

**Statement of**

**Scrutiny Board**  
**(Health and**  
**Adult Social Care)**

**Obesity Working Group**

# Introduction



## Introduction

1. In April 2006, Scrutiny Board (Health and Wellbeing) carried out an inquiry into Childhood Obesity: Prevention and Management.
2. Obesity was added to our work programme this year to build on the work carried out during 2005/6 and to reflect this Board's continuing concern about this issue. We decided that a one-off, task-and-finish working group should be established to consider the matter at a meeting on 12<sup>th</sup> March 2008, with a focus on adult obesity this time.
3. In January 2008, a cross-government strategy for England was published, *Healthy Weight, Healthy Lives*. At the meeting in March, we considered this national strategy and a key local strategy *Active Leeds: A Healthy City*, the physical activity strategy for Leeds 2007-2012.
4. The overall aim of the meeting was to discuss obesity in Leeds with professionals working in the field. To consider what is being done to reduce levels of obesity, how work around reducing obesity might be assisted, and to look at the

challenges, barriers and possible solutions for Leeds.

5. The Working Group comprised:-

Cllr J Bale  
Cllr J Chapman (Chair)  
Joy Fisher  
Cllr J Illingworth  
Cllr G Kirkland  
Cllr L Russell

Attending the Working Group as witnesses were:-

**Janice Burberry**, Children's Obesity Lead, Leeds PCT  
**Dr Ian Cameron**, Director of Public Health  
**Emma Croft**, Lead on Obesity, Leeds PCT  
**Prof Paul Gately**, Carnegie Professor of Exercise and Obesity, Leeds Met  
**Prof Jim McKenna**, Carnegie Faculty of Sport and Education, Leeds Met  
**Tim Parry**, Senior Transport Planner, Leeds City Council  
**Prof Mary Rudolf**, Consultant Paediatrician and Professor of Child Health, Leeds PCT and University of Leeds  
**Stefan Taylor**, Physical Activity Manager, Leeds City Council.

# Introduction

## Physical Activity

1. We began by considering the potential of cycling and walking to reduce obesity. Tim Parry provided us with some useful statistics about daily physical activity in Leeds.
2. For adults and older people, at least 30 minutes a day of moderate intensity physical activity, such as brisk walking and cycling, on five or more days of the week is recommended for general health benefits. 45-60 minutes per day is necessary to prevent obesity.<sup>1</sup> Currently in Leeds only 10% of the adult population takes part in five or more 30 minute sessions weekly, and a substantial proportion takes less than 30 minutes weekly.<sup>2</sup>
3. 57,000 adult residents in Leeds live within 2km (1¼ miles) of their workplace, a suitable walking distance. Of these, 43% travel to work by car, 44% walk and 2% cycle. 221,000 adult residents in Leeds live within 10km (6 miles) of their workplace, a suitable cycling distance. Of these, 60% travel to work by car, 14% walk and 2% cycle.<sup>3</sup>
4. We feel that cycling, walking and exercise should be fun and cycling can be very off-putting in a busy city like Leeds. The perception seems to be that it will be too difficult, or even too dangerous, because of the heavy traffic and other hazards.
5. The National Institute for Health and Clinical Excellence recommends that the physical infrastructure for everyday walking and cycling is improved and we agree. We feel that, despite the policies to promote walking and cycling which have been in place since the mid 1990's, cycling generally loses out to other highways priorities.
6. We heard from Janice Burberry about the DAZL programme, which engages children in physical activity based around dance. The programme runs in deprived neighbourhoods. We are interested in this project and other similarly innovative ideas to encourage physical activity. Sports based activities are good for those who like them, but it is important to recognise that lots

<sup>1</sup> 2004 Chief Medical Officer's report At Least Five a Week

<sup>2</sup> Active Leeds: A Healthy City consultation draft 2007.

<sup>3</sup> 2001 Census Table S121. These are rounded figures for journeys to work and exclude school children, students and people working at home.

# Comments



of people will not choose to engage with any activity presenting itself as 'sport'.

7. Some of the factors identified as affecting participation in physical activity are; less family time; lack of childcare provision and parents wariness of letting their children go out alone.<sup>4</sup> To address these points, we would really like to see programmes developing which provide an opportunity for families to be active together. Exercising in this way will have a range of health benefits for all the family.
8. We would like to see messages about physical activity and healthy eating in all sorts of places – not just doctors surgeries and health and leisure centres, to target different audiences. We heard from the PCT that people living in deprived areas are four times more likely to be obese. We would like to see information and access to programmes of diet change and exercise through Job Centre Plus.
9. We would like to express our support for the physical activity strategy for Leeds (*Active Leeds: A Healthy City*). We hope that the Scrutiny Board will monitor progress in achieving the objectives in the

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<sup>4</sup> Active Leeds: A Healthy City

strategy, via regular update reports from the Active Leeds Partnership, in 2008/9.

## Food and diet

10. We acknowledge that food and diet content, as well as levels of physical activity, contribute to obesity. Dr Mollie Belton, Company Medical Adviser to Wm Morrison (Morrison's supermarkets) accepted our invitation to attend the working group meeting. Unfortunately she was delayed and unable to attend on the day. We had hoped to talk to her about what food retailers are doing to address obesity concerns.
11. People now eat outside the home much more frequently than twenty or thirty years ago, so we feel it is important that people know and understand the calorie and nutrition value of the food they buy in restaurants. We would like to see restaurants provide more food facts to allow customers to make informed choices.

## Prevention versus treatment

12. Our list of invited witnesses included professionals providing weight management and obesity treatment programmes and those involved in prevention of obesity. We

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discussed the merits of both strands of work.

13. It is clear to us that preventative work is very necessary. We want to encourage people to think about diet and exercise and take responsibility for their own health. We recognise the need to make the healthy choice the easy choice by ensuring local communities offer easy access to affordable and nutritious food and physical activity opportunities, especially to those on a low income. On the other hand, we agree with Professor Gately that “every obese person matters” . We acknowledge that the work going on in Leeds to treat obesity is very valuable, especially to the individuals who are successfully treated. We also support the view that family based approaches that work with mothers at high risk of having an overweight child antenatally and throughout the early years have significant potential to make a difference at a time when families are more receptive to support. We therefore feel it is important that adequate funding is available for both prevention and treatment of obesity.

## Summary

14. Obesity is an important health issue which is difficult to tackle.

Persuading people to give up their favourite foods and low-level activities such as watching television and playing computer games will not be easy. We hope that the Board with responsibility for health scrutiny in 2008/9 will consider including further scrutiny of this issue in its work programme. We would recommend that a representative from Planning is invited to take part as a witness. The Planning department had agreed to be present at our meeting but were regrettably unable to attend on the day. We feel that planning overall has an important role in avoiding the creation of an obesogenic environment.

15. We would also recommend that members consider the briefing paper provided to us by Leeds PCT – which outlines an approach to obesity in Leeds which fits with what is planned regionally and nationally - as a starting point for any further scrutiny.

16. **NB:** The Scrutiny Board agreed this statement at its meeting on 21<sup>st</sup> April. Councillor J Illingworth did not agree with this decision and produced the minority report attached.

# Minority Report

## Obesity Working Group 2008

### Minority Report

The main report is accepted in its entirety, but it is incomplete since it provides no clear guidance to the council. I wish to add some comments followed by three recommendations. My addendum continues the existing paragraph numbering:

16. Obesity results from an imbalance between energy consumption and energy expenditure. Both factors are important. People often concentrate on dietary factors, blaming “junk foods” or TV advertising, although National Food Survey data since 1940 shows that changes in the average diet correlate poorly with the obesity epidemic, and are often in the “wrong” (or unexpected) direction.
17. On the other hand, there is good evidence for a significant fall in physical activity over the same period. Work, including housework, is less physically demanding than it used to be. People have more cars. They drive more, they walk and cycle less. Children may be discouraged from independent outdoor activities, which are considered to be “dangerous”, and sit in front of TVs or computers instead.
18. The relation between obesity and dietary composition is complex. Low-fat diets are often recommended to reduce energy intake, but many of the physiological satiation mechanisms that terminate feeding monitor the fat content of the meal. Low-fat foods may give less indication of when to stop eating and may therefore produce paradoxical increases in energy consumption. Attempts to control body weight by voluntary food restriction or changes in composition may be miserably unsuccessful. Most diets “fail”. Although a minority can regulate their weight by dietary intervention alone, most subjects find it very difficult to achieve a 10% reduction in body weight, and even more difficult to maintain this figure in the longer term. Scientists understand many of the physiological and psychological reasons for this common problem. There is, however, good medical evidence that increased physical activity produces major cardiovascular benefits and long term reductions in body weight.
19. Nevertheless, public authorities often focus on dietary exhortation, despite the lack of evidence for its efficacy. Dietary advice is cheap to dispense, and it is easy to create the impression of intense application and commitment despite the lack of measurable results. Provision for increased physical activity may be more

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effective, but it is expensive, it cuts into commercial profit margins and interferes with capital receipts.

20. Obesity and obesity-related health problems are unevenly distributed across the city. Some social, cultural and ethnic groups suffer more ill-health than others, but the council has little information to pinpoint where the most serious problems are located. Lack of such information is a barrier to effective action. Detailed research about the geographical, social and cultural incidence of obesity would also help to identify the most effective remedies.

## **RECOMMENDATION ONE:**

*Working in collaboration with other agencies, the council should prepare detailed "obesity maps" of Leeds, recording ethnicity and gender and distinguishing between adults and children, in order to target our limited resources most effectively onto the areas of greatest need.*

21. Some Leeds City Council departments have major effects on the living and working environment, and on the opportunities for physical activity in the general population. In Leeds these functions largely fall to the Development Department. At present this Department sees its role largely in terms of dedicated leisure provision, but it is at least arguable that its general planning and development functions have a much greater influence on individual lifestyles.
22. Highway policies have major effects on perceived safety, travel to work patterns and children's play, yet these considerations are often subordinate to short-term road capacity arguments. In the future, Leeds is likely to follow most other major cities and manage the demand for travel. This inevitable process should be accelerated, so that the good health and well being of local residents carry more weight against the ceaseless demands for increased vehicular capacity.
23. Additional recreational open space could be created in deprived neighbourhoods if this requirement were written into the core LDF strategies. Planning obligations should be in place to recycle the windfall "super profits" from remote greenfield developments for the improvement of brownfield sites within the most deprived areas of our city.

## **RECOMMENDATION TWO:**

*LCC Development Department should amend its core planning and highway policies to make public health and the reduction in health inequalities material considerations for the determination of planning applications and a principal*

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*objective for highway design work. Windfall development profits should be redirected towards the areas of greatest need.*

24. Obesity is a serious problem affecting many people which can lead to significant reductions in quality of life. The health consequences are expensive to treat and are rapidly becoming a major drain on national resources. The solution requires public education and cooperation between different agencies. The council should provide local leadership in this area, seeking to minimise obesity within its own workforce, and collaborating with other local employers to disseminate best practice to a wider population.

## **RECOMMENDATION THREE:**

*Leeds City Council should take an exemplary role by combating obesity within its own workforce, and encouraging good working practices among other Leeds employers. Measures that might be considered include sustainable travel plans with showers and changing facilities, more flexible working hours with opportunities for off-peak physical recreation and the routine provision of a healthy choice of foods at all workplace catering facilities.*

Cllr. John Illingworth  
29 April 2008