict;
  - Individuals feel they cannot always easily access immediate, free, support services to lose weight directly;
  - People are most likely to be influenced by individuals they trust, e.g. family members, and by experts they do not know, e.g. GPs; and
  - Cost is the most important barrier to buying healthy food and living a more active lifestyle, other obstacles include disability, apathy, lack of awareness about sports and leisure facilities and lack of time.
- 7.4.5 The Health Improvement Service offers the following range of programmes where individuals can receive advice on their diet and access support to become more active:
- 1. Weight Matters Programme**  
Weight Matters is a free slimming class to which people can self refer or GPs can refer people onto the programme if they have high body mass index (BMI).
  - 2. Health Trainer Programme**  
The Health Trainer programme offers individual health assessments and personal one-to-one support. Every person on the programme is assigned a Trainer who will help the individual to set their own realistic goals for improvement in a 'Personal Health Plan'.

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<sup>7</sup> NICE Clinical Guideline 43, "Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children" (December 2006).

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**3. Health Checks**

Health Checks for those 18 years and over are available in workplaces and community settings, such as shopping precincts, bingo halls and mosques. They assess BMI, carry out blood pressure checks and signpost people to relevant services.

**4. Exercise Classes**

A range of accessible exercise classes and opportunities are available to suit a range of needs and abilities, such as circuit training, line dancing, aerobics, etc.

**5. Cook and Eat Sessions**

Cook and eat classes are available at Sure Start Children's Centres to promote healthy diets. They are designed to improve knowledge around cookery skills.

**6. Healthy Food Policies**

The Health Improvement Service also tries to reach parents that do not use Sure Start Children's Centres to promote awareness of the healthier lifestyles message and their services e.g. a Denton South scheme encourages healthy food policies at a 'Mums and Tots' group.

**7. Outreach Work**

Outreach work seeks to reach those people at particular risk. Several types of sessions are provided e.g. women's swimming sessions and weight management for the Roshni Group.

**8. Wellbeing@Work Programme**

Staff deliver the Health Improvement Service initiatives above to a range of local businesses to support and encourage staff to be active and eat a healthy diet. These businesses have already reported a fall in sickness absence rates and have used it as a catalyst to launch their own health and lifestyle improvement programmes.

7.4.6 The above initiatives are in line with the best practice recommendations by NICE and the national obesity strategy, 'Healthy Weight, Healthy Lives'.

7.4.7 The Health Improvement Service also undertakes targeted outreach work in the 10% nationally most deprived Tameside communities to reduce health inequalities.

7.4.8 The Health Improvement Service has a Communications and Marketing Plan to target health improvement messages to Tameside residents and encourage the public to make healthier choices as the norm.

7.4.9 Social marketing tools are used to promote healthy lifestyles. Software packages are also used to estimate where people in the borough receive most of their health messages from. This information influences how the Health Improvement Service communicates with the public.

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- 7.4.10 Community and voluntary networks are used to raise awareness of services and adverts are placed in a range of publications.
- 7.4.11 In March-April 2009 the Health Inequalities National Support Team (HINST) visited Tameside to assess progress made against obesity. The HINST team recommended all obesity programmes should be available, across the borough. They advised that it could be achieved by training frontline staff in health and social care settings to signpost people to health improvement services. This activity has begun to take place in relation to children's nutrition.
- 7.4.12 It appears that obesity services only reach a small proportion of overweight people in Tameside, and fewer men than women. In addition, anecdotal evidence shows that the Health Improvement Service receives only a small number of referrals from GPs.

## Conclusions

15. Obesity is a complex issue. People that are obese or overweight tend to experience a number of issues, in addition to their weight, which present barriers to leading healthier lifestyles.
16. The Scrutiny Panel welcomes the range of weight management programmes in place which provide opportunities to receive personalised advice on diet and lifestyle.
17. It is essential for all partners to work together to tackle obesity and encourage people to live healthier lifestyles, given the complexity and scale of the issue.
18. The Scrutiny Panel welcomes the type of personalised advice and support provided by the Health Improvement Service to encourage people to change their lifestyles. These initiatives are in line with the best practice recommendations by NICE and the national obesity strategy, 'Healthy Weight, Healthy Lives'.

## Recommendations

6. That the partnership approach to tackling obesity is strengthened across the public, private and voluntary sector in order to ensure all organisations make the most effective use of their resources.
7. That NHS Tameside and Glossop engage all GPs in borough, and particularly those in areas with poor health outcomes, to ensure they signpost more patients, where appropriate, to the Health Improvement Service.

## 7.5 GP Services

- 7.5.1 GPs are the first point of contact for most people accessing health services. They can support their patients to maintain a healthy weight by:
- Talking to the patient about their lifestyle;

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- Signposting the patient to information which might help them to achieve a healthy weight;
  - Offering advice about physical activity and diet;
  - Refer patients to slimming or lifestyle clubs; exercise on prescription; dieticians; or for weight loss surgery; and
  - Prescribe weight loss drugs.

7.5.2 NHS Tameside and Glossop informed the Scrutiny Panel that Tameside GPs tackle obesity with the following initiatives:

- **Local Enhanced Service**  
GPs weigh and assess their patients and develop care plans for those that are overweight.
- **Health Professionals**  
Each GP practice has a designated member of staff taking a lead on obesity and weight management that is able to offer advice to people that want to live a healthier lifestyle.
- **Referrals to Other Support Services**  
GPs and Health Professionals can refer patients to the Health Improvement Service to access their support services.

7.5.3 Due to the importance of their role in tackling obesity, the Scrutiny Panel wrote to all Tameside GPs, via the West Pennine Local Medical Committee, to invite them to participate in the review. The Scrutiny Panel was very disappointed that none of the 39 GP practices in Tameside chose to engage with the review.

7.5.4 The Chair of NHS Tameside and Glossop, who is a former Tameside GP and former Advisor to the Scrutiny Panel, agreed to participate in the review in order to represent the views and experiences of GPs in tackling obesity.

7.5.5 The Scrutiny Panel learned that Tameside GPs experience a range of barriers in promoting healthy lifestyles and tackling obesity with their patients, including:

- **Time**  
Tameside has a higher than average ratio of patients per GP. This affects the amount of time that doctors can spend with each patient.
- **Knowledge of Other Services**  
The Chair of NHS Tameside and Glossop reported that many GPs are not aware of the Health Improvement Service programmes they can signpost patients to for support and advice to live healthier lifestyles.
- **Patient Perception and Motivation**  
It can be difficult for GPs to engage patients in improving their lifestyles and reducing their weight due to patients' perceptions of what they can do to help themselves and manage their weight.

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- 7.5.6 The Scrutiny Panel also learned that GPs receive incentive payments to improve performance and quality of care if they meet voluntary targets set out in the Quality and Outcomes Framework (QOF).
  - 7.5.7 There is a national QOF target (OB1) to encourage GP practices to maintain a register of their obese patients. However, this performance indicator only requires that GPs weigh and measure patients in order to maintain the register.

## Conclusions

- 19. It is clear that GPs are essential in tackling obesity and promoting healthy lifestyles.
- 20. The Scrutiny Panel acknowledges that some GPs may have limited time to engage all patients in improving their lifestyles.
- 21. The Scrutiny Panel believes that some GPs may have limited knowledge of Health Improvement Services programmes that they can refer patients to in order to get advice and support to change their lifestyles.
- 22. The Scrutiny Panel was disappointed that GPs chose not to engage with the Obesity Review and feels that this was a missed opportunity to inform the Panel's recommendations about how obesity services could be delivered more effectively and efficiently.

## Recommendations

- 8. That the PCT undertake further work to raise awareness of the Health Improvement Service amongst GPs.
- 9. That NICE and the Department of Health revise the Quality and Outcomes Framework (QOF) performance indicator regarding obesity. The current indicator requires GPs to maintain a register of obese patients - which should remain. In order to improve patient outcomes it may be effective for GP's performance to be linked to reducing the weight of obese patients on their register.

## 7.6 The Impact of the Environment on Physical Activity

- 7.6.1 In the recent past, people led more physically demanding lives as part of their everyday routine. However, new forms of technology make it easier to have inactive lifestyles. Since the 1950's there has been increasing car use and car ownership and in the last two decades there has been a 10 percentage point drop in children walking to school. Today's children spend an average of five hours and 20 minutes a day in front of a TV or computer screen, up from four hours and 40 minutes five years ago.

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7.6.2 Local authorities can contribute to promoting physical activity and reducing obesity because of the influence that council services have in shaping the built environment. In Tameside, this relates to the following services:

- Licensing and Enforcement;
- Planning and Building Control; and
- Highways and Engineers.

### 7.6.3 **Licensing and Enforcement**

7.6.4 The council's Licensing and Enforcement Service is responsible for providing, maintaining and improving the standards of public safety in aspects of licensed premises, persons and vehicles.

7.6.5 The council's Environmental Health and Trading Standards teams (within this service) are uniquely placed to promote health to members of the public. The Rogers Review<sup>8</sup> has given Licensing and Enforcement officers the opportunity to focus on health improvement and this had been adopted by officers at a local level.

7.6.6 A range of work is taking place to contribute to improving the health of people in Tameside, including:

- **Promoting Workplace Health** - a dedicated officer focuses on engaging local businesses in promoting health to their staff.
- **Healthy Choices Award** - the council works in partnership with NHS Tameside and Glossop (the PCT) to develop and manage the Healthy Choices Scheme. Approximately 100 local businesses are assessed for the healthiness of the food they sell, and those selling healthier options are given the Healthy Choices Award.
- **Salt Reduction Campaign** - a local salt reduction campaign is taking place, supported by the Food Standards Agency.
- **Sampling** - independent checks take place on product labels to make sure that any claims are clear, reliable and accurate.
- **Meal Service Quality Checks** - independent quality checks take place on some meal services, including meals on wheels and schools meals.

7.6.7 The Scrutiny Panel learned that the council could contribute further to health improvement if changes were made to the licensing regime in England and Wales. The Licensing Act currently contains several regulations, of which none relate to health. Therefore there is no statutory power to reject any licensing applications for health reasons.

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<sup>8</sup> The Rogers Review (March 2007) set the national enforcement priorities for local authority regulatory services.

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7.6.8 An additional health improvement licensing objective would enable the council to either reject applications or stipulate that food outlets sell healthier products.

7.6.9 The Government will not give local authorities further licensing powers until the current regulations have been used more frequently. However, Scotland already has a licensing objective regarding health. Consequently, the ten Greater Manchester local authorities are currently exploring if a health improvement licensing objective could be adopted locally.

## Conclusions

23. The Scrutiny Panel welcomes the Licensing and Enforcement Service's proactive and forward thinking approach to health improvement.

24. The council could contribute further to health improvement if changes were made to the licensing regime in England and Wales, to bring it into line with that in Scotland.

## Recommendations

10. That the Government considers amending the Licensing Act to include an additional health improvement objective which would enable the council to either reject applications or stipulate that food outlets sell healthier products.

### 7.6.10 Planning and Building Control

7.6.11 Current national planning policy<sup>9</sup> highlights the importance of well-designed and well-implemented planning policies for open space, sport and recreation; in order to improve health and wellbeing.

7.6.12 The national obesity strategy outlines the following:

- Promoting flexibilities in planning regulations, so local authorities can manage numbers and locations of fast food outlets, for example, near parks or schools;
- Encouraging local planning authorities to use designs to promote active lifestyles;
- A toolkit that draws together ways planning policy can promote physical activity, showcasing examples of good practice/success;
- Using the national planning policy review to identify where changes can be made to help tackle obesity and support healthy communities, e.g. making sure new housing estates provide easy access to sport and physical activity

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<sup>9</sup> Planning Policy Guidance Note 17: Planning for Open Space, Sport and Recreation, (24 July 2002)

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- 7.6.13 The National Institute of Clinical Excellence (NICE) has produced guidance on urban design, transport routes, buildings and school playgrounds<sup>10</sup> recommending that:
- Any planning applications prioritise the need for people to be physically active
  - Any new workplaces are linked to walking and cycling networks;
  - During building design, staircases are designed to encourage use.
- 7.6.14 Each council is required to have a Local Development Framework (LDF). The LDF is comprised of a series of documents which outline a long-term plan for the area.
- 7.6.15 The Core Strategy is one of these LDF documents. It sets out the borough's design, construction, housing and transport policies over the next 15-20 years. The Core Strategy is required to create a health improving environment.
- 7.6.16 The council's approach is moving towards focusing on health and wellbeing, quality of life and place-making; and will involve promoting active forms of travel, such as walking and cycling.
- 7.6.17 The council has yet to take forward the NICE recommendation that the design of public buildings should promote activity.
- 7.6.18 The Scrutiny Panel was pleased to learn that future national planning policy is likely to include the impact planning decisions make on health. Currently it is not possible for a local authority to reject planning applications for health reasons.
- 7.6.19 Despite this, in 2008 Waltham Forest Borough Council became the first authority to issue a supplementary planning document which prevented fast food outlets opening near schools, parks and youth centres; restricted fast food outlets opening hours; and limited the number of take-aways in town centres.
- 7.6.20 Tameside Council could consider adopting this approach as part of the Core Strategy.
- 7.6.21 Bolton Council have also recently issued a Planning Control Policy Note (February 2009) which restricts the number of fast food restaurants in a locality. However, this was issued to protect the appearance of local areas rather than address health concerns.

## Conclusions

25. National planning policy clearly makes it challenging for Planners to implement initiatives which promote public health. However, the Scrutiny Panel welcomes the council's revised approach towards a focus on health and wellbeing, quality of life and place making.

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<sup>10</sup> NICE public health guidance 8: Promoting and Creating Built or Natural Environments that Encourage and Support Physical Activity (January 2008)

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## Recommendations

11. That as the Local Development Framework for Tameside is developed; consideration is given to contributing to health improvement. The Scrutiny Panel is aware that this will be challenging and must take into account the boundaries of national planning policy.
12. That, wherever possible, the council considers taking forward National Institute for Clinical Excellence (NICE) guidance regarding building designs that promote activity.

### 7.6.22 Highways and Engineering

7.6.23 The national physical activity strategy promotes “active travel” as a method to combat obesity. It is estimated that 55% of trips by car are currently under 5 miles and 25% are under 2 miles.

7.6.24 The national “Travelling to School Initiative” requires that all schools in England develop a school travel plan by 2010 to reduce car use for the journey to school.

7.6.25 Nationally, cycling and walking programmes are being developed. Eighteen ‘Cycling Demonstration Towns’ are receiving investment to support more people to cycle and ‘Walk England’ is supporting communities to develop ‘Active Challenge Routes’ across the country.

7.6.26 NICE (National Institute for Clinical Excellence) guidance<sup>11</sup> on active travel recommends that:

- Pedestrians and cyclists are given the highest priority when developing or maintaining roads e.g. cycle lanes.
- Public open spaces and public paths can be reached easily by foot or bicycle.

7.6.27 Local authorities can influence traffic calming, transport, walking and cycling routes.

7.6.28 More locally, the Greater Manchester Transport Plan 2006/7 - 2010/11 aims to deliver a number of priorities including improving personal health. The Plan makes a direct link between transport and tackling obesity.

7.6.29 Tameside Council and partners are working on a range of projects and initiatives which promote active lifestyles and tackle obesity, as outlined below:

- Development of a Cycling Strategy.
- Working in partnership with Sustrans to develop cycling routes, add additional cycle parking, signage and encouragement of cycling.

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<sup>11</sup> NICE public health guidance 8: Promoting and Creating Built or Natural Environments that Encourage and Support Physical Activity (January 2008)

- A 'Cycle to Work' scheme for council employees which enable staff to loan bicycles as a tax and national insurance free benefit.
- The Greater Manchester Walking Strategy is implemented in Tameside, and the council also has a Public Rights of Way Improvement Plan.
- Tameside Council has a Green Travel Plan (2003) which promotes non-car travel.
- Work is underway to engage small and medium sized enterprises in sustainable travel.
- Each school in the borough has a School Travel Plan. The plans have been developed in consultation with schools, children and parents to promote sustainable travel.

7.6.30 The council is committed to promoting active travel, but because Tameside has inherited a Victorian road infrastructure (pavements/roads can be narrow) it can be a challenge creating continuous cycle lanes and networks. Despite this, work has taken place to make some cycling routes safer and more accessible.

## Conclusions

26. The Scrutiny Panel welcomes the range of activities underway to promote active travel.
27. Changing road designs by incorporating cycling routes can clearly create opportunities to increase activity.
28. The Scrutiny Panel is pleased that every school has a travel plan.
29. The Cycle to Work scheme is an excellent initiative which benefits employees financially and encourages staff to take more exercise.

## Recommendations

13. That, wherever possible, on and off-road cycling and walking routes are part of complete networks and are made as safe as possible.
14. That, where possible, secure cycling facilities are available at all Tameside Council sites for the safe storage of employee bicycles.
15. That School Travel Plans should be regularly revised to accommodate changing needs.
16. That all cycling and walking routes are maintained and wherever possible given priority in future developments.

## 7.7. Facilities and the Environment

7.7.1 In March 2007 Sport England produced guidance called "Active Design", aimed at urban designers, master planners and architects. Active Design is a set of design

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guidelines to promote opportunities for sport and physical activity in new developments. These are based around improving accessibility, enhancing amenity, and increasing awareness.

- 7.7.2 A partnership body called the Facilities and Environment Forum was established in Tameside in 2009. The aim is to help colleagues in health and building professions work together to ensure designs provide opportunities for wellbeing and physical activity.
- 7.7.3 The forum is performing an audit of open spaces, recreation and leisure facilities in Tameside. The results will provide an understanding of the gaps in provision and identify where further investment may be necessary.
- 7.7.4 The Scrutiny Panel was informed that there has been large scale public and private investment in the built environment recently, with substantial construction programmes underway. This presents a unique opportunity to create a borough in which healthy choices are easy choices.

## Conclusions

30. The Scrutiny Panel welcomes the establishment of the Facilities and Environment Forum. They can influence the environment and design of buildings, places and spaces; provide opportunities for people to take responsibility for their own wellbeing and build activity into their lives.

## Recommendations

17. That the recommendations of Facilities and Environment Forum are taken on board by Tameside Council and partners where possible.

## 7.8 Opportunities for Formal Physical Activity

- 7.8.1 The national physical activity strategy outlines a framework for physical activity aligned with sport. Local areas are best placed to understand gaps in provision and the approaches that will best meet local needs.
- 7.8.2 There is a national target to get 2 million more adults active by 2012 (the Olympic Legacy Action Plan target) by taking part in formal sports e.g. football, and other activities that increase the heart rate, e.g. gardening. There are several national initiatives in place to achieve this target including:
- Free swimming programme for people over 60 years,
  - Walking the Way to Health scheme, and
  - Change for Life scheme.
- 7.8.3 Sport England is the Government agency responsible for developing the community sport system and creating opportunities for all people to play sport.

7.8.4 The Sport England Strategy 2008-11 outlines several developments that will take place to encourage more people to take part. Some of these include investing in coaching, and improving sports club structures.

7.8.5 The National Institute for Clinical Excellence (NICE) has produced a range of public health guidance documents on physical activity which recommend that local authorities, PCTs and partners take the following actions:

- Develop and monitor local physical activity strategies;
- Provide the public with information on health benefits and how to become more active;
- Provide inactive and vulnerable groups with tailored information;
- Encourage people to be regularly active as part of their daily life;
- Ensure children can engage in physically active play.

7.8.6 Since 2005-6 the percentage of Tameside residents taking part in sport and active recreation has risen year on year, but remains below the national average, see table below:

	<b>Adult participation in sport and active recreation (%)</b>	
	<b>Tameside</b>	<b>National average</b>
<b>2008-9</b>	20%	21.38%
<b>2007-8</b>	18.9%	21.15%
<b>2006-7</b>	Not calculated	Not calculated
<b>2005-6</b>	17.9%	21.14%

7.8.7 Data for 2008-2009 shows that one in five people in Tameside participate in sport and active recreation, at moderate intensity, for at least 30 minutes 3 times a week<sup>12</sup>.

**7.8.8 Tameside Sports and Physical Activity Alliance (SPAA)**

7.8.9 The Sports and Physical Activity Alliance (SPAA) is a partnership of organisations from across sport, health, education, community safety and the local voluntary sector, including Tameside Council.

7.8.10 The objective of the SPAA is to improve the provision of sport and increase the network of clubs, coaches and volunteers in Tameside to help people take up sports and stay active.

7.8.11 The SPAA is responsible for delivering the Tameside Sports and Physical Activity Strategy 2007-2012, which sets out the vision for the development of sports and activity in the borough. The strategy aims to improve the sports infrastructure; raise awareness of the value of sports and activity; and increase participation in sport.

<sup>12</sup> Data from the One Place website ([www.oneplace.direct.gov.uk](http://www.oneplace.direct.gov.uk))

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7.8.12 The Sports and Physical Activity Strategy is underpinned by a delivery plan. The SPAA Delivery Plan 2008-10 aims to get 40,000 individuals more active. Tameside is on track to reach this target. In total 27,000 more adults and children have become active in the last two years, but not all of these people are engaged in activity or sports three times a week.

7.8.13 The SPAA regularly undertakes consultation to make sure that the strategy and delivery plan reflect the services and activities that local people want and need.

7.8.14 The Tameside SPAA is linked into the regional Greater Manchester Sports Partnership which works towards a single system for sport in Greater Manchester.

7.8.15 The SPAA programme is funded from various sources, including Tameside Council, NHS Tameside and Glossop and external grants. Sport England has provided a three year grant of £283,000 towards the SPAA programme.

#### 7.8.16 **Sports Development**

7.8.17 Tameside Council's Sports Development Service promotes and develops sports and activity in the borough. The service is represented on SPAA and is responsible for a range of programmes, including:

- Increasing physical activity opportunities in Tameside - getting 10,000 people more active each year e.g. by running family days at leisure centres;
- Delivering quality sports lessons in schools and after school clubs;
- Providing the 'Sports Plus' programme working with overweight young people to try and get them active;
- Getting young people back into sports by use of community 'X Clubs' which offer over 50 hours of sports activities a week - attendance has increased from 450 in 2007-8 to 750 in 2008-9;
- Providing sports opportunities for disabled people, in 2008-9, providing over 2,100 hours of opportunities;
- Working with the council's Youth Offending Team and Youth Service to encourage young people into positive activities;
- Providing training for coaches and opportunities for volunteers - 162 individuals have gained qualifications so far; and
- Supporting local sports clubs by providing coach education and funding advice - there are currently over 300 sports clubs in Tameside.

7.8.18 The Sports Development Service has ensured that more children and young people are engaged in school sport for two hours a week. In 2006 performance was 75%. This increased to 86% in 2008. In primary schools 99% of pupils now take part in two hours of sports a week.

#### 7.8.19 **Tameside Sports Trust**

7.8.20 Tameside Sports Trust was established in 1999 to manage Tameside Council's nine sports facilities. These include:

- Copley Centre,
- Hyde Leisure Pool,

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- Medlock Centre,
  - Ashton Pools,
  - Dukinfield Pool,
  - Denton Pool,
  - Oxford Park,
  - Longdendale Centre, and
  - Etherow Centre.

7.8.21 The Trust also works in partnership with the following three schools to provide community sports facilities during evenings and weekends:

- Fairfield High School for Girls, Droylsden;
- Egerton Park Arts College, Denton; and
- St Thomas More RC High School, Denton.

7.8.22 Tameside Sports Trust is a registered charity. All profits are re-invested in the organisation. It costs £7 million per year to run the facilities. Funding for the Trust comes from an annual Tameside Council grant of £1.9 million, other funds are raised from charging for facilities.

7.8.23 Since 2005, £17.45 million has been invested in Tameside Sports Trust facilities. This had been provided by Tameside Council (£10.2 million); Tameside Sports Trust (£5 million); Sport England (£1.25 million) and private investment (£1 million).

7.8.24 The Trust works in partnership with other organisations e.g. the Health Improvement Service (PCT) run 'Health Checks' at sports centres.

7.8.25 Tameside Sports Trust manages a range of facilities across the borough including:

- 5 air conditioned gyms;
- 6 swimming pools;
- Indoor sports halls and activity areas (for football, badminton, squash, netball, basketball, aerobics and other exercise sessions); and
- Two football centres (each site has four floodlit pitches).

7.8.26 Tameside Sports Trust provides a range of programmes to support people to become active, including:

- Memberships for all Sports Trust facilities;
- Free swimming for looked after children and people aged 60 years and over;
- 'Teen Fit' for 13-16 year olds which gives access to gyms and swimming pools for £15 a month;
- Contribution to the Health Trainer programme when people are referred for physical activity; and
- Organisation of sports festivals e.g. family sporting activities at the Festival of Sport, Medlock Centre attracting 1,000 people.

7.8.27 The Scrutiny Panel undertook a site visit to Ashton Pools where Members visited the thermal suite, the swimming pool and the fitness suite.



Scrutiny Panel Members at one of the swimming pools in Ashton Pools.



Scrutiny Panel Members at the fitness suite in Ashton Pools.

7.8.28 A Scrutiny Panel Member and scrutiny staff also undertook a site visit of the Copley Centre, Stalybridge.



Fitness suite at the Copley Centre, Stalybridge.

- 7.8.29 The Scrutiny Panel was impressed with the quality and range of facilities available at both Ashton Pools and the Copley Centre, and was pleased to note that the design of all leisure centres in the borough was similar.
- 7.8.30 Regular user and non-user surveys are used to make sure Tameside Sports Trust facilities and activities are what Tameside residents want.
- 7.8.31 The costs of being a member of the Tameside Sports Trust are as follows<sup>13</sup>:

Type of Membership	Cost per month
Peak time membership	£32
Corporate membership – offered to organisations that sign up eight or more employees	£25
Off peak membership	£22.50
Concessionary membership	£19.50

- 7.8.32 These costs are cheaper than other local private leisure centres and comparable with similar facilities at other local authorities.
- 7.8.33 All Tameside residents can apply for a 'Leisure Key' card. This entitles residents to discounts on sports activities. The card costs £3 and is valid for 12 months.

<sup>13</sup> Prices correct at July 2009

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#### 7.8.34 **Engagement**

7.8.35 Tameside Council's Sports Development Service and Tameside Sports Trust work together through SPAA to try to engage with the least active, and hard to reach groups via outreach work.

7.8.36 The following initiatives to engage with hard to reach and the least active individuals are delivered:

- Over 2,100 hours of direct provision for disabled people per year including sessions at residential accommodation;
- Gym equipment is adaptable for use by disabled people;
- Free community sports sessions are held in priority regeneration neighbourhoods;
- An 'Active Plus' scheme provides discounts for people on low incomes;
- 'Girl's Active' targets teenage girls who do not participate in sports and activity;
- 'Sport Plus' offers personalised support to young people, delivered in schools;
- 'Back to Sport' aims to re-introduce adults back into sport e.g. a successful netball programme at Oxford Park; and
- Guided health walks and gentle exercise classes for people in sheltered accommodation.

#### 7.8.37 **Marketing**

7.8.38 SPAA co-ordinates marketing activity to raise awareness and create a demand for the range of sports facilities, activities and sports clubs available in the borough.

7.8.39 Sports and activities are advertised on the websites of Tameside Council and Tameside Sports Trust; with regular press releases and editorials; by direct marketing at community forums and events; and on local radio.

7.8.40 In 2009-10 the SPAA launched the 'Get Moving' campaign to encourage residents to become active.

7.8.41 The long term challenge for the SPAA is to break the sedentary culture and create a demand for physical activity and better nutrition. Lack of motivation is a significant barrier for many people in living healthier lifestyles.

### **Conclusions**

31. The Scrutiny Panel welcomes the range, accessibility and high quality of leisure centre facilities in the borough due to recent extensive refurbishment.
32. The Scrutiny Panel recognises the effort that has been made by all partners regarding marketing activity.

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## Recommendations

18. That the Tameside Sports Trust gives consideration to further improving marketing and publicity, including the website; which the Panel feels does not fully reflect the high quality facilities available.
19. That Tameside Sports Trust ensures all new members are asked to fill in the medical form in the first instance before joining the leisure centre.
20. That investment continues to be provided to maintain current service provision.
21. That the SPAA works with schools to take full advantage of Building Schools for the Future sports facilities for community use in order to make more facilities available in more locations across the borough.

## 7.9 Opportunities for Informal Physical Activity

- 7.9.1 The opportunity to explore safe, attractive and interesting parks or streets can encourage people to take up recreational walking and cycling.
- 7.9.2 Natural environments have been shown to reduce chronic stress and enhance a sense of wellbeing. Natural space also has a restorative effect on adults suffering from depression or anxiety.
- 7.9.3 Being more active is often the starting point for people to become involved in more structured exercise. Research shows that one of the most significant reasons why people do not take part in sport is because they do not consider themselves to be healthy enough.
- 7.9.4 Walking is the most popular recreational activity for adults according to Sport England's Active People Survey.
- 7.9.5 'Green Gyms' are where volunteers work to improve natural environments by undertaking conservation, thus increasing peoples' physical activity and promoting good mental health.
- 7.9.6 Local authorities can contribute because of their influence in shaping parks and countryside services.
- 7.9.7 **Country Parks**
- 7.9.8 There are 54 countryside sites in Tameside. Every person in the borough lives within one and a half kilometres of countryside. There are 126 miles of 'Rights of Way' footpaths in the borough and a network of canal towpaths.
- 7.9.9 Tameside Council's Countryside Service has an annual programme of events, such as guided wildlife walks, group hiking and an annual vintage car rally. In 2007-08, 7,332 people attended 145 organised events.

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7.9.10 Other opportunities include:

- Orienteering and wayfaring courses;
- Individuals can apply to be Voluntary Rangers - volunteers completed 1,699 days work (worth £85,000) in 2007-08; and
- Young people can take part in a range groups e.g. 'It's a Wild Thing' club

7.9.11 A series of twelve self-guided 'Countryside Health Walks' have been developed in partnership by Tameside and Oldham Councils and the West Pennine Health Authority. They are designed to help people get and stay fit by enjoying short, easy walks.

7.9.12 The Countryside Service is aware that under-represented groups using the countryside in Tameside include disabled, BME groups, young people and lone women. A higher proportion of older people tend to use the countryside in Tameside compared to the national average.

7.9.13 The Countryside Service is working to remove barriers to using the countryside. For example:

- Leaflets have been produced to inform disabled people;
- Information is provided to parents and young people;
- Rangers patrol country parks and cut back shrubs to provide more pathways with clear sight lines so people feel safer.

7.9.14 Activities are advertised in an annual events leaflet, by press releases, and by direct marketing at events, such as markets and school fairs. A temporary mobile unit is placed in the borough's town centres to provide information and generate public interest.

7.9.15 A Member of the Scrutiny Panel and scrutiny staff undertook site visits to Park Bridge, and Werneth Low and Daisy Nook country parks.



Footpath at Park Bridge



Footpath at Werneth Low Country Park



Footpath at Daisy Nook Country Park

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- 7.9.16 Public transport is a significant barrier for some people accessing the countryside. The three visitor centres in Tameside are heavily reliant on people driving and walking to them as most are not close to public transport.
- 7.9.17 It is a priority for the Countryside Service to promote the mental health benefits of using the countryside; and to work more closely with the District Assembly Service, who are responsible for urban parks.
- 7.9.18 **Urban Parks**
- 7.9.19 Each of Tameside's 8 District Assembly areas has a Town Plan with objectives to improve health.
- 7.9.20 There are 22 formal urban parks in the borough and many more open spaces. Tameside has 12 Green Flags and 5 Pennants which recognise well managed parks and open spaces, the highest number for all local authorities in Greater Manchester.
- 7.9.21 Victoria Park has also been awarded a Green Heritage Award for the work done to preserve and enhance the park's heritage.
- 7.9.22 There had been significant investment in Tameside parks and open spaces in recent years. Stamford Park is being developed and following investment, has a target of getting 350,000 people to visit each year.
- 7.9.23 A Member of the Scrutiny Panel and scrutiny staff undertook a site visit to Stamford Park.



Footpaths at Stamford Park, Stalybridge.

7.9.24 In 2009 Granada Park had health and fitness stations installed for use by older people. The Chair of the Scrutiny Panel and scrutiny staff undertook a site visit to look at the new facilities.



Leg press at Granada Park



Cross trainer at Granada Park

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- 7.9.25 Friends Groups have been established in many parks. They are instrumental in securing extra funding for the development of parks and organising events.
- 7.9.26 Other initiatives and facilities are in place to encourage more use:
- Health Walks designed using routes in some of the urban parks;
  - Civil Military Company fitness sessions are held in Stamford Park;
  - 46 football pitches in the borough;
  - 23 bowling greens in urban parks;
  - 780 allotments on 19 sites in Tameside;
  - Events such as the Tameside Horticultural Show, Garden Competitions, and the Grow for Grow Scheme.
- 7.9.27 The council's District Assembly Service is working with the Sports Development Service to develop further activities in parks e.g. child and parent sporting sessions.
- 7.9.28 **Improving Perceptions of Safety**
- 7.9.29 NICE guidance<sup>14</sup> recommends that local authorities should work with partners to create safe spaces for physical activity, providing safe play areas and making streets cleaner and safer.
- 7.9.30 Reducing fear of crime could encourage more people to use open public spaces. It is a priority for the council and Crime and Disorder Reduction Partnership (CDRP) to address crime and fear of crime. There are two performance indicators included the Local Area Agreement (LAA).
- 7.9.31 Tameside council regularly measures fear of crime using the Citizens' Panel Survey. In 2010, 97% of people feel safe in their neighbourhood during the day and 57% feel safe in their neighbourhood after dark.
- 7.9.32 The appearance of an area may affect people's perceptions of safety. There is no evidence to suggest perceptions and actual levels of crime are the same, for instance, 66% of people are worried about burglary, but only 4% are victims.
- 7.9.33 The Crime and Disorder Reduction Partnership (CDRP) uses a range of initiatives to tackle crime and fear of crime, including the visible presence of uniformed officers and joint partnership operations to reduce anti-social behavior.
- 7.9.34 The CDRP also undertakes a significant amount of work to promote physical and mental wellbeing in order to prevent fear of crime. Alley-gating areas can be used for exercise; offenders are involved in physical activity as part of Community Payback; and football, litter picking and bicycle maintenance are used to encourage young people into positive activities.
- 7.9.35 The Anti-Social Behaviour Team refers young people onto activities, such as the Aim High project. Drug and Alcohol Service users are encouraged to become

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<sup>14</sup> NICE Clinical Guideline 43: Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (December 2006)

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involved in sport and the CDRP is also working with local businesses to develop alcohol policies.

## Conclusions

33. The natural environment has a number of health benefits. It provides opportunities for physical activity and also improves mental health, reducing stress and improving wellbeing.
34. The Scrutiny Panel was impressed with the range and quality of countryside sites, open spaces and urban parks, and the activities and events, available for Tameside residents to enjoy.
35. The Countryside Service acknowledges that there are some barriers to using rural spaces in the borough and the Scrutiny Panel is pleased to note that these are being actively managed.
36. The Scrutiny Panel welcomes the Voluntary Rangers programme which is providing the council with valuable support at a time of economic challenge.
37. The Scrutiny Panel is impressed with the community groups that have been established for local parks.
38. People's fear of crime is significantly higher than their actual experience of crime and this appears to impact on willingness to use parks, countryside and open spaces.

## Recommendations

22. That the Countryside Service considers expanding the use of volunteers to provide support for the programme of activities and maintenance of the countryside.
23. That the Countryside Service looks at how it can work with partners (particularly District Assemblies) to further improve marketing, this joint working may also generate efficiencies.
24. That District Assemblies consider the feasibility of providing skate ramps and cycle facilities in urban parks when undergoing programmed improvement works, to increase opportunities for young people.

## 7.10 Approaches in Other Areas

### 7.10.1 Liverpool GOALS scheme

- 7.10.2 The GOALS (Getting Our Active Lifestyles Started) scheme is a family-based programme for overweight children and young people who want to make healthy

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changes to their lifestyles. It is run by Liverpool John Moores University in partnership with Liverpool City Council and Alder Hey Children's Hospital.

7.10.3 The programme runs for 18 weeks and involves food education and games. Families are given individually tailored support.

7.10.4 GOALS began in 2003 and so far eighty families have completed the programme. It costs around £1000, per referral, onto the scheme.

7.10.5 **Manchester Points 4 Life**

7.10.6 'Points 4 Life' is a loyalty programme where participants receive points which are redeemable against healthy goods / services from a range of public / private sector sources.

7.10.7 Manchester will receive £4.6 million from the Government, matched by local contributions, to fund the pilot scheme.

## 10. Conclusions

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1. Lifestyles are a key factor in whether individuals are likely to become obese.
2. Obesity has a significant negative impact on a number of areas of health and wellbeing, which has a direct impact on life expectancy.
3. Obesity has a greater impact on areas with high levels of deprivation.
4. Data regarding the prevalence of overweight and obesity amongst adults in Tameside is not as readily available as the same data for children. Available information suggests that a higher proportion of the adult population in Tameside is overweight and obese, compared to the regional and national averages.
5. Tameside residents are therefore more likely to develop certain types of cancer, heart disease, hypertension, type 2 diabetes, strokes and liver disease; as the likelihood of having such conditions increases if individuals are overweight or obese.
6. In the Citizens' Panel Survey, 32% of people in Tameside considered themselves to be overweight. However, GP obesity registers in the borough suggest that the problem is more significant than this, with 33% being obese rather than overweight.
7. The Citizens' Panel Survey shows the three most significant barriers to people undertaking sports and physical activity are time, cost and lack of motivation.
8. There is a significant difference between Tameside residents' actual and perceived levels of sports and physical activity.

9. The role of the PCT is to lead and co-ordinate the Obesity Strategy and Action Plan on behalf of the Tameside Strategic Partnership.
10. Obesity is both a health and a lifestyle issue. Reducing the prevalence of obesity involves the co-operation of a wide range of partners across Tameside and beyond.
11. Reducing obesity is a strategic priority for the Tameside Strategic Partnership and NHS Tameside and Glossop.
12. Programmes are being developed through the Obesity Strategy and Action Plan to encourage children and families to become more active and challenge behaviours which can lead to weight gain.
13. The Panel are acutely aware of the importance of making the most effective use of available resources to tackle obesity, particularly given the current and anticipated financial challenges for the NHS and the wider public sector.
14. The Panel welcomes the additional resources being allocated for breastfeeding services provided by community midwifery as a result of the Making It Better review of children's and maternity services in Greater Manchester.
15. Obesity is a complex issue. People that are obese or overweight tend to experience a number of issues, in addition to their weight, which present barriers to leading healthier lifestyles.
16. The Scrutiny Panel welcomes the range of weight management programmes in place which provide opportunities to receive personalised advice on diet and lifestyle.
17. It is essential for all partners to work together to tackle obesity and encourage people to live healthier lifestyles, given the complexity and scale of the issue.
18. The Scrutiny Panel welcomes the type of personalised advice and support provided by the Health Improvement Service to encourage people to change their lifestyles. These initiatives are in line with the best practice recommendations by NICE and the national obesity strategy, 'Healthy Weight, Healthy Lives'.
19. It is clear that GPs are essential in tackling obesity and promoting healthy lifestyles.
20. The Scrutiny Panel acknowledges that some GPs may have limited time to engage all patients in improving their lifestyles.
21. The Scrutiny Panel believes that some GPs may have limited knowledge of Health Improvement Services programmes that they can refer patients to in order to get advice and support to change their lifestyles.

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22. The Scrutiny Panel was disappointed that GPs chose not to engage with the Obesity Review and feels that this was a missed opportunity to inform the Panel's recommendations about how obesity services could be delivered more effectively and efficiently.
  23. The Scrutiny Panel welcomes the Licensing and Enforcement Service's proactive and forward thinking approach to health improvement.
  24. The council could contribute further to health improvement if changes were made to the licensing regime in England and Wales, to bring it into line with that in Scotland.
  25. National planning policy clearly makes it challenging for Planners to implement initiatives which promote public health. However, the Scrutiny Panel welcomes the council's revised approach towards a focus on health and wellbeing, quality of life and place making.
  26. The Scrutiny Panel welcomes the range of activities underway to promote active travel.
  27. Changing road designs by incorporating cycling routes can clearly create opportunities to increase activity.
  28. The Scrutiny Panel is pleased that every school has a travel plan.
  29. The Cycle to Work scheme is an excellent initiative which benefits employees financially and encourages staff to take more exercise.
  30. The Scrutiny Panel welcomes the establishment of the Facilities and Environment Forum. They can influence the environment and design of buildings, places and spaces; provide opportunities for people to take responsibility for their own wellbeing and build activity into their lives.
  31. The Scrutiny Panel welcomes the range, accessibility and high quality of leisure centre facilities in the borough due to recent extensive refurbishment.
  32. The Scrutiny Panel recognises the effort that has been made by all partners regarding marketing activity.
  33. The natural environment has a number of health benefits. It provides opportunities for physical activity and also improves mental health, reducing stress and improving wellbeing.
  34. The Scrutiny Panel was impressed with the range and quality of countryside sites, open spaces and urban parks, and the activities and events, available for Tameside residents to enjoy.
  35. The Countryside Service acknowledges that there are some barriers to using rural spaces in the borough and the Scrutiny Panel is pleased to note that these are being actively managed.

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36. The Scrutiny Panel welcomes the Voluntary Rangers programme which is providing the council with valuable support at a time of economic challenge.
  37. The Scrutiny Panel is impressed with the community groups that have been established for local parks.
  38. People's fear of crime is significantly higher than their actual experience of crime and this appears to impact on willingness to use parks, countryside and open spaces.

## 11. Recommendations

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1. That the Obesity Strategy should be reviewed and refreshed regularly and on a timely basis to ensure continuity of work undertaken to address obesity.
2. That in the refreshment of the Obesity Strategy, NHS Tameside and Glossop takes the opportunity to use existing consultation and engagement exercises with members of the public to inform the development of services and programmes to tackle and prevent obesity.
3. That the current levels of investment in obesity prevention services be maintained in Tameside in order to help to reverse the trend in obesity rates, which in turn should produce cost savings for NHS Tameside and Glossop, due to decreasing demand for health services.
4. That, in line with National Support Team for Health Inequalities recommendations, obesity services should be rolled out consistently across Tameside to ensure everyone has equal access to them.
5. That all members of the Health Partnership give consideration to using their existing capacity and resources to support partner organisations to deliver obesity reduction programmes.
6. That the partnership approach to tackling obesity is strengthened across the public, private and voluntary sector in order to ensure all organisations make the most effective use of their resources.
7. That NHS Tameside and Glossop engage all GPs in borough, and particularly those in areas with poor health outcomes, to ensure they signpost more patients, where appropriate, to the Health Improvement Service.
8. That the PCT undertake further work to raise awareness of the Health Improvement Service amongst GPs.

9. That NICE and the Department of Health revise the Quality and Outcomes Framework (QOF) performance indicator regarding obesity. The current indicator requires GPs to maintain a register of obese patients - which should remain. In order to improve patient outcomes it may be effective for GP's performance to be linked to reducing the weight of obese patients on their register.
10. That the Government considers amending the Licensing Act to include an additional health improvement objective which would enable the council to either reject applications or stipulate that food outlets sell healthier products.
11. That as the Local Development Framework for Tameside is developed; consideration is given to contributing to health improvement. The Scrutiny Panel is aware that this will be challenging and must take into account the boundaries of national planning policy.
12. That, wherever possible, the council considers taking forward National Institute for Clinical Excellence (NICE) guidance regarding building designs that promote activity.
13. That, wherever possible, on and off-road cycling and walking routes are part of complete networks and are made as safe as possible.
14. That, where possible, secure cycling facilities are available at all Tameside Council sites for the safe storage of employee bicycles.
15. That School Travel Plans should be regularly revised to accommodate changing needs.
16. That all cycling and walking routes are maintained and wherever possible given priority in future developments.
17. That the recommendations of Facilities and Environment Forum are taken on board by Tameside Council and partners where possible.
18. That the Tameside Sports Trust gives consideration to further improving marketing and publicity, including the website; which the Panel feels does not fully reflect the high quality facilities available.
19. That Tameside Sports Trust ensures all new members are asked to fill in the medical form in the first instance before joining the leisure centre.
20. That investment continues to be provided to maintain current service provision.
21. That the SPAA works with schools to take full advantage of Building Schools for the Future sports facilities for community use in order to make more facilities available in more locations across the borough.
22. That the Countryside Service considers expanding the use of volunteers to provide support for the programme of activities and maintenance of the countryside.

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23. That the Countryside Service looks at how it can work with partners (particularly District Assemblies) to further improve marketing, this joint working may also generate efficiencies.
  24. That District Assemblies consider the feasibility of providing skate ramps and cycle facilities in urban parks when undergoing programmed improvement works, to increase opportunities for young people.

## 10. Borough Treasurer's Comments

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The future level of investment in obesity and related services will reflect the priority given this service area and the future functions and funding levels for the Council following the Comprehensive Spending Review; and will need to recognise the future benefit that early and effective intervention will bring'

## 11. Borough Solicitor's Comments

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It is important that so far as possible the Council implements early intervention methods that prevent the spiralling cost and health consequences of the effects of obesity. It should be noted that obesity is increasingly becoming an issue in child protection cases across the country.

# 12. Appendices

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## Appendix 1

The scope and project plan for this review.

## Appendix 2

The full list of questions and results in the Tameside Citizens' Panel Survey (March 2009) regarding the opportunities and barriers that Tameside residents experience in leading more active and healthy lives, and their perceptions of their own weight and physical activity levels.

**Personal and Health Services Scrutiny Panel****Obesity Review  
Project Plan – January 2009****Aim of the Scrutiny Review Exercise**

To consider the opportunities and barriers that affect Tameside residents of all ages and enable them to lead healthy active lives, and prevent or address problems of obesity.

**Objectives**

To ensure the following objectives are met when completing this scrutiny review:

- A. To look at the healthy lifestyle programmes, particularly relating to weight management, and opportunities that are available to Tameside residents to enable them to lead active and healthy lives.
- B. To examine the barriers and constraints that prevent people in the borough, particularly hard to reach and vulnerable groups, from leading active and healthy lifestyles.
- C. To consider the effectiveness of the approach taken, by the various appropriate partnerships, to tackling obesity among young people, given the significant impact this has upon health outcomes in adult life, including life expectancy.
- D. To look at the work of other health partnerships and best practice in relation to promoting opportunities for living healthier lifestyles.

**Value for Money / Use of Resources**

This review will consider the opportunities and barriers that Tameside residents experience in leading more active lives. Promoting healthy lifestyles will contribute to reducing the burden on the Council and the NHS by decreasing obesity rates, obesity related illnesses and increasing life expectancy.

### Equalities Issues

This review will examine the impact of healthy lifestyle programmes on reducing obesity and obesity related illnesses amongst all Tameside residents. Promoting active lifestyles will contribute to reducing health inequalities in the borough.

### Local Area Agreement Targets

Reducing health inequalities and promoting healthy lifestyles are key priorities for the Tameside Health Partnership. This is reflected in the following Local Area Agreement 2008-11 measures:

- NIS 120: Mortality rate - all age all cause
- NIS 121: Mortality rate - from Cardio Vascular Disease under 75 years
- Local 8: Mortality rate - inequalities between males and females
- NIS 55: Obesity in primary school age children in Reception
- NIS 56: Obesity in primary school age children in Year 6

Reducing health inequalities is also a priority for Tameside Council. The authority uses the following National Indicators (NIS) to measure progress in this area:

- NIS 8: Adult participation in sport and active recreation
- NIS 119: Self-reported measure of people's overall health and wellbeing
- NIS 137: Healthy life expectancy at age 65
- PESSCL survey measuring young peoples' participation in school and community sport

### Timescale

It is anticipated that the review will be completed by Autumn 2009

## Detailed Action Plan (in broadly chronological order)

Action	Objective met	Timescale	Lead Scrutiny Panel member(s) and/or Scrutiny Support Officer(s)	Monthly update
1 To meet with the Lead Officer from Tameside and Glossop PCT to receive information on their approach to promoting healthy lifestyles and tackling obesity, including: The approach to promoting physical activity, including GP prescriptions for gym membership; The approach to promoting eating healthy foods; Progress on developing an Obesity Strategy and Obesity Action Plan.	A, B, C	End February 2009	The Scrutiny Panel	✓
2 To meet with the Health Partnership Lead Officer to receive information on their multi-agency approach to tackling obesity and promoting healthy lifestyles through physical activity and healthy eating.	A, B, C	End July 2009	The Scrutiny Panel	✓
3 To meet with the TMBC Lead Officer for Planning and Building Control to receive information on their contribution to tackling the obeseogenic environment.	A, B, C	End March 2009	The Scrutiny Panel	✓

4	To meet with the TMBC Lead Officer from the Countryside Service to receive information on the opportunities and barriers Tameside residents experience in using local parks and open spaces for physical activity, including: Range of activities/ facilities; Cost; Accessibility; Safety.	A, B, C	End April 2009	The Scrutiny Panel	✓
5	To undertake site visits to the following country parks to consider and compare the opportunities and barriers for physical activity: Stalybridge Country Park, Tameside; Park Bridge, Tameside; Stamford Park – this park will act as a template for the development of other parks in the borough; Clayton Vale, Manchester.	A, B, C, D	March-May 2009	The Scrutiny Panel / Scrutiny Support Officer	✓ Werneth Low Country Park, not Stalybridge, was selected for a site visit.
6	To meet with the Lead Officer from Tameside Sports Trust to receive information regarding the facilities available for Tameside residents to participate in physical activity in the borough, including: Range of facilities / activities; Cost; Accessibility; Locations.	A, B, C,	End June 2009	The Scrutiny Panel	✓

7	To undertake a site visit to a Tameside Leisure Centre to consider the opportunities and barriers involved in using these facilities, including: Range of facilities/ activities; Cost; Accessibility; Locations.	A, B, C	March-May 2009	The Scrutiny Panel / Scrutiny Support Officer	✓
8	To meet with the Lead Officer from the Tameside Sports and Physical Activity Alliance (SPAA) to receive information regarding: Priorities of the SPAA; Multi-agency programmes and initiatives to promote active lifestyles.	A, B, C	End June 2009	The Scrutiny Panel	✓
9	Draft report to the Scrutiny Panel	All	Autumn 2009	The Scrutiny Panel	
10	Final report to the Scrutiny Panel	All	Autumn 2009	The Scrutiny Panel	

## Anticipated Agenda for Scrutiny Panel Meetings

Date of Scrutiny Panel Meeting	Item
18 February 2009	<p><b>Strategic Approach</b></p> <p>Tameside and Glossop PCT</p>
25 March 2009	<p><b>Tackling the Obeseogenic Environment</b></p> <p>Facilities / Environment Forum Lead Officer (Roger Greenwood)            Planning and Building Control (Peter Mowbray)            Development Control and the limitation of fast foods (Bob Tacey)            Licensing and Enforcement (Ian Saxon)            Highways/ Engineers (Phil Calverley)</p>
8 April 2009	<p><b>Physical Activity - informal</b></p> <p>Urban Parks (Stuart Mollison or Mike Round - District Assemblies)            Country Parks (Carl Baron, Countryside Service)            Community Safety (Lisa Lees)</p>
1 July 2009	<p><b>Physical Activity - formal</b></p> <p>Tameside Sports Trust (Neil Chasity)            Sports Development (Toby Wood and Mark Tweedie)            SPAA (Toby Wood and Mark Tweedie)</p>
29 July 2009	<p><b>Community Approach</b></p> <p>Tameside Health Partnership Lead Officer (Debbie Bishop)            Health Outreach Worker, Denton South (John Smith)</p>
26 August 2009	<p><b>GPs / Local Medical Committee</b></p> <p>Approach of GPs to tackling obesity in practice.            Patient referrals to:            slimming clubs;            exercise;            dietary advice.</p>



### Tameside Citizens' Panel March 2009

This survey has been sent out to all resident members of the Tameside Metropolitan Borough Citizens' Panel.

We hope you are able to complete and return this survey and help us deliver the best local services we can, based on the views of local residents.

Percentages based upon 1,117 completed questionnaires – results weighted by Area

**The Personal and Health Services Scrutiny Panel is undertaking a project about the opportunities and barriers that Tameside residents experience in leading more active and healthy lives. The information from this survey will be used, with a range of other evidence, to inform the Panel's final report and recommendations.**

9. How many times do you carry out a total of 30 minutes of physical activity which makes you breathe harder than normal, makes your heart beat faster than normal, or makes you feel slightly warmer than normal? This total could be a combination of more than one session, for example three separate 10 minute sessions. These activities include sporting activities such as team or individual sports, gym sessions and swimming. Other activities to include are physical activity such as walking, dancing, gardening or housework. **PLEASE TICK ONE BOX ONLY**

3 times a week or more	43.5%	Once a month	3.0%
Twice a week	23.3%	Less than once a month	6.5%
Once a week	12.8%	Never	6.6%
Once a fortnight	4.3%		

10. Does anything stop you from taking exercise? **PLEASE TICK ALL THAT APPLY**

Limited range of activities available	11.2%	Lack of motivation	22.6%
Limited facilities available	10.8%	Don't know what is available	12.6%
High cost of using facilities	39.1%	Lack of time	41.4%
High cost of travelling to local facilities	6.8%	Lack of access to childcare facilities	5.6%
Location of local facilities	10.6%	Times that the activities take place	15.9%
Don't feel safe	7.4%	Don't feel physically able to exercise	11.9%
Other, please write in.	16.5%		

11. What would make you more willing to take exercise? **PLEASE TICK ALL THAT APPLY**

If more activities were available	23.8%	If facilities and parks were closer to home	15.1%
Better facilities	22.5%	If I felt safer using parks/open spaces	19.0%

If the costs were cheaper	57.0%	Better publicity/if I was more aware of what was available	27.3%
Better public transport to facilities and parks	13.3%	Other, please write in.	17.0%

12. Do you consider yourself to be: ...? **PLEASE TICK ONE BOX ONLY**

<b>Underweight</b>	<b>A healthy weight</b>	<b>Overweight</b>	<b>Prefer not to say</b>
2.0%	63.3%	32.0%	2.7%

13. Would you like to receive information about how to improve your health? **PLEASE TICK ONE BOX ONLY**

<b>Yes</b>	<b>No</b>
40.7%	59.3%