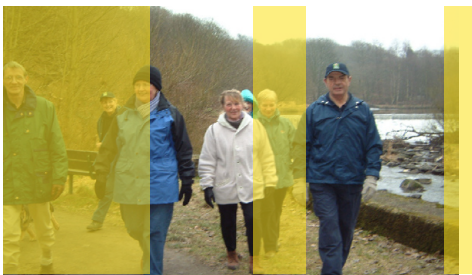


do you feel good?



# Annual Progress Report of Rochdale Borough's Healthy Lifestyle Strategy 2006-2010

July 2008



In partnership and collaboration with



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## Executive Summary

Welcome to the first progress report of Rochdale Borough's multi-agency Healthy Lifestyle Strategy. The Healthy Lifestyle Strategy was launched in May 2006. Its aim is to improve health and tackle health inequalities through promoting and supporting the residents of the borough to make healthy lifestyle changes and to ensure that the environments in which we live, work and socialise are conducive to healthier choices.

Partners from the public, private and voluntary sector are all working together with local people to improve health through integrated, co-ordinated action on smoking, food, physical activity and weight management.

This report details of the level of progress achieved in the strategy's first year. In addition, the report demonstrates the extensive partnership working, which takes place within the borough in relation to developing initiatives and services aimed at improving the health of residents living within the Borough of Rochdale.

**Dr Michelle Loughlin**  
**Consultant in Public Health**  
**Heywood, Middleton and Rochdale PCT**



## Acknowledgements

In commending this report we would like to express our sincere thanks to all those who contributed to it.

Michelle Loughlin	Consultant in Public Health
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Shirley Waller	Business Development Manager Link4Life Cultural Trust
Elizabeth Wilson	Public Health Programme Manager
Andrea Dutton	Public Health Programme Manager



# CHAPTER 1

## INTRODUCTION



# 1: Introduction

## **Contacts:**

Michelle Loughlin, Consultant in Public Health  
Elizabeth Wilson, Public Health Programme Manager

In response to the health inequalities experienced by our population, Rochdale Borough's Health and Wellbeing Partnership committed to the development and delivery of an integrated, borough-wide Healthy Lifestyle Strategy.

In broad terms the Healthy Lifestyle Strategy contributes to the Public Service Agreement targets which are:

To substantially reduce mortality rates by 2010:

- from heart disease, stroke and related diseases by 40% in under 75s with at least 40% reduction in equalities gap between the fifth of areas with the worst health and deprivation indicators and the whole population.
- from cancer by at least 20% in under 75s with at least 6% reduction in equalities gap as above.

The Healthy Lifestyle Strategy also contributes to the 2007-2010 Local Area Agreement priority indicators related to chronic health problems which the Primary Care Trust and Local Authority are measured against. These are:

- All age all causes mortality rate.
- Mortality rate from all circulatory diseases at age under 75

Rochdale Borough's Healthy Lifestyles Strategy is a good example of the NHS, Local Authority, Voluntary Sector, Local Businesses and Communities working in partnership to improve health and reduce health inequalities.

Together, we are taking action on

- Tobacco
- Physical activity
- Healthy eating
- Weight management.



# CHAPTER 2

## HEALTHY SETTINGS



## 2: Healthy Settings

### Contact:

Helen Benson, Healthy Settings Lead.

### **Aim**

To provide an integrated approach to improving health and lifestyles in settings where people learn, work, socialise and live.

### **Objectives**

- To provide professional support to local organisations to develop and implement health promoting policies.
- To provide integrated lifestyle services delivered within settings, in a manner convenient to employees, settings users and providers.
- To target those settings where key population groups can be reached.

This chapter gives an update on the progress within each of the 5 key settings:

1. Children and Young People's Settings
2. Neighbourhoods and Communities
3. Workplaces
4. Healthcare
5. Residential Settings

### **2:1 CHILDREN AND YOUNG PEOPLE**

### Contact:

Sue Hackett, Healthy Schools Co-ordinator.

### **Healthy Schools**

#### Target

The Healthy Schools workstream contributes to the 2007-2010 Local Area Agreement Stretch targets for children and young people which sets the following indicator by which the Primary Care Trust and Local Authority are measured:

- The number of primary, secondary and special schools and the Pupil Referral Service across the Borough, achieving the new national Healthy Schools status.

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The National Healthy Schools Standard requires all schools to participate in the programme by 2009 and that 75% of schools will have achieved Healthy School Status.

The programme aims to:

- Support children and young people in developing healthy behaviours
- To help reduce health inequalities
- To help promote social inclusion
- To help raise the achievement of children and young people

### **Progress**

- To date 95% of schools in the Borough are engaged with the Healthy Schools programme. 65% of all schools in the Borough have achieved the National Healthy Schools Status.
- Rochdale Borough's programme achieved Beacon Status in 2007
- A new Healthy Schools Support Officer has been appointed until March 2009.
- The healthy schools programme is included as a stretch target within the Local Area Agreement (LAA).

The local Health Related Behaviour Survey (Schools Health education Unit) highlighted a number of areas of improvement:-

- In 2006 54% of pupils reported that they had never tried smoking compared to 45% in 2001.
- 65% of primary and 61% of secondary aged pupils said that they thought that their school took bullying seriously.
- In 2001, 41% of pupils said that they had chips or roast potatoes on most days. In 2006 only 26% of pupils said the same.
- Rochdale pupils are less likely to say that they know someone personally who uses drugs (25%) than pupils in other areas (31%)
- 51% of pupils walked at least part of the way to school on the day of the survey.

There have also been a number of additional positive outcomes. These include:

- A leader group of teachers have achieved the PSHE (personal, social, health education) certificate, working with individual schools to support them in achieving the status.
- The Quality Assurance group is now in place.
- The Healthy Schools Programme has achieved Beacon Status.

Although there has been good progress in engaging schools in the programme, further work is still needed with High schools and special schools who may be difficult to engage.

### **Evaluation/Monitoring**

Monitoring of the Healthy Schools Programme is carried out at both National and Local Government level. The programmes are rated according to RAG (red/amber/green). Currently in Rochdale the programme is rated green.

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## Funding/Resources

The project is joint funded by the Primary Care Trust and Rochdale Metropolitan Borough Council. Additional funding for the support officer is via Local Area Agreement monies. The Healthy Schools Manager post is now mainstream funded.

## Obesity Project

In 2006/7 the Primary Care Trust recorded the height/weight of primary school children in Reception and Year 6 to establish a baseline across the Borough.

<b>Results</b>			
	<b>% overweight</b>	<b>% obese</b>	<b>% measured</b>
<b>Reception class</b>	<b>14.3%</b>	<b>11.7%</b>	<b>98%</b>
England average	13.0%	9.9%	83%
<b>Year 6</b>	<b>13.3%</b>	<b>16.5%</b>	<b>91%</b>
England average	14.2%	17.5%	78%

As can be seen from the table above in reception class of the 98% of all children measured, 14.3% were overweight and 11.7% were obese. In year 6 of the 91% of all children measured, 13.3% were overweight and 16.5% were obese. The project is in partnership with HMRPCT, and Link4Life Cultural Trust to identify factors which contribute to an improvement in children and young people's obesity levels and levels of physical activity. Information gained will be used to inform the MEND (Mind, Exercise, Nutrition, Do it!) project for families.

## Sexual Health Project

Research carried out in 2004 with year 10 pupils across the Borough identified levels of sexual health knowledge to be decreasing. Since 2004 sexual health knowledge improved by 5%. Although this is encouraging, we need to learn from the practices of those schools where the greatest improvements were seen. We aim to use this information to develop a model of good practice in the delivery of sex and relationships education.

## Bereavement, Loss and Change Project

A pack has been developed, in partnership with Stockport, for teachers to use to address these sensitive issues. The packs consist of lesson plans and support materials for teachers to use as part of planned PSHE lessons. It is intended that they will be available for the Autumn term 2008.

## Future Plans - Healthy Schools

- Secure additional funding in order to continue the role of the Healthy Schools Support Officer.
- Work with 'hard to engage' schools.
- Develop young people's healthy lifestyles groups for primary and high schools.
- Provision of information to parents about the Healthy Schools Programme.
- Work more closely with the extended schools agenda.
- Continue to work with Hopwood Hall in achieving Healthy College status.

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## **2:2 NEIGHBOURHOODS AND COMMUNITIES**

### **Contact:**

Geraldine Meagher, Healthy Living Initiative, RMBC.

### **Rochdale and Middleton Healthy Living Initiatives**

These initiatives were five-year Big Lottery funded programmes delivered through Healthy Living Centres. Rochdale HLI covered Inner Rochdale and was completed in July 2007. Middleton covers the whole of Middleton Township and completes in July 2008.

Rochdale Healthy Living Initiative has a project in the North West Healthy Living Network portfolio of the Big Lottery Wellbeing Programme. This is a five year project aimed at improving the health of Asian families. The project began in December 2007 and is targeting young people, adults and older family members. It aims to increase physical activity, promote healthier diet and improve mental wellbeing and social isolation.

Currently, groups of young people are undertaking Youth Gym and OCN qualifications in Physical Activity, and Healthy Eating. Other young people have gained Junior Sport Leader qualifications and in the future will lead their peers in physical activity sessions.

The parents of these young people are encouraged to take up physical exercise with their children; separate sessions have been made available to overcome gender and cultural barriers.

Older isolated people are taking part in Healthy Lifestyle programmes in local community centres. Yoga and T'ai chi sessions are planned after being identified by the residents as an alternative to formal gym based activity.

### **Future Plans**

From year two, local people will be trained to deliver Cook-and-Taste sessions and will manage their own groups within the community.

### **Evaluation/Monitoring**

A national and regional evaluation is in the process of being piloted. Rochdale and Middleton Healthy Living Initiatives are part of this national pilot which commenced in February 2008).

Middleton Healthy Living Initiative is at the end of its 5 year Healthy Living Centre funding from Big lottery. The whole of Middleton Township benefited from this programme. The initiatives for particular groups were:

- Young people at risk of offending - encouragement to take up physical exercise of various types.
- Complementary Therapies for people with Chronic Health problems and Mental Illness.
- Patient Mentors - residents delivering the Expert Patient Programme.
- Healthy Young People project (HYPE) worked with young people in Middleton, supporting and counselling them.

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- Alternative Exercise for the over 50's in partnership with Link4Life Cultural Trust, developed and ran a range of sessions including T'ai Chi, Yoga, Pilates, Fitball, and badminton sessions for older people.
  - Food for Life-working with all age groups encouraging healthy eating options.

An evaluation will be available on completion.

### **Middleton Family Fit**

As part of the NW Health Living Network Portfolio of Big Lottery Wellbeing programme there is a 5 year funded project. This is Middleton Family Fit project targeted at the 10% of Super Output Areas (SOAs) in Middleton. This project commenced in January 2008 and has Family Fit and Gym and swim session at Middleton Leisure Centre. Young people can also access the SHOKK Gym and Dance Mats. There are sessions at another Leisure Centre at weekends and evenings during the week. Chair based exercise for Older people and Healthy Walks are also planned in the first year. Tai Chi and Yoga will be added in year 2 of the project. Local people will be trained to be Cook and Taste deliverers and will manage their own groups within their communities. As with the Rochdale projects evaluation will take place both at a national and local level.

### **Community Health Development Team**

This team has been seconded to the Healthy Living Initiative (HLI) for 2 years. The teams work closely together to avoid duplication of activity. The team works in all 22 local Neighbourhood Renewal areas. The objective is to work closely with the communities, developing their skills and knowledge of healthy lifestyles. The team spend time supporting and building the confidence of the residents, who, in many cases, have no qualifications and have never accessed leisure facilities. Qualifications such as Food Safety, First Aid and OCN Healthy Eating and Fitness have been achieved by these communities. A huge range of programmes are now available in the NRF areas including Fit & Quit, (sessions to encourage stopping smoking and increasing physical activity levels). Other healthy lifestyle initiatives include: gym sessions, aerobics, healthy walks, swim voucher schemes, complementary therapies for people with stressful lifestyles, dancercise, chair based exercise and kick boxing (self defence).

Residents are consulted and identify achievable goals as they become more confident and knowledgeable about ways to improve their health. Each programme is evaluated as it is completed and further activities are designed. Neighbourhood Renewal Funds will fund this work until September 2008.

### **Heywood Health Activity Development Programme (HADP)**

#### **Contact:**

Linda Pepper, New Heart for Heywood (Heywood New Deal for Communities).

Heywood Health Activity Development Programme consists of 14 Healthy Lifestyle-related projects relating to Mental Health, Weight Management, Physical Activity, Smoking and Sexual Health. This programme has been developed in response to high levels of ill health and early mortality in the New Deal for Communities (NDC) area. Match funding has been provided by a number of partner organisations including the Primary Care Trust, Link4Life Cultural Trust, RoFTRA, Spiral Dance, MIND and the Teenage Pregnancy Unit.

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The ADP Objectives are:

- I. To maximise NDC residents benefit from Health Connections/Joint Service Centre and Sports, Culture & Leisure Village
- II. To ensure a strong partnership approach is developed around the healthy living agenda in Heywood
- III.
- IV. To ensure that partners target their activities at “seldom heard” groups
- V. To strengthen the healthy lifestyle aspect of the public health agenda in Heywood NDC

The individual projects are:

#### Mental Health

- Mental health development
- Arts on prescription
- Befriending service for older people with mental health needs

#### Weight Management

- A MEND Programme (See Chapter 6 Weight Management)

#### Physical Activity

- Street games legacy
- Cardiac rehabilitation
- Everybody dances
- Dance leaders in Heywood
- Chair based exercised for Older People
- Tai Chi and activity for older people

#### Smoking

- Smoking cessation support
- Born 2 Knit Project
- Hypnotherapy for smoking cessation

#### Sexual Health

- Crisis intervention team
- Sex, alcohol and youth arts

An evaluation of the programme is currently underway.

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## **2:3 HEALTH TRAINERS**

### **Contact:**

Angela Aitken, Health Trainer Manager, HMR PCT.

As part of a national scheme, the Primary Care Trust has developed The New Rochdale Borough-wide Health Trainer Service. Health Trainers are local people who have been trained to deliver one to one and group support to encourage people to make positive lifestyle changes. Our Health Trainers are located with partner 'host' organisations within geographical areas of high need and/or having links to those populations at greatest from poor health in the borough.

### **Aims**

- To improve public and patient access to health information and services
- To target vulnerable and marginalised individuals and groups
- To tackle the major lifestyle determinants of health
- To motivate and support the clients to plan, achieve and maintain positive lifestyle changes
- To have a core focus in the first instance of physical activity, nutrition and smoking

### **Objectives**

- To provide information about services
- To signpost to health related services
- To motivate and facilitate behaviour change through building awareness and confidence and providing on-going support.
- To collect and feedback client perspectives from vulnerable and marginalised groups on needs, services and barriers to access of services.
- To work in partnership with allied health care professionals, voluntary and community sector service providers.

### **Methods**

Health Trainers:

- Take referrals through 'host' organisations, from individuals, and or from allied health professionals
- Undertake outreach work to achieve client contact
- Arrange and undertake one-to-one behaviour motivational meetings
- Work with groups to encourage individuals to move from the pre-contemplative stage of behaviour change to the contemplate stage
- Maintain client contact by way of one to one face to face contacts and telephone follow-up support
- Record activity (in patient records and monitoring and evaluation forms)
- Develop ongoing local knowledge of services, information sources and motivational skills
- Link with potential sources of client contact for example Pharmacies and libraries.
- Provide clients with practical assistance with the adoption of healthier lifestyles.

'Host Organisations' currently include Rochdale Council for Voluntary Services, Healthy Living Initiative, Rochdale Federation of Tenants and Residents Association, Rochdale Centre for Diversity, Heywood New Deal for Communities.

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## **Progress to Date**

11 local people are currently employed as Health Trainers across the borough. The service commenced in January 2008. At the date of writing, the Health Trainers Service had been contacted by over 600 local people. An additional number of Health Trainers are currently being recruited and there are plans to set up and co-ordinate a Volunteer Health Trainers service to complement the existing service and build capacity to deliver Healthy Lifestyles support within communities.

## **Evaluation/Monitoring**

Monitoring and Evaluation is ongoing.

## **Investment**

Funding is from the Primary Care Trust through Choosing Health funding.

## **2:4 WORKPLACES**

### **Contact:**

Helen Benson

Rochdale Metropolitan Borough Council Healthy Workforce Group

Rochdale Metropolitan Borough Council is one of the largest local employers. 75% of its employees live within the Borough. A Healthy Workforce Group was established in 2005.

### **Aims**

- To motivate, encourage and support staff to make healthier choices
- To provide and facilitate the use of healthy options and choices for members of staff
- To measure and monitor progress towards having a healthy workforce.

### **Progress**

- A baseline staff health survey was completed in 06/07 which provided information on the health of the Councils workforce to enable effective targeting and monitoring.
- An Active workforce co-ordinator was funded by Sport England to improve the health of the Councils workforce. The project has implemented a wide range of initiatives including subsidised fitness sessions, health checks, inter-departmental competitions, and the provision of health information.
- Developing improved awareness of mental health issues.
- Catering menus have been revised with more healthy options available.
- Healthier food options for Council meetings have been implemented.

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## **The Active Workforce Project**

### **Contact:**

Michelle Kelly, Link4Life Cultural Trust

The Active Workforce Project was established in 2005, initially funded by Sport England. The project is in place to promote physical activity with the ultimate aim to improve the health and wellbeing of all employees. After 2 years the project is progressing and has been extremely successful exceeding all set targets.

### **The project so far:**

- 12 inter departmental competitions, averaging between 50 - 100 employees participating including netball, rounders, athletics and crown green bowling competitions
- 8 regular weekly, subsidised fitness classes
- Lunchtime Health walks in Rochdale and Heywood
- Over 500 health checks now completed with many people referred to exercise (including blood pressure, body composition, cholesterol checks, and nutritional advice)
- 4 newsletters circulated to date
- 12 cycle shelters installed
- 1 new shower built
- Reduced rate gym membership scheme implemented
- Badminton Group established as a result of the active workforce inter-departmental competitions, 10 -15 employees attend every Monday 5-6pm at Springhill Sports Centre.
- In addition to the health checks we now offer the cardioscan check, which has been undertaken by over 250 employees to date.

### **Outcomes:**

Active Workforce Class Participation:

Touchstones Pilates 10 -20 employees per week.

Central Leisure Studio Cycling 5 - 10 employees per week

Middleton Studio Cycling - upto 5 regular attendees

Central Leisure Tues & Thurs Lunchtime Class - 10 - 15 employees per week

Central Leisure Aerobics - 10 - 15 employees per week

- Over 500 Health checks completed to date. In excess of 350 employees have been referred to exercise classes or to a personal exercise plan to reach national target of 5 sessions of 30 minutes of moderate physical activity per week.
- 75 Employees referred to doctors for further health checks on raised cholesterol
- 70 employees referred to doctors for further checks on raised blood pressure

Sickness absence is down and the project has contributed to this by encouraging employees to develop a healthy lifestyle. Also early identification of minor health problems via health checks, which could develop into long-term issues, will improve sickness absence in the future.

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## **Future Initiatives**

- Weight Management groups are to be set up in several employee locations.
- Team Building sessions are currently being implemented for several services.
- The continuation of the work at both a strategic and operational level.
- The extension of the Active Workforce Coordinator post to include support to the staff of Heywood, Middleton and Rochdale PCT, via joint mainstream funding.
- Implementation of NICE guidance for promoting Physical Activity in the Workplace

## **Heywood, Middleton and Rochdale PCT Healthy Workforce Group (see Healthcare)**

### **Rochdale Healthy Workplaces Project**

#### **Contact:**

Martin Morris, Workplace Health Advisor, HMR PCT / Groundwork

In June 2006, funding was secured through the Pride Partnership and NRF to deliver a Healthy Workplaces programme in Rochdale up to March 2008. The programme was designed to target employees, predominantly manual or semi-skilled people, and men from minority ethnic groups in the Neighbourhood Renewal areas of Rochdale. This group experiences a range of issues that directly impact upon health and well being, for example lower skill levels, poorer educational attainment, higher levels of smoking.

The scheme is designed to make employees feel happier and healthier at work, through a range of interventions including education, workshops, policy design and training. Promoting health within the workplace is vital for ensuring employees productivity and therefore business viability. Targeting health in the workplace provides access to a large number of people at risk from adverse health effects , as well as establishing channels of communication through which health education can be effectively disseminated.

#### **Key areas of support and intervention include:**

- Tobacco advice (including smoke free policies, compliance with the legislation and stop smoking support)
- Mental health and well being (audits, information and advice provision)
- Healthy eating (Health fairs/diagnostics, provision of information and signposting)
- Physical activity (Health fairs, diagnostics, provision of information and signposting)
- Weight management (Health fairs, diagnostics, provision of information and signposting)

### Examples of key achievements:

- Health fair with local business Biwater
- Health fair (covering 3 shifts) with Keystone Distribution
- Corporate Gym memberships at the Bangladeshi Association Community Project and the Castlemere Centre
- Networking and televised presentation at Rochdale's Ethnic minority Business Network
- Health Trainer training
- Fitness Assessment Training Day for Health Trainers
- Arrangement for several businesses to train as health walk leaders
- Design of marketing materials
- Health fair at The Old Police Station, Heywood
- Presentations to various groups (including Heywood Health Forum, Urban Gallery, and Women's Enterprise Initiative)
- Partnership working with Environmental health and Licensing Service to carry out smoke free compliance checks with businesses across the borough.
- Three live broadcasts on local radio
- Three health fairs for mail delivery workers
- Stress audits on mail delivery workers
- Joint co-ordination of Men's Health fair

### Evaluation/Monitoring

The Project is monitored via four key output areas:

- 1 Small to medium sized employers assisted to improve workplace health
- 2 Health Action Plans
- 3 Individual referrals
- 4 Case studies

Table		
Outputs	Target	Actual
SMEs Assisted (Small to medium-sized employers assisted to improve workplace health)	98	108
Number of workplace health action plans	69	60
Number of employees referred for individual support on health related issues	260	264
Case studies produced	25	18

The above targets were set for the period 01/06/06 to 31/03/08. However, the Workplace Health Advisor was not appointed until the 23/08/06, thus if adjusted appropriately to account for the delay in appointment, then the above targets have been surpassed.

### Investment

Funding through Neighbourhood Renewal Fund ends March 08. However, a further 6 months funding has been secured via Local Delivery Plan. Longer term funding has been requested.

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## **Future Plans**

There are over 850 businesses in the NRS areas of Rochdale. These businesses range from small businesses such as bookmakers, taxi firms, garages and care homes to larger specialist manufacturing firms. Many of these businesses are not eligible for other forms of support due to their size and sector, However, reaching such companies has proved to be difficult.

The project will continue with current ways of working continuing to forge links with other professionals and services, such as Environmental Health, to ensure effective and coherent delivery of workplace health improvement services and support.

The project will be implementing innovative ways to reach individual 'harder to reach' employees and refer them to further sources of help and assistance for the key health issues identified.

The project will continue to play an important role in reducing smoking in routine and manual groups.

## **Healthcare**

### **Contact:**

Helen Benson, HMR PCT, Peter Smith, HMR PCT

The Pennine Acute Hospitals NHS Trust continues to support the improvement of staff health and well-being through the Improving Working Lives Agenda. A Healthy At Work Group is focusing on achieving the obesity targets set by the Healthcare commission for NHS. The work is supported strategically through the development of annual action plans.

Heywood, Middleton and Rochdale PCT are continuing the Improving Working Lives agenda through a Healthy Workplace Group - a sub group of the Best Practice Employer Group. The group was established at the end of 2007 and aims to cover issues such as dignity at work, stress management, mental health in the workplace and healthy lifestyles. A Healthy workplace action plan is being developed based on the staff health survey results.

To date the Group has reviewed Induction and Mandatory training requirements, revised the service level agreement in respect of Occupational Health services, worked with Public Health colleagues to input into the Obesity action plan, launched the 2008 Staff Health Pledge scheme.

## **Evaluation/Monitoring**

Both groups have internal monitoring processes in place. The groups are represented by Healthy Lifestyle Strategy Leads to ensure that the work reflects the Multi-Agency Healthy Lifestyles Strategy.

## **Future Plans**

A Healthy Workforce survey later in 2008.

Implementation of 2008 NICE guidance to promote Physical Activity in the workplace.

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## **2.5 RESIDENTIAL**

Buckley Hall Prison

### **Contact:**

Frances Carbery, Offender Health Improvement, HMR PCT.

The prison houses approximately 300 male prisoners. A prison Health Project Manager has been in post since August 2006 to help the prison to undertake health needs assessments and to implement a Health Promoting Prison strategy aimed at improving the health and lifestyles of the prisoners.

### **Target Group**

The target group has been the wider prison population, including staff, prisoners and their families. This population has representation on the Health Promotion Action Group. Interventions include smoking cessation for prisoners and staff, health fairs and healthy policies and practice within the prison.

### **Progress to Date**

- The prison now has a health promotion policy and a health promotion strategy in place.
- An action plan has been developed from the results of a comprehensive Health Needs Assessment of the target population. The action plan is monitored and updated bi-monthly in order to report to the Buckley Hall Commissioning Group Meetings.
- A Health Promotion Action Group is operating in the prison with representatives from key departments and target groups.
- The prisoners at Buckley Hall now have an opportunity to feed their views into the Annual Health Needs Assessment which plays an important part in the development of services at the prison.
- The staff of the prison Service are more aware of the wider determinants of health, although there is still much work to be done in as many still see health as the remit of those working in healthcare.
- Policies have been developed, for example, the smoking policy which protects and maintains the health of the prisoners and staff.
- There are also more opportunities for the prisoners and staff to be made more aware of their own health status e.g. Through healthy lifestyles courses, health fairs and through the development of a new Prisoner Health Trainer course.
- A Books on Prescription scheme, designed to promote positive mental health, was introduced during autumn 2007.

## Evaluation/Monitoring

Targets of the original evidence based action plan have been met. The targets on the Health Promotion Action plan for Buckley Hall are mainly 'green' or 'amber', with just two 'red' areas that will be addressed with the introduction of prison health trainers.

## Future Plans

We still need to target offenders who are in police custody, and those offenders in the community who are not currently on custodial sentences. In order to address this gap, the role of the Prison Health Improvement Officer has widened to include probation and Police, in line with changes at National and Regional levels, where prison health teams have become offender health teams and cover the wider offender health agenda.

There are plans to carry out a comprehensive needs assessment of the offender population. There also needs to be more involvement with the Reducing-Re-offending group for Rochdale and further training offered to these organisations around how health can impact upon the Reducing-Re-offending agenda.

Prison Health Trainers are due to be introduced in 2008.

## Barriers

A barrier to improving lifestyles in the prison setting has been the differing priorities of each organisation, i.e. For the PCT - health improvement and for the prison -security. Security can sometimes make health promoting activities very challenging. For example there are difficulties in setting up a confidential health drop-in when prisoners have to apply to attend, and must be escorted from one part of the prison to another.

Lack of suitable space to deliver interventions has been another issue. Finally, prisons are exempt from the smoke free legislation, which makes the development of a smoking policy more challenging.

### Healthy Settings - Recommendations:

- Develop more robust processes to monitor and evaluate the interventions within the healthy settings workstream.
- Identify ways to build healthy lifestyle capacity within these settings and to encourage ways to share good practice and resources.
- Secure mainstream funding for short-term projects where there is evidence of success and positive impact on health.
- Explore the potential for expanding the work into other settings for example, care homes, religious organisations and further education.
- Develop further, the role of pharmacies in delivering the Healthy Lifestyles agenda

# CHAPTER 3

## TOBACCO FREE



## 3: Tobacco Free

### Contact:

Lisa Barker, Tobacco Free Lead RMBC/HMR PCT.

#### Target

The tobacco free workstream of the Healthy Lifestyle Strategy contributes to the Public Service Agreement target, that is:

Tackle the underlying determinants of ill health and health inequalities by;

- Reducing adult smoking rates to 21% or less by 2010, with a reduction prevalence among routine manual groups to 26% or less.
- Reduce smoking among children from 13% in 1998 to 9% or less by 2010.
- Reduce the percentage of women who smoke during pregnancy from 23% to 15% by 2010.

The 2007-2010 Local Area Agreement Stretch targets for health and older people sets the following indicator which the Primary care Trust and Local Authority are measured against and to which the tobacco free workstream of the Healthy Lifestyle Strategy contributes.

- Smoking Cessation - the number who attend NHS Stop Smoking Service who had set a quit date and who are still not smoking at 4 weeks.

Smoking is the biggest single cause of preventable illness and early death. It is estimated that half of all regular smokers will be killed by their habit. Smoking is one of the major reasons for inequalities in the death rates across different social classes.

The prevalence of smoking is high across Rochdale borough and in some areas it is the norm to smoke. This high prevalence is the single biggest contributor to the pattern of local excess death and illness. It is also the biggest contributor to the reduced life expectancy of people in the borough. Reducing smoking prevalence is therefore a top priority to improve the health of local people.

On the 1st of July 2007, a ban on smoking in public places was introduced in England. Information from the British Medical Association indicates that passive smoking can increase the risk of lung cancer by 20 - 30% and the risk of heart disease by 25 - 35%. Eight out of 10 asthmatics say second hand smoke can trigger an attack, and exposure to passive smoke can almost double the risk of stroke. Passive smoke is also harmful to children, contributing to the development of asthma, respiratory illnesses and ear infections.

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Smoking in pregnancy poses risk to both mother and baby, causing increased risk of miscarriage, stillbirth and low birth weight. Second-hand smoking is also linked to Sudden Death Syndrome and childhood respiratory disease. Stopping smoking is an effective action that pregnant women can take in order to protect their own health and the health of their baby.

### **National and Local Data**

The General Household Survey (2005) estimated the prevalence of smoking in England to be 24%, increasing to 31% in those people working in routine and manual occupations. Recent National Health Profile data (based on results of the Health Survey for England) estimated the proportion of smokers in the borough to be 28.7%, compared with 26% in England and 27.4 in the North West. Estimates of the proportion of people smoking in the borough vary. A local Lifestyle Survey carried out in 2006 estimated that the prevalence of smoking in adults was 23.7%, with higher rates of smoking (28.3%) observed in younger adults aged 18-39.

Smoking prevalence is known to be higher in more disadvantaged communities. This was reflected in the Rochdale Borough Lifestyle Survey (2006), which found that the prevalence of smoking in local Neighbourhood Renewal areas was as high as 31.8%. In terms of passive smoking 18.3% of respondents in the Borough's Lifestyles Survey reported being exposed to smoke from other smokers living in their household. This was significantly greater in Neighbourhood Renewal areas (26.3%) compared with the rest of the Borough.

Smoking in pregnancy prevalence is highest for those pregnant women aged less than 35 years, indeed, 45% of mothers under 20 years of age smoke during their pregnancy. Locally, 24% of pregnant women have been shown to smoke at the time of booking, with 38% of pregnant teenagers smoking at delivery.

The borough-wide School Health Related Behaviour Survey (2006) suggested that 12% of secondary school children smoked occasionally or regularly.

Reducing tobacco use will support the achievement of the Public Service Agreement targets for cancer and cardio-vascular disease as well as the Public Service Agreement for Life Expectancy. Supporting people to stop smoking is a key part of the Primary Care Trusts Business Plan and associated pledges and is a stretch target in the Local Area Agreement.

### **Aim**

To work towards the ultimate vision that tobacco free environments within Rochdale Borough will be normalised and accepted as part of everyday life, and that individuals wishing to stop smoking or using tobacco products will have access to high quality Stop Smoking support.

## Objectives

- To reduce exposure to second-hand smoke by providing leadership in working towards becoming a Tobacco Free Borough.
- To encourage and promote smoke free environments within the Borough.
- To take action to reduce the uptake and prevalence of smoking, particularly amongst young people.
- To provide high quality and accessible Stop Smoking Services to assist people wishing to stop smoking, especially disadvantaged groups.
- To reduce the use of chewing tobacco within sections of the local Asian community.

## Target Groups

The Tobacco Free Group directs its services to all residents living within the Borough whilst targeting priority groups such as children and young people, low socio-economic groups, routine and manual workers, ethnic minority groups, pregnant women, people with mental health problems and prisoners.

## Community Participation

The views of communities have been sought in various ways to inform service development. One example of this was a survey of 1200 local businesses in the between October 2005 and January 2006 to establish some of the views, opinions and concerns of the businesses local businesses prior to the introduction of the smoke free legislation. The results of the survey enabled us to help businesses to prepare for the change more effectively.

The Big Listen 2007 and 2008 is where young people are given the opportunity to have their say on decisions that are made that will affect them and their future. Almost 200 young people, aged 11-12 years, within the Borough have already been consulted on their views about smoking and tobacco use as well as what messages and images were important to them and were likely to make them think twice about not smoking. This information will influence the Tobacco Free Action Plan and future prevention work with young people in this age group.

## Progress to Date

- There has been a high level of compliance with the smoke free legislation within the workplaces and public places in the Borough. Between July 2007 and November 2007 the local levels of compliance of smoke free premises were consistently higher than both the regional and national compliance rates. The cumulative compliance rates for this period for Rochdale were 98.5%, compared with 97.8% for the North West and 98.1% across England. The compliance rates in this Borough fell slightly in December and January to 95% and 96% respectively, but this was as a result of a targeted campaign on the small number of non compliant premises. Although the overall compliance levels dropped slightly, the levels of enforcement activity increased. Between July 2007 and February 2008 Rochdale Environmental Health and Licensing Service carried out 4212 inspections of premises and 965 inspections of vehicles to check compliance with the smoke free legislation.

- On the lead up to the smoke free legislation, eight awareness sessions were held for businesses in April 2007. All businesses in the borough were invited and hundreds of businesses attended. Actors were used to get the key messages across to businesses, and they acted out sketches in response to requests from the audiences on how they might deal with particular situations.
- Using the information gathered in the Smoke free Works Survey 2006, a Smoke free toolkit was developed to meet the needs of local businesses, providing a step by step guide to going smoke free. Over 3000 copies were distributed to businesses.
- Over 6000 smoke free signs have been distributed to businesses in the borough.
- Beer mats were one of the ways used to communicate the smoke free message to the general public. On the lead in period to the smoke free legislation, beer mats with messages such as Choose Health - Stub it out, and Count down to smoke free summer 2007, were distributed to pubs and clubs in the borough. A further set of beer mats were sent out in December 2007 as part of the Christmas safety campaign, which included both smoke free and alcohol related messages.
- 99% schools in the borough signed up to the smoke free schools award, i.e. smoke free not only in the buildings but in the grounds as well.
- There is an active Smoke free homes campaign that is promoted through a number of different channels within the borough. The midwifery service as a significant contributor to this campaign has been very successful in engaging families in pledging their homes as smoke free environments. By March 2008 there were over 250 families who have made a pledge to be smoke free in the home.
- Both HMRPCT and the Rochdale MBC acted as role models by going completely smoke free ahead of the legislation and with comprehensive policies that covered more than the minimum requirements of the legislation.
- A smoke free survey of businesses carried out in 2005 by the Environmental Health and Licensing Service, gave valuable information that was used to plan the preparation work with businesses on the lead in period to the Smoke Free legislation.
- A play called 'Kiss My Butt', toured the High Schools in the Borough during February 2008. The play which portrayed the negative impacts of smoking in a lively and creative way was seen by more than 2000 13 -14 year olds within the Borough.
- TASK Stop Smoking Service has had another very busy year with thousands of people contacting the service for information about how to stop smoking. Between April 2007 and the end of March 2008, 2186 people quit smoking for at least four weeks.
- An action plan to reduce smoking in pregnancy has been developed and implemented.

- The Stop Smoking Service has now trained 334 intermediate level Stop Smoking advisors who are working in multi-agency settings across the Borough. Many pharmacies have signed up to the Local Enhanced Service agreement which shows their commitment to providing a high quality support service.
- All School nurse practitioners have been trained to deliver stop smoking support, except for those that have recently joined the PCT and they are scheduled to undertake the training.
- Many clients who have previously tried to give up smoking using Nicotine Replacement Therapy have been motivated to make another attempt to stop using the new medication - Champix and have proved to themselves that they can manage to stop.
- The number of smoking cessation clinics have been expanded in order to make the service as accessible as possible to clients. The service has been promoted using the 'Quit it Bus' and various stands and activities.
- Many clients have found it easier to quit because of the Smoke Free legislation coming in last July since they have found that this has changed their work and social opportunities to smoke.
- Funding has been approved for a 0.5 Full Time Equivalent Health and Wellbeing Trading Standards post. The post holder will be able to further progress work in relation to the under age sale of cigarettes and work with retailers to promote the need to have appropriately labelled chewing tobacco, and take enforcement action where necessary.

### **Evaluation/Monitoring**

The following monitoring procedures are in place;

- Number of people who set a quit date and total number of people successfully stopped at the 4 week follow up : Between April 2006 and early March 2008, 5777 people set a quit date with the Stop Smoking service. For the period April 2007 to March 2008 the number of 4 week quits was 2186.
- Number of smoke free compliance visits made to premises and vehicles. Compliance rates for no smoking and provision of appropriate signage.
- As a result of the smoke free legislation workplaces and public places are required to be smoke-free by law. Over 4000 premises and 1000 vehicles have been inspected by the Environmental Health and Licensing service since the legislation was introduced and there has been a cumulative compliance rate of 98%.
- A survey of workplaces within the borough prior to the legislation suggested that approximately 57% of businesses were already smoke free, compared with 98% percent of businesses now.
- Number of gold and silver Smoke Free Homes pledges received.

- By March 2008 there were 195 households signed up to the gold smoke free home pledge (a promise to make the house totally smoke free at all times) and 57 had made a silver pledge (a promise to allow smoking only in one well ventilated room and never smoke in the presence of children). There are over 200 children in these homes and many of the pledges are signed by families who are expecting a baby.

## **Investment**

The Tobacco free Lead post has been jointly funded from NRF and match funded by the Environmental Health and Licensing Service. Funding for the mainstreaming of the Tobacco Free Lead post, which coordinates delivery of the Smoke Free Strategy, has been requested as part of the Primary Care Trusts 2008 Operational Plan for Tobacco Control.

In addition, the Operational Plan 2008 of the Primary Care Trust included requests for funding for:

- Developing the intermediate 'bank' of smoking cessation advisors
- Nicotine replacement therapy
- A Trading Standards post to reduce underage and illegal sales
- The development of other support services e.g. hypnotherapy
- The development of social marketing activities.

The Smoke Free legislation compliance work, which received a Department of Health grant for the first year, has been mainstreamed within the RMBC Environmental Health and Licensing Service (E H and L Service).

Separate to the Smoke Free compliance visits, the Environmental Health and Licensing Service have provided the equivalent of one officer for approximately 103 days between April 2007 and March 2008, which equates to approximately 8.5 days per month, to assist with a number of initiatives including Tobacco Free promotional events, the Smoke Free Homes campaign and tobacco free work with schools.

A Smoke-Free Midwife post based in Pennine Acute Trust has been successfully mainstreamed.

Further funding has been agreed from the Choosing Health money to provide 0.5 Full Time Equivalent Health and Wellbeing Trading Standards post. This money will be released in April 2008.

Choosing Health funds enabled the performance of a smoking related play written specifically for 14 year olds to tour all the High Schools within the Borough.

## **Mainstreaming of Projects and Policy Work**

The outcomes from the 'Big Listen' (consultation) with young people at 2 Rochdale Borough High Schools will directly influence the Tobacco Free Strategy and Action plans.

A Smoke Free Schools award has been incorporated into the Healthy Schools Award.

The Smoke Free Homes award has been mainstreamed by Pennine Acute Trust Midwives.

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## Future Plans

A Smoking Equity Audit of local stop smoking support will be carried out in 2008.

The provision of telephone stop smoking support service will be considered once capacity in the core TASK Stop Smoking Service is sufficient to pilot a support line.

Youth workers will be trained to deliver brief stop smoking interventions. There are also plans to train other front line staff to deliver brief interventions.

A multi lingual exhibition on tobacco use, including chewing tobacco is currently being developed by the Oral Health Team and will be completed by the end of March 2008.

The information provided by children who took part in the Big Listen will be used to influence the Tobacco Free Strategy, Action plan and Health Promotion materials. It is the intention to repeat the Big Listen with other young people in the Borough, possibly with children who are older than the age group already consulted.

A new and creative way of encouraging pregnant women and young mums who smoke to stop smoking was trialled through a stop smoking session in Heywood. The project is called Born 2 knit. At the sessions as well as receiving the stop smoking support, the attendees were taught to knit, providing a substitute activity for the hands. This project was jointly funded by New Deal for Communities and the Primary Care Trust

The Smoke Free Homes campaign was extended in March 2008 to include smoke free cars. Holding promotional events at the SureStart Centres within the Borough launched the extension of the campaign.

There are plans to undertake work to assess the current status of contraband tobacco (smuggled and counterfeit) within the Borough. If it is found to be a problem within the Borough, aim to reduce availability of contraband tobacco by increased joint working on tobacco issues between Trading Standards and Customs & Excise.

Aim to reduce smoking prevalence amongst pre-conceptual and pregnant women by carrying out targeted work using social marketing techniques to understand the necessary actions that are needed to create behaviour change.

Develop peer support for young people; to enable young smokers to access stop smoking support from their peers.

Aim to develop an anti tobacco youth forum which will give young people an opportunity to express their opinions and ideas and make a positive contribution to the development and management of local and national projects on youth smoking prevention and cessation. Contact has been made with The Roy Castle Youth Project, which has a wealth of experience in this area and has offered to help such groups get established.

Investigate the potential added value to developing and promoting a Smoke Free award to nurseries/playgroups/children's centres etc. that is similar to the Smoke Free Schools award.

Further develop stop smoking support networks within the community.

**Tobacco Free - Recommendations:**

- Develop more robust processes to monitor and evaluate the interventions within the tobacco free workstream.
- To ensure that the recommendations of the National Support Team for Health Inequalities are incorporated into the action plan of the Tobacco Free Strategy Group.
- The NHS Service monitoring and NICE guidance should be implemented via the Tobacco Free Strategy Group.
- To develop actions and target women in the pre-conceptual period, men, lone parents, none Asian immigrants, refugees and travellers, in addition to those groups that are already targeted within the existing Tobacco Free Strategy.
- To contact all families who made a Smoke Free Homes 'Silver pledge' after 6 months to see if they are ready to commit to a 'Gold Smoke Free Home pledge.'
- To contact all females who signed up to the smoke free homes award via the midwifery service to offer them further stop smoking support.
- Continue to strengthen the work in reducing smoking in pregnant women.
- Strengthen the work targeting people working in routine and manual occupations.
- Ensure that in commissioning the stop smoking service from our provider we support the expanded role into tobacco control as well as continuing the development of accessible community based services.

# CHAPTER 4

## FOOD & HEALTHY EATING



## 4: Food and Healthy Eating

### **Contact:**

Anika Neill, Public Health Nutritionist, HMR PCT.

Poor nutrition is a major health risk. Studies have shown that at least 30% of coronary heart disease deaths and 33% of all cancers can be attributed to poor diet. Other diet related conditions include diabetes, high blood pressure, dental caries and increased fracture risk in older people. In the United Kingdom, the poorer people are, the worse their diet and the more nutrition-related diseases they suffer from.

Poor diet contributes to the increasing levels of overweight and obesity seen in the UK in recent years due to excessive energy intake compared with the energy spent. It has been estimated that we could have as many as 37,000 adults in the borough with a BMI > 30 (23% of our adult population), including 1500 morbidly obese adults with BMI > 40, and up to 60,000 people with increased waist circumference, putting them at risk of diabetes and coronary vascular disease.

Additionally it is estimated that at least 14,000 (30%) of Rochdale school children aged 5-16 are overweight or obese.

Diets that are high in fat, salt and sugar has been estimated to cost the NHS £2billion each year in treating diet-related illness.

Local data from the Rochdale Borough Lifestyle Survey, 2006, found that a high percentage of residents (81.9%) eat less than 5 portions of fruit and vegetables per day, significantly more residents living in Neighbourhood Renewal Funded areas missed their '5-a-day' target. Residents in the 18-39 year age band were more likely to eat less than 5 portions of fruit or vegetables every day (86.6%). More males (84.6%) than females (79.4%) ate less than 5 portions of fruit or vegetables every day.

In addition, 17% of residents reported having a 'poor diet'. People living in NRF areas are significantly more likely to have a poor diet. The prevalence was highest in the 18-39 year age group (22.2%). More men (21.5%) than women (13.0%) reported this behaviour.

The survey also found that 11.6% of respondents evaluated their access to fresh food shops as poor. The prevalence was highest in the older age group (16.3 %)

### **Aim**

To enable people living or working in the borough to enjoy a healthy, balanced and affordable diet.

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## Objectives

- Improve the knowledge, skills and attitudes of people to enable them to choose and eat a healthier balanced diet, particularly those in disadvantaged groups.
- Improve the access, availability and affordability of healthy and sustainable foods through improvements in the physical environment and work with caterers and retailers.
- Promote effective working partnerships to coordinate initiatives across the borough, which address food issues.

## Target Groups

The Food and Healthy Eating strategy is targeted across the whole population of the Borough; with certain actions targeted specifically at key population groups e.g. families with young children, schoolchildren, disadvantaged groups.

Partnership working with for example, the Healthy Living Initiative, Children's centres, Healthy Schools and RMBC Environmental Health facilitates access to particular population groups. In addition, a number of health events across the Borough's Townships have allowed access to people in each of the Townships. Implementation of the strategy has resulted in successful engagement of a wide variety of individuals and groups, although innovative approaches are needed to engage middle aged adults.

## Progress to Date

- A Food Network Group representing all stakeholders with an interest in food has been established to provide a central point of contact to co-ordinate all food and health issues in the Borough.
- The Community Development Food Team provide fun interactive and informative sessions enabling participants to put balanced eating messages into practice.
- The 5 A DAY Program is incorporated into the work of the Public Health Nutritionist. Its aim is to increase the consumption of fruit and vegetables in the community using a range of informative activities and approaches, for example: marketing the 5 A DAY message through the use of the media and health events, working with partner organisations to set up a course involving food growing or to develop "cook and taste" sessions.
- A nine week food growing course "Grow enough to eat 5", aimed at developing the skills of residents in growing food, healthy cooking techniques and holistic therapies has been delivered at various neighbourhood Renewal Funded locations across the Borough.
- The Oral Health Promotion Unit collaborates with a range of partners to promote healthy eating in a wide variety of settings. A Healthy Snack Policy in Sure start settings, now forms part of a Golden Grin Award scheme. Golden Grin is a scheme designed to help reduce tooth decay in the borough by encouraging nurseries and toddler play groups to provide drinks and snacks that do not contain sugar. Most nurseries in the borough have now

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applied for the scheme and have been assessed. The scheme has recently been modified for private childminders, through collaboration with the Childminders Network to develop a scheme more applicable to childminder settings. A conference will be held in May 2008 to launch the scheme to the borough's childminders.

- The Rochdale Healthy Food Award for Nurseries is being developed by the paediatric dietician and nutritionist. This nutrition and hygiene award scheme is designed to assess catering standards in all under-5 childcare providers.
- In 2006 all of the state schools within the Borough took up the Regional School Fruit and Vegetable Scheme. The Scheme, funded by the Department of Health, provides Key stage 1 state school pupils, on a daily basis, with one daily free piece of fruit or vegetable.
- Midwives, supported by other staff, continue to provide breastfeeding support to antenatal and post natal women. Rochdale Borough's Baby Friendly Group is developing a community Baby Friendly policy to encourage the initiation and continuation of breastfeeding and to promote baby friendly practices in primary care and in public places. The PCT is strongly committed to support this initiative. A multi-agency Baby Friendly Working Party has been set up which involves a wide scope of health professionals; they are on track to organise their UNICEF action plan visit and receive the Certificate of Commitment award by March 2008, with a view to achieving Stage 1 standard by March 2009.
- A Healthy Food Award Scheme has been developed. To date, 27 catering outlets have received the award. The award scheme is currently under review so that businesses will be required to develop their menus to reflect more healthy food choices. A Food Safety Officer and a Public Health Nutritionist provide continual support. Additionally, RMBC are working on a food hygiene 'score on the door' rating for food catering outlets across Rochdale; it is intended to eventually incorporate this into the Healthy Food Award Scheme.
- A Shopping Basket Survey has been undertaken in the Township of Heywood to identify issues of affordability and availability of healthy foods. Results showed that there was a large variation in availability of fresh healthy food produce across the Township, with a recommendation to set up partnership working between the PCT and local stores to improve availability and positioning of healthy foods.
- A university student has compiled a Food Mapping Report. The report identified twelve areas in the Borough that are of concern because of low access to food outlets and low levels of mobility amongst residents.
- The British Trust for Conservation Volunteers (BTCV) continue to facilitate food growing projects in the Borough, and have worked with the nutritionist to deliver 'Grow enough to eat 5' courses in Neighbourhood Renewal Funded areas. The courses offer local residents the opportunity to learn about food in relation to growing, cooking and its uses in holistic therapies.

- Healthy Schools, Facilities Management (including a schools nutritionist) and staff of the Primary care Trust have continued to work together to deliver the school food policy, in line with national nutrition and Healthy Schools policies. The schools nutritionist has been working with schoolchildren, parents and caterers. Key achievements include delivering accredited training for cook supervisors, encouraging healthy packed lunches by organising parent workshops and monitoring a sample of packed lunch choices, and targeting pupils through healthy eating Personal and Social Health Education lessons as well as after school cookery clubs.
- Trading Standards ensure food is accurately labelled. They also sample food items to ensure accurate ingredient and nutritional content. The RMBC Food Safety Officer, liaises with the Trading Standards department on food projects such as the Salt Shaker Campaign. The aim of this campaign is to encourage the owners/mangers of the 100 fish and chip shops and 100 fast food outlets in the borough to swap their 17 hole salt shakers for ones with only 5 holes, thereby reducing the amount of salt consumed by their customers. This campaign is being rolled out after a successful pilot.
- The Better Hospital Food Scheme is currently being implemented in the Borough's hospitals to ensure consistent delivery of high quality food and food services to patients.
- A number of food co-operatives have been supported in the past, however sustainability is an issue. Two Food Co-operatives were run in Kirkholt and Littleborough. However, the Kirkholt Food Co-operative has ceased to operate.
- A selection of retailers in the borough have signed up to be Healthy Start suppliers. Healthy start provides eligible women (pregnant, breastfeeding, low income mothers) with vouchers for fresh fruit and vegetables. The nutritionist has been involved in promoting the scheme to local retailers and supporting them in applying for the register.
- Farmers Markets - We have determined that there are currently no local farmers markets held in the Borough.
- The Partnership of Older Peoples Project (POPPs) began in May 2007 and aims to encourage residents to maintain their well being and independence. Healthy eating work includes the provision of luncheon clubs, with particular support for those who have mobility issues, are disabled, have memory loss and early dementia or low level depression and often live alone. Luncheon club members are provided with an inexpensive nutritionally balanced meal. In addition, the Project also refers to the Health Trainer programme and to the Healthy Living Initiative activities.

## **Investment**

The main source of funding for the food and healthy eating work has come from Choosing Health and Neighbourhood Renewal funds. A food and nutrition operational plan (2008-11) has been developed to address the outstanding resource requirements needed to implement the strategy in the forthcoming years.

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## Future Plans

Proposed future actions include the following:

- Ensure delivery of work regarding Nutrition Benchmark as part of Essence of Care.
- Continue the general promotion of balanced eating practices to the wider community (e.g. events, talks and presentations, sessional work)
- Work with the Health Improvement Practitioner for Prisons with prisons' staff and inmates to promote balanced eating.
- Support the borough's Obesity Strategy group
- Review the existing strategy to ensure that evidence-based action continues to be targeted at priority groups. The Public Health Nutritionist will continue to review the borough's current community food and health initiatives, identifying needs and gaps and provide recommendations on future services, whilst exploring future funding opportunities.
- Development of an accredited "Eat Clever" course in collaboration with RMBC Environmental Health, targeted at socially disadvantaged groups e.g. young/single parents, ethnic minorities, young people (16-25), people with learning and physical disabilities and vulnerable older people.
- Redevelopment of the Healthy Food Award Scheme, in partnership with RMBC

Environmental Health, in order to improve nutrition standards in local catering. A pilot project involving eight food outlets will commence in April 2008 those outlets which meet the criteria and gain the award will be promoted as award-winning outlets.

- It is hoped that work with community groups will lead to the development of sustainable food co-operatives.

### **Food and Healthy Eating - Recommendations:**

- Develop more robust processes to monitor and evaluate the interventions within the Food and healthy eating workstream.
- Build capacity for the delivery of the Food & Healthy Eating agenda.
- Use the findings of the Food Mapping Report to develop projects, which aim to improve access to fresh food for affected residents.
- Ensure that the recommendations of the Heywood Shopping Basket Survey are taken forward.
- In the light of recent legislation the Food Network should monitor how far it can influence positively the Town Planning department of RMBC in their role of assessing applications for the location of food outlets in the Borough.
- Provide Nutrition Skills training so that workers who have access to “at risk groups” for example youth workers can facilitate cook and taste sessions.
- Investigate the possibility of including in the Healthy Food Award a category for street vending.

# CHAPTER 5

## PHYSICAL ACTIVITY



## 5: Physical Activity

### Contacts:

Rebecca Caygill, Physical Activity Lead, HMR PCT  
Shirley Waller, Business Development, Link4Life Cultural Trust

### **Introduction**

Physical Activity is an important Public Health issue. People who live inactive lifestyles almost double their risk of dying from coronary heart disease. Estimates put the total cost of physical inactivity in England to be in the order of at least £2 billion a year. The potential benefits of physical activity on both physical and mental health are well evidenced and widely accepted. Being physically active can contribute to the prevention and management of over 20 conditions including cardiovascular disease, diabetes, cancer, mental ill health and obesity. Structured physical activity programmes also have an important role to play in rehabilitation and recovery from heart attack.

#### Targets

The physical activity workstream of the Healthy Lifestyle Strategy contributes to the Public Service Agreements targets, that is:

- Enhance the take-up of sport by 5 to 16 year olds by increasing the percentage of school children spending two or more hours a week on high quality physical education and school sport within and beyond the curriculum, from 25% in 2002 to 75% by 2006 and 85% by 2008 and at least 75% in each school sport partnership by 2008.
- For people aged 16 years or above and from priority groups (those with physical or mental disabilities, from black or minority ethnic groups, from lower socio-economic groups and women), increase by 3% by 2008 the proportion (a) participating in active sports, excluding walking, at least twelve times a year and (b) engaging in at least 30 minutes of moderate intensity level sport, including walking, at least three times a week.
- Increase the portion of individuals undertaking 30 minutes of physical activity on 5 or more days a week to 50% by 2020, necessitating a year-on-year increase of 1%.

The 2007-2010 Local Area Agreement Stretch Indicators for children and young people sets the following target which the Primary care Trust and Local Authority are measured against and to which the physical activity workstream contributes.

- Children and young people's participation in high-quality physical education and sport.
- The percentage of 5-16 year olds participating in 2 hours each week of quality Physical Education and Sport.

continued:

The physical activity element of the Healthy Lifestyle Strategy also contributes to the following 2007-2010 Local Area Agreement priority indicators:

- Young people's participation in positive activities.
- Participation in regular volunteering

The benefits of regular physical activity are that it:

- reduces risk of cardiovascular disease
- reduces high blood pressure and reduces the risk of developing high blood pressure
- helps control body weight
- helps control diabetes
- contributes to the prevention of falls and accidents by improving health of bones, helping balance and strength
- promotes a healthy immune system
- reduces risk from some cancers such as colon cancer
- has positive impact on mental health; reduces depression and anxiety
- can have a positive impact on low back pain.

It is recommended that, on most days of the week, adults undertake a minimum of 30 minutes of at least moderate-intensity activity (Department of Health 2004). However, in England, approximately 76% of women and 65% of men do not achieve this (Joint Health Surveys Unit 2004). In addition, three out of ten boys and four out of ten girls are not meeting the recommended amount of daily activity.

There are many reasons why people are not as active as they could be. These might include:

- Lack of time due to busy work and family commitments
- Cost of accessing a gym or sports club
- Lack of convenient facilities
- Cultural issues
- Physical barriers
- Fears for personal safety when exercising outdoors
- Lack of pleasant space to walk in
- Poor weather

There are ways to overcome all of these potential barriers to make it easier for people to increase their levels of physical activity as part of their everyday lives. Even small changes can have significant impact on health.

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Rochdale Borough's Lifestyle Survey (2006) suggested that just under half of residents (49.1%) live a 'sedentary' lifestyle, having little or no regular exercise. There were a significantly higher proportion of residents living in the Neighbourhood Renewal areas (55.9%) who reported living sedentary lifestyles. People also reported being less active in the older age groups. Just over a quarter of residents living in the Borough felt that their access to leisure facilities was poor, particularly in the Pennine Township of the borough.

Targets set in Local Area Agreement are as follows:

To achieve 20.5% of adults participating in 3 x 30 minutes of physical activity per week by 2007 / 08, 21.5% by 2008/09, 22.5% by 2009/10.

### **Aim**

To improve the health of local people by creating a lifelong culture of activity.

### **Objectives**

- Improve the natural and built environment so that it enables and encourages people to participate in physical activity.
- Develop and promote the Borough's leisure, sports and physical activity opportunities to encourage an increase in participation across the population as a whole and, in particular, within priority groups.
- Improve and expand existing provision for physical activity opportunities for people with pre-existing medical conditions and other special needs.
- Promote effective working partnerships to co-ordinate initiatives across the Borough, which addresses physical activity.

There are five main work areas designed to improve levels of physical activity in the borough. These are:

1. Creating an Active Environment
2. Promoting Active Travel
3. Sport and Active Leisure provision
4. Active Health Interventions
5. Children and Young People

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## Target Group

The Physical Activity element of the Healthy Lifestyles Strategy takes both a whole population and a targeted approach. Some interventions are for everybody; 0-90 years old across the whole population. In terms of targeting, priority population groups include:

- People with long term health conditions including weight related and cardiac conditions.
- People with disabilities, including mental health, learning and physical disabilities
- People who are infirm and house bound.
- Children and young people
- Women and girls from black and minority ethnic (BME) groups
- Sedentary (physically inactive) people
- Families
- Men.

## Community Participation

There are a number of ways in which partners have consulted with local residents. For example the Link4Life Cultural Trust conducts a customer satisfaction and customer profile survey each year. This information is used to inform service planning and business development. The Youth Services have consulted via the Big Listen and the Youth Council. Through consultation with young people sport has been identified as a major interest for young people in our borough. The information from the Healthy Living Initiative evaluation and also the Active People Survey highlighted the need for Family focused activity especially for men. The feedback from participants of the Women and Young girls' project has influenced activities provided as well as the choice of venues in which to host activities. Finally, consultation with school children has shown that less than half of those who are driven to school would prefer to travel an alternative way and many who walk to school would prefer to cycle. This information aided the targeting of Walking Bus support.

## Progress to Date

There has been much activity this year to increase participation in physical activity in our borough. This includes the following:

- A Physical Activity Network Group has been established. Partners from a number of organisations oversee and co-ordinate all activities relating to Physical Activity in the borough.
- The Link4Life Cultural Trust has been established with an investment plan of £31 million over next 10-15 years.
- Information has been provided for the Sport England web site 'Active Places' in relation to mapping local physical activity provision and gaps. Further consultation is underway with Sport England on the development of the Active Places directory and on the Regional Sports Facilities Strategy.

- Transport barriers have been identified in relation to older people accessing physical activity. The Partnership for Older People Projects (POPPS) has therefore applied for funding to address this issue.
- The Heywood '100 days' project and Friday Night projects have been successful. Swimming initiatives have engaged with young people in order to address youth nuisance and alcohol use on the streets of Heywood, signposting young people to sports activities.
- A new Allotments and Leisure Gardens Strategy 2007-2012 has been developed which promotes participation in gardening and the growing of food. The Valley Road Community Leisure Gardens in Boarshaw, Middleton is a Flagship development, which engages, disadvantaged groups, including people with mental health problems supporting them to gain skills, nutritional training and experience in growing their own food. An improvement in the security of some allotment sites has taken place.
- The quality of the Rights of Way network has been improved. The Best Value Performance 178, Rights of Way has risen above target from 47% in 05/06 to 56% in 06/07. A performance above the target of 59% is expected for 2007/2008. An increase above these levels has been achieved in Super Output Areas. Environmental improvements have taken place in key areas such as Middleton River Valleys, Healey Dell and Roch Valley whereby new trails have been created which have increased levels of access for all.
- The local authority was the first authority in Greater Manchester and one of the first in the country to achieve, for the second year, the Forest Stewardship Council (FSC) Certification for the sustainable management of its woodlands. This has permitted access to woodland management grants to assist in maintaining this international standard.
- Active healthy exercise and walking programmes have been established in many parks in the borough.
- There are lively countryside events programmes established with a range of activities of varying physical difficulty including many educational activities. For example the promotion of access for all through Healey Dell [www.healeydell.org.uk](http://www.healeydell.org.uk) working in partnership with the Friends of Healey Dell.
- The Green Volunteer activity programme includes a wide range of physical activities and is produced quarterly so that volunteers can sign up to particular activities. Some activities provide gentle exercise and other more strenuous activity. The activities range from building paths and fences to guiding easy health-walks, to working with park rangers, patrolling countryside areas and rights of way. Green Volunteers are able to build up credits towards formal training and certification within the sector, which is then financed against these credits. The programme has a very high percentage of representation from people with special needs.

- Eight weekly exercise classes are organised as part of the Active Workforce programme. In the last year 12 interdepartmental competitions have taken place and over 400 health and lifestyle checks have been carried out on employees from both the local authority and the Primary Care Trust. The Active Workforce Co-ordinator post is now jointly funded for three years.
- An annual local walking guide is available to residents. The guide explains the benefits of walking and outlines key walking routes. The Health Walks Coordinator post has been mainstreamed through Primary Care Trust funding and the job remit now involves the development and promotion of cycling initiatives.
- The Community Cycling Champion post from Active Travel Consortium has been established for four years as well as the Health on Wheels project.
- The introduction of new leisure services in response to extensive consultation with residents includes: the provision of SHOKK gyms (for those aged 8 to 15 years) in Littleborough, Middleton and Central Rochdale Leisure Centres with in excess of 750 visits per month. The installation of electronic dance mats at the same centres as well as in Heywood Leisure Centre and the purchase of a mobile unit for outreach activities.
- The establishment, in targeted communities, of Junior and Community Sports Leader Courses and accredited qualifications, facilitated by the staff of The Healthy Living Initiative, working in partnership with Link4Life Cultural Trust. This initiative has enabled the capacity for physical activity among community volunteers to be increased. Training and employment opportunities have also been created. In 2006/7 Link4Life Cultural Trust provided 406 hours of coaching and teaching workshops. 422 residents completed courses and 50 individuals are now active in clubs, schools and other organisations.
- Big Lottery Wellbeing funding has been secured for 5 years for two similar projects. Middleton Family Fit project is working with people in the 10% Super Output Areas in Middleton. The aim is to provide access to a range of physical activity provision including Healthy Walks, Tai Chi, Yoga and chair based exercise programmes for older people. In addition the project trains community members as Walk Leaders.
- The Neighbourhood Renewal Fund (NRF) funding for Community Health Development service has been extended until September 2008. The Community Health Development service and Healthy Living Initiative jointly deliver a range of physical activity sessions across the targeted areas of Rochdale Borough.
- Physical Education School Sports Club Links (PESSCL) national survey shows that in the academic year 06/07 92% of pupils of Siddal Moor Sports College and 73% of the pupils of cardinal Langley (School Sports Partnership) achieved the two hour physical activity target. In the Borough as a whole only 86% of students met this target.

- Over 600 young people participated in Positive Activities for Young People (PAYP) Holiday Activity. The target set for accreditations and qualifications relating to sport achieved by young people has been met and assisted by Sunsport Disability programme running in each school holiday. This is in partnership with Youth Services and the Gateway Centre. The Publicising Positive Activities website is now in development as part of the local authority website.
- Choosing Health funding has been secured enabling the Exercise Referral Service to be expanded. This service develops supervised physical activity programmes suitable for those people with existing medical conditions.
- Opportunities have been created in order to develop and increase health, sport and leisure activities in Rochdale's most economically, socially and recreationally deprived areas, particularly within the Asian communities. This work has prioritised woman and girls who face cultural or social barriers to mainstream physical activities.
- The first community Falls Prevention Tai Chi class started at Meadowfields Centre in September 2007. In February 2008, training commenced for non Primary Care Trust staff to facilitate the delivery of Tai Chi classes. The Falls Team intend to appoint an increased number of postural stability instructors to enable a greater number of falls prevention exercise groups to take place.
- The Sustainability Team have developed guidelines, for use by developers, in relation to the design of new developments within the Borough.
- Supplementary Planning Documents are in the development process for Travel Plans which will ensure that developers are explicit about the extent to which a new development will add to the sustainable travel infrastructure in terms of both travel to and from the new development.
- Travel Plan requirements have been raised with the local authority Development Control Officers in order to ensure that developers meet their commitments in terms of sustainable travel.
- The Kingsway Travel Plan and site design has been completed.
- 'Rebuild Schools' now show examples of improved access to walking and cycling opportunities based on the design guidance.
- 'Bikedlinx' networks now exist within 6 schools.
- Green Flag status has been achieved in 3 of the boroughs parks.
- Liveability officers are leading community cleanups.
- 5.8km of Active Travel route has been improved and are in place and of National Cycle Network (NCN) standards.
- Cycle paths for the NCN have been constructed and linked to 7 schools.

- The Sustrans ranger service has been established for NCN routes
- The Connect2 bid has been successful. This will enable walking and cycling networks to be established linking 4 townships, Kingsway Business Park and key destinations, including health centres, schools, shops.
- The Green space audit has been completed.
- Developer contributions to Green Space and Green Network routes have been achieved.
- 16 schools have applied for the Walking Bus grant from the Department for Children, Schools and Families. This work, however, needs to progress as a matter of urgency.
- Funding has been secured from each township, which will be combined with Positive Activities funding over the next 3 years, to create the Divert Project. This project aims to increase the range of activities available to young people on Friday nights and weekend. Much of the provision will involve sport, art forms, including dance, and outdoor activities. It is envisaged that sports centres, gyms and school facilities will be used more extensively for young people.

### Evaluation/Monitoring

- The Sport England Active People Survey has enabled the establishment of a baseline level of participation in sport and physical activity in the Borough and targets to be set in the Local Area Agreement in order to achieve a 1% year on year increase in participation to 2012. For participation 3 x 30 minutes per week. A Follow-up survey is to be completed by October 2008 to assess progress against targets.

The Baseline for Rochdale is 19.5%, the North West average is 20.6%, with a National average of 21%.

- The outcomes of the Women and Young Girls Project are as follows:

Indicator	Actual Measure	Target Measure
Women participants	1441	926
Under 16 participants	886	360
Ethic Group participants	1182	462
Over 45 participants	95	159
Women gaining Sports Qualification	41	90
Under 16's gaining Sport's qualification	79	90
Throughput	26267	39608

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- Positive impacts of the projects within the Youth Services delivery include young people accessing activities they would otherwise not be able to access as well as an increased participation in sport and leisure activities.
  - Robust monitoring to be included in both Cycling for Health projects, Health on Wheels using Walking the Way to Health method, Cycle Touring Club are setting up their own system.
  - Client questionnaires/verbal feedback reveals improved confidence when outdoors, improved access to exercise; the provision of reliable community transport and increased social interaction for many attendees.

### **Barriers**

There have been a number of challenges involved in developing and promoting the use of Walking Buses to schools. These include:

- Ensuring access whilst maintaining security at schools
- Staff time
- Sharing information with parents and securing their commitment
- Volunteer reliability
- Lack of budget for a Walking Bus Leader post. Although Department of Children, Schools and Families (DCSF) £1000 grants do not recommend paying Walking Bus Leaders, one scheme outside of the borough has done this to great success.

### **Investment**

The physical activity work has been funded from a variety of sources, with substantial contribution from the Primary Care Trust and the Link4Life Cultural Trust. In addition, the Physical Activity Steering Group has been successful in attracting additional funds from many sources including Neighbourhood Renewal funds, Heritage Lottery, Local Area Agreement stretch target funds, Sport England Active England, Sports Leaders UK, Local Network Fund, Connect2, V Project, Well Being Lottery Fund and the Heywood Health Activity Development Programme.

A physical activity operational plan (2008-11) has been developed to address the outstanding resource requirements needed to implement the strategy in the forthcoming years. A bid for £290k has been submitted to the Sport and Physical Activity Alliance (SPAA) for activity development across Borough. In addition, funding, has been sought for the Cardiac Rehabilitation Phase IV services via the Local Delivery Plan.

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Investment needs to be sought for the following projects/services:

- The Active Communities projects for Women and Young girls.
- Projects which contribute to increased sports and physical activity provision amongst people with disabilities.
- The promotion of physical activity in parks, countryside and rights of way.
- Programmes related to falls prevention exercise across the borough.
- The establishment of training and the purchase of the licence relating to the online survey (physical activity) system established by the Siddal Moor School Sport Partnership.

### **Strategic actions which require progression**

- Link4Life Cultural trust will require the support of the Primary Care Trust to undertake Health Impact Assessments of all major new leisure and sport centre developments in the Borough to ensure the health benefits to priority groups are maximized.
- To improve local guidance for regeneration professionals and developers regarding design features of the built environment which can promote active use of the urban space, e.g. local street and housing estate design, pedestrian-orientated residential streets and cycle ways and rights of way.

### **Future Plans**

- The development of the Allotments and Leisure Gardens Strategy 2007-2013
- The development of stronger partnerships between Health and the Transport and Environment Partnerships to ensure that decisions relating to the build environment reflect the need to tackle health inequalities.
- To promote, via the Sport and Physical Activity Alliance, (SPAA) and the Active 4 Life project new activities (including outdoor education) to target population groups living in the Super Output Areas and to develop wider health and community development initiatives targeted at specific population groups (adults with mental health and or learning disabilities) as well as focusing on family fitness initiatives and the participation of people with disabilities.
- To progress the work as a matter of urgency in establishing links with the Building Schools for the Future Programme in order to establish physical activity provision through school sites for example the Walking Bus scheme.
- To undertake a mapping exercise in order to establish physical activity provision through green exercise including walking, cycling, allotment initiatives and green gym activities.
- Work in partnership the Green Volunteers to provide them with training to increase their capacity to encourage a range of physical activities in their local area.
- The development of the exercise referral service to provide services for those who are infirm, housebound or have physical or learning disabilities thorough developing special projects and undertaking home-based consultations.

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### **Physical Activity - Recommendations:**

- To establish a more robust process of monitoring and evaluating the wide range of interventions and opportunities on offer. To design an agreed data template. This can be reviewed annually; ensuring that the monitoring reflects the original aims and objectives of the lifestyles strategy.
- To undertake a mapping exercise of the sport and physical activity facilities on offer within the borough in order to assess the level of provision including the level of accessibility of such provision.
- To conduct an equity audit of activity through the use of the data collection template and the activity mapping exercise.
- To develop the Physical Activity Action Plan in response to both existing and new national and local guidance documentation, taking into account any gaps and new initiatives which have been identified through this evaluation.



# CHAPTER 6

## WEIGHT MANAGEMENT



## 6: Weight Management

### **Contact:**

Bernadine O'Sullivan, Consultant in Public Health, HMR PCT

#### Targets

The The Healthy Lifestyle Strategy contributes to the Public Service Agreement target, that is:

Tackle the underlying determinants of ill health and health inequalities by halting the year on year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity i the population as a whole.

- The Healthy Lifestyle Strategy also contributes to the 2007-2010 Local Area Agreement priority indicators for children and young people which the Primary Care Trust and Local Authority are measured against. That is:
- Obesity in primary school age children in Reception year.

Obesity and being overweight is a growing problem for adults and children. Excess body fat can increase the risk of developing type 2 diabetes, heart disease, high blood pressure, joint problems, some cancers, loss of mobility, low self esteem, depression as well as relationship problems and can reduce life expectancy by as much as 9 years. The risk of developing these conditions increases with increasing body mass.

### **Aim**

To provide a range of evidence-based, appropriate services to help adults and children who are overweight or obese to move towards and reach a healthy weight.

### **Objectives**

- Develop an evidence-based care pathway to prevent, detect, manage and treat overweight and obesity in adults
- Develop an appropriate and family-orientated Health Programme for children who would benefit from increased levels of physical activity and improved nutrition.

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## **Progress to Date**

### **Obesity Steering Group**

A multi agency obesity steering group has been established to oversee and co-ordinate the borough's obesity and weight management work. This group also has links to the networks for Healthy Eating and Physical Activity.

### **Body Mass Index (BMI) Registers in General Practice**

BMI data based on individual's weight and height continues to be gathered in general practices for those over 16 years old to assess risk of developing health problems due to overweight and obesity. Nationally it is estimated that around a quarter of all adults are obese. Within the Borough, it is estimated that there are around 37,000 people with Body Mass Index of more than 30. As of December 2007 there were 17,643 people with a BMI of 30 upwards recorded on Body Mass Index registers within general practice. This means that there is still much work to do in general practice to register the remaining number of people who are obese.

### **National Child Measurement Programme**

Weights and heights of children in reception and year 6 are being recorded annually in schools. These data continue to show the extent of the obesity problem in the borough, with no improvement in the last year. These data show that in Rochdale Borough;

- We rank 8th worst from 43 Local Authorities for obesity in children in reception
- Our year 6 children are currently below national average for levels of overweight and obesity
- Boys are more likely to be overweight and obese than girls
- More recent data suggests a link between obesity/overweight and deprivation

### **Care Pathways**

Care pathways have been developed for overweight and obese adults and overweight or obese children. These are locally relevant pathways, based upon NICE guidance. They will be implemented in 2008.

### **MEND (Mind, Exercise, Nutrition, Do it!)**

This is a family programme for overweight or obese children aged 7 to 13. Families take part in group activities relating to food, exercise and self esteem. Programmes have been established in Middleton and Rochdale and are delivered jointly by partners from the PCT, Pennine Acute Trust and Link4Life Cultural Trust. Each programme will support up to 40 families per year. There are plans to set up additional programmes in the borough.

Evaluation: MEND is being evaluated as part of a national randomised controlled trial. Weight loss is not the primary focus, but many participants lose weight along with improved lifestyle, knowledge and confidence.

Body Mass Index is the accepted assessment for identifying the weight range into which individuals fall. It is calculated as weight in kilograms divided by height in metres squared.

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## **Weight Management on Referral**

This scheme offers free places with WeightWatchers or Slimming World to people who meet specific referral criteria. Eligible people receive a voucher from their GP which entitles them to 12 weeks of weight loss support. To date, over 800 people have received the vouchers and early feedback indicates that the scheme is successful and popular. On average, people are losing around 14lb in weight. An independent evaluation of the scheme has been commissioned.

## **Gym Scheme**

Some people who are eligible for the Weight Management on Referral scheme feel that participation in WeightWatchers or Slimming World programmes is not for them. For eligible people, free gym places at Link4Life Cultural Trust facilities are available from their GP. (This is a separate scheme from the Exercise Referral Service, which provides supervised exercise programmes at Link4Life Cultural Trust premises for those people with existing medical conditions or as part of a cardiac rehabilitation programme).

## **Shape Up**

This is a weight management programme for adults delivered by Weight Concern. The programme consists of 8 weeks of weekly group sessions led by a trained facilitator. Facilitators have to complete a one day course which is delivered by Weight Concern. To date, over 40 people have attended training sessions from the PCT, Pennine Acute Trust, Local Authority, Voluntary organisations and the private sector. The programme is currently being rolled out.

## **Dietary Advice Direct (DAD) Scheme**

This scheme offers free access for one year, to online dietary advice from registered dieticians. The scheme is accessible at <http://www.dietaryadvisedirect.co.uk/>  
The DAD scheme commenced March 2008 and will be evaluated.

## **The Specialist Obesity Service**

This service is being developed. It currently includes:

- One to one consultations with members of the Healthy Weight Team in clinics across the borough following the recruitment of two full time dieticians for obesity management in October and November 2007 respectively.
- Free 12 week access to a choice of two commercial slimming groups.
- Free 12 week access to Link4Life Cultural Trust activities/facilities.
- Free online dietary advice from Registered Dieticians.
- Family focussed programmes e.g. MEND
- Train the Trainer initiatives e.g. Shape Up and the provision of a learning opportunity for practice nurses available via compact disc.

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## Targeting

It is important that services are provided according to need. Subsidised weight management schemes are targeted at those residents living in the borough's most deprived neighbourhoods. Vouchers are allocated to each GP's practice based on the Low Income Score Index (LISI). Practices with more patients eligible for free prescriptions receive more places on the schemes.

## Evaluation/Monitoring

All major weight management schemes will be fully evaluated.

### Weight Management - Recommendations:

- Develop more robust processes to monitor and evaluate the major weight management schemes
- Development and full implementation of the care pathways Continuation of the National Child Measurement Programme
- Expansion of existing programmes where positively evaluated
- Further development of the local specialist obesity service

# CHAPTER 7

## MARKETING HEALTH



# 7: Marketing Health

## Contacts:

Laura Baker, Communications Officer, HMR PCT  
Barbara Lloyd, Marketing Manager, Link4Life Cultural Trust

## Introduction

Social marketing was highlighted in Choosing Health as an important and under utilised approach that has the potential to make a significant contribution to reducing health inequalities. Social marketing is defined as ‘the systematic application of marketing concepts and techniques to achieve specific behavioural goals, to improve health and reduce health inequalities’. (French, Blair-Stevens, 2006).

In practice this means learning from commercial marketing, taking a systematic approach to the way we design interventions and programmes. The National Social Marketing Centre describes seven stages of social marketing (Box 1).

Box 1: Seven stages of Social Marketing (from the National Social Marketing Centre):

### **1: Customer or consumer placed at the centre**

Social marketing focusses on the individual within their social context. Interventions are based around their needs and wants, rather than just expecting the person having to fit around the needs of the service or intervention.

### **2: Clear “behavioural goals”**

Social marketing aims to achieve measurable behaviour change ie changing what people actually do, not just their level of knowledge, awareness or beliefs about an issue. For this, we need a clear understanding of what causes their behaviour...

### **3: Developing “insight”**

This involves understanding why people act as they do so that we can understand what is necessary to bring about actual behavioural change.

### **4: “The exchange”**

This involves weighing up the ‘cost’ of the behaviour change against the benefit people experience by continuing their usual behaviour. The ‘price’ is measured from the ‘customer’s’ point of view. It may be money, time involved, effort or social consequences. Benefits might include improved health, money saved or new personal fulfilment. To be effective, the benefits must outweigh the costs.

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Seven stages of Social Marketing (from the National Social Marketing Centre) continued:

**5: “The competition”**

The concept of ‘competition’ is used to look at those things that drive the less healthy behaviour. These influences may be external, such as peer pressure, or internal, such as the pleasure derived from a certain behaviour.

**6: Segmentation**

Social marketing uses a “segmentation” approach. This is more than traditional ‘targeting’ approaches. It seeks to classify people into psychological types and then to identify the things that motivate them.

**7: “Intervention mix” and “marketing mix”**

This approach attempts to identify which interventions would be most effective, based on a thorough understanding of the ‘customer’.

**Aims**

- To inspire people in all parts of society to live a healthy lifestyle.
- To support particular groups of people to make and sustain a defined lifestyle change.

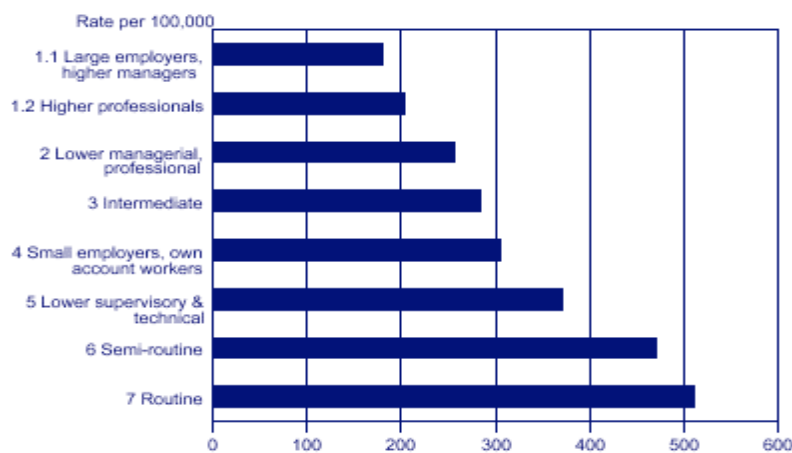
**Objectives**

- To raise awareness and understanding of the personal health agenda.
- To target individuals and communities, taking account of individual needs and barriers to participation, with particular reference to people from priority groups.
- To improve the effectiveness of healthy lifestyles information and resources and to share best practice.
- To monitor and evaluate marketing activity to ensure that it is effective.
- To maximise opportunities to promote the Healthy Lifestyles agenda across the borough.

**Target Groups**

Reduction of health inequalities is at the heart of the Healthy Lifestyles Strategy. Poor health is linked with lower income levels and high levels of social need (Fig). The residents living in the Borough of Rochdale are not an homogenous group and it is important that the health needs, barriers and social contexts of different population groups are well understood. The process of segmentation enables social marketing programmes relating to Healthy Lifestyles to be designed appropriately to their ‘audience’ by understanding the things that will motivate and support them to make positive lifestyle changes.

Figure 1. Health Inequalities: All-cause Mortality Rates by Socio-economic Group



Age-standardised mortality rate by NS-SEC: men aged 25-64, England and Wales 2001-03

### Community Needs and Resources

Geographically in the Borough of Rochdale, the areas of greatest deprivation, and lowest income, fall within the Neighbourhood Renewal (NRF) Areas. These areas are shown in Box 2 and have been targeted within the action plans of the Healthy Lifestyles Programme.

These areas have also been identified as requiring particular support from the borough's Health Trainers programme.

#### Box 2 Rochdale Borough's Neighbourhood Renewal Areas

Pennines Township: The Cray, Birch View.

Heywood Township: Darnhill, Back O'th Moss.

Middleton Township: Langley, North East Middleton, Hollin.

Rochdale Township: Smallbridge, Sparth, Deeplish & Milkstone, Lower Falinge, Freehold, Wardleworth & Hamer, Cloverhall & Belshill, Spotland Estate, Syke, Turf Hill, Brimrod, Brotherod, Greave, Kirkholt, Newbold.

A research project was carried out using Neighbourhood Renewal Funding to identify the community resources within these areas and develop community relationships. Neighbourhood Link Officers (NAP Officers) were involved in mapping existing community provision, groups, partners, leaders, activities, venues and facilities.

A Neighbourhood Database was produced for commissioners and service providers in order for them to more effectively reach the target audiences in these areas. This work has proved particularly useful to the Health Trainers service.

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## Progress to Date

- A multi-agency Marketing Health group has been established. This group includes representatives from the Primary Care Trust, Rochdale Borough Council, Link4Life Cultural Trust, The Healthy Living Initiative, and Pennine Acute Trust. The group is charged with reviewing and updating marketing action plans and making recommendations for health campaigns that will be effective in inspiring behaviour changes in target audiences. The group have also highlighted a number of priority areas for local social marketing that Healthy Lifestyles Partnerships should focus upon to make the biggest improvements to health. These include:
  - i. Smoking - focussing resource on routine and manual groups, young men, pregnant women and women planning pregnancy
  - ii. Obesity - focussing on families
  - iii. Breastfeeding
  - iv. Improving life expectancy of men- a specific focus on improving local Men's Lifestyles
  - v. Reducing alcohol-related hospital admissions - developing appropriate local campaigns whilst disseminating the national social marketing campaigns
- Healthy Lifestyles Brand: A key recommendation of the Healthy Lifestyles Strategy was to raise the profile of the health agenda using a clear brand identity which can be used by all relevant services and partners. This has been achieved through development and adoption of the 'Do you feel good?' logo.
- The 'Do you feel good?' brand has been adopted on a wide range of promotional material during the year. Services delivering the Healthy Lifestyles agenda have been provided with branded promotional material to support targeted activity and public events. Partners have incorporated the brand within their local marketing activity and in particular public events. Activities that have been promoted in this way include Healthy Workplaces, Exercise Referral Scheme, Cardio/heart Health, Weight Management Gym Scheme, MEND Junior Obesity Programme. The Primary Care Trust's Annual General Meeting in September 2008 also included health promotion activities for staff and residents as part of the promotion of Do you Feel Good?
- A number of 'Life Channel' adverts have been produced to promote Healthy Lifestyles and local services. The Life Channel provides TV media in surgeries and health centres so that health related messages supported by specific advertisements are broadcast to patients as they wait for their appointment. This system is now running at 33 premises. Commissioned ads include Health Walks, Health Trainers, Antibiotics Awareness, Stop Smoking and Healthy Eating. The Lifestyles Team are keen to learn how effective use of this media has been so far. One useful piece of feedback was that local images and local accents were preferable to the target audience.

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- Working in association with Dr Foster, targeted magazines have been produced for general distribution within the community particularly targeting women and young men.
  - Web-based information on healthy lifestyles is included as part of the Heywood, Middleton and Rochdale Primary Care Trust website - [www.hmrpct.nhs.uk](http://www.hmrpct.nhs.uk). This web address is included on all 'Do you feel good?' print and publicity. Links are provided to partner organisation websites.
  - In 2008, Link4Life Cultural Trust incorporated a 'Do you feel good?' Active Lifestyle Award into the annual Community Sports Awards, with a trophy sponsored by the Primary Care Trust. This event was reported in local press and online.
  - LiveLife Conference: A local health and partnership conference was introduced in March 2008 called LiveLife 2008. The event incorporated a conference and seminar programme targeted primarily at professionals, and a public-orientated market place of exhibits and promotions. The event attracted over 200 people to the formal conference and was well attended by the public throughout the day. The event was widely advertised and received good media coverage from local press and TV after the event. One aspect of the conference was the signing of a "Joint Statement of Intent" between the Primary Care Trust and Rochdale Borough Council, which also received specific media coverage.
  - Summer Roadshow: Between the 19th and 25th of May 2008, the Healthy Lifestyles services took a Summer Health Roadshow into the borough's communities. The purpose of this was to raise awareness of the personal health agenda, offer health checks, advice, support and signposting into services. The roadshow was very popular with local residents, many of whom welcomed the idea of bringing support and services to them.

### **Evaluation/Monitoring**

Choosing Health highlighted the importance of using a social marketing approach to encourage and secure positive behaviour changes. As part of its Choosing Health commitments, the Department of Health commissioned an independent review of health-related campaigns and social marketing in England. The National Consumer Council published the resulting report 'It's our health!' in June 2006. The report recommended the development of a National Social Marketing Strategy for Health. It also recommended capacity building to ensure that all national and local programmes and campaigns use a consistent social marketing approach to enhance impact and effectiveness.

Feedback received from the Health Trainers initiative has demonstrated the importance of having detailed information about target communities. The NRF community research project allowed them to take a people-centred approach to improving the health of disadvantaged groups.

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The public Health Trainer events were used as an opportunity to undertake a market testing exercise on a range of printed promotional material. Following this exercise, local guidelines for effective printed material have been developed (see Box 3 below):

**Box 3 Local Guidelines for Effective Printed Health Materials**

- (a) Originator's logo to be used in a consistent size and position. This will be important to the audience if they are to be clear who is providing the information and whether it is credible. This also provides the necessary credit to the author organisation.
- (b) It should be clear on every leaflet 'what to do next'. Contact details should be easy to find. Even a leaflet providing information only - rather than a specific call to action - should contain a website address or contact details for further information.
- (c) Understand the difference between writing to educate or inform and writing to stimulate a particular action. Check objectively that the print will achieve the required outcome.
- (d) Look at the subject from the reader's point of view to make sure it is appropriate for the audience. Text should be written in Plain English. Avoid jargon. In a leaflet keep it brief - either provide references to further reading or increase the size of the publication. Edit down text and prioritise rather than overcrowd.
- (e) Keep information relevant to the publication. Do not overwhelm the audience with detailed information if the format is not intended for this purpose.
- (f) Make good use of images within the design. Ensure they are relevant to the subject and text. Be creative. Positive images and messages can be more effective - focussing on the benefits of change rather than the symptoms or features.
- (g) Select photographs carefully. Use real people where this is possible. Stock library photos should be used with care to ensure their relevance. These should be credited as 'Library photos' if there is a risk of misinterpretation that they are 'real'.
- (h) Keep text clean and easy to read. Avoid using too many fonts, styles - italic or bold for example - and colours. Text should be at least 10 point in size in general paragraphs.
- (i) Market testing is recommended to reduce the risk of failure or loss in developing a marketing campaign where this is likely to be significant. Build time into the design process to show a draft to a representative of the target audience.

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A lead role is taken by communications and marketing officers represented on the Marketing Task Group to ensure that all printed promotional material meets these standards

Respondents to the Market Testing exercise were also asked to identify where they would seek health advice and, unprompted, nearly two out of three people said the doctor's surgery. This view is in line with attitudes towards the credibility of printed material - NHS as a brand is one universally respondents identified as being credible and reliable.

In terms of attitudes towards printed material:

- 53% read leaflets that came through the door
- 70% would pick up a leaflet from somewhere if relevant to them
- 80% used the Internet regularly
- 66% read their local paper

In addition, when prompted 90% said that the best place to pick up information on health related issues was their General Practitioner and, unprompted, this was 30%, still the highest score. This information is based on a sample size of 83 people.

The Marketing Task Group have reviewed the action plans of the Healthy Lifestyles strategy and concluded that despite this work being in place, social marketing techniques need strengthening throughout all the strategy strands. Increasing awareness of the principles of social marketing will be treated as a priority.

The importance of targeting specific population groups was reiterated and further discussion was required with strategy leads to identify campaigns targeted to specific audiences.

The 'Do you feel good?' branding needs to be highly visible on all documents, posters, leaflets, website etc connected with the strategy. This is still not consistently applied across all service strands.

Consideration will be given to introducing a specific Awards event to raise awareness across all services of good practice. A higher profile for the Do you feel good? branding needs to be considered for other major events, for example 2009 Health Conference.

Significant advances have been made in marketing, and attitudes towards marketing, since the Healthy Lifestyles Strategy was published. There has been greater commitment in terms of funding and long-term development through plans to introduce a social marketing post.

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## **Investment**

Specific funding has been secured from the Neighbourhood Renewal Fund for Healthy Lifestyles marketing within priority neighbourhoods. This has included the NRF Community Database and its migration into a web-based extranet.

Professional marketing input into Healthy Lifestyles has been provided by the Primary Care Trust Communications Officer and by Link4Life's Cultural Trust Marketing Manager, with input from service leads and Public Health.

In order to drive the healthy lifestyles agenda forward, dedicated resources are required for marketing and promotional activities. The existing Marketing Task Group has limited capacity and resource, and no dedicated budget. Social marketing funding has been requested via the Commissioning Plan 2008-2010 for the areas of tobacco control, food and nutrition and physical activity. The new Social Marketing Manager will lead the future marketing agenda for healthy lifestyles. Associated with this post will be an expenditure budget.

## **New Projects/Initiatives**

The convenience of web-based information is recognised as part of the overall communications strategy. In order to broaden this out to a wider audience, information kiosks will be made available in public areas. Host sites for the kiosks are currently being identified.

Sharing good practice was identified as important within 'Choosing Health'. An 'extranet' that can be accessed by more than one organisation without being open to the public is being developed. This would contain information that is useful to partners such as the NRF Community database. The extranet has now been commissioned and work is in progress to build the site.

An event management company have been commissioned to supply a 'Do you feel good?' branded trailer. This can be used for our health related roadshows, taking services and support into communities. Specific promotions will be timetabled into 2008.

The Neighbourhood Renewal Fund (2008/2009) is to provide a number of Tenants & Residents Community Bases with a dedicated 'Do you feel good?' display board together with a single supporting printed leaflet. This will further raise awareness of the healthy lifestyles agenda within targeted communities.

Discussions are currently being held to promote the Weight Management Gym Scheme and to target 16-19's and Over 60s through the Passport to Leisure scheme to increase their physical activity.

Specific over 50s health promotion events are also being planned by Rochdale Council for 2008/9 following a successful 'Recycled Teenagers' event organised by the Middleton Township in February. This work will also provide a link to the NHS North West's 'Living Better, Living Longer' social marketing initiative focusing on obesity.

### **Marketing Health - Recommendations:**

- The Healthy Lifestyles Strategy, and its associated services, requires an annual, co-ordinated, evidence-based marketing programme that has clear goals, is fully resourced and is targeted at priority groups.
- The needs, values, motivators and barriers of those population groups need to be clearly understood, and initiatives aimed at them need to be tailored accordingly. The programme needs to be evaluated.

In order to deliver this, the new Social Marketing Manager post will lead the development and delivery of the future social marketing and communication programme. The postholder will continue to build upon the strong working relationships with the communications teams of the PCT, Local Authority and Cultural Trust. They will manage a newly established marketing budget and identify and pool resources from other sources. They will oversee the development, delivery and monitoring of the annual marketing action plan, organise planned activities and oversee the production of marketing resources, ensuring they are appropriate to specific audiences. Training and capacity building in social marketing concepts is also an important role for this post along with implementing national policy on social marketing for health.

- Develop more robust processes to monitor and evaluate the interventions within the marketing health workstream.



# CHAPTER 8

## CONCLUSION



## 8: Conclusion

The success of Rochdale Borough's Healthy Lifestyle Strategy is dependent on the co-operation and collaboration of a wide range of partner agencies and their engagement with the people of Rochdale Borough. Much innovative and targeted work has been delivered by partners under the banner of 'Do You Feel Good?'. For local residents, this means access to a wide range of services and facilities, which will in the longer term, not only improve their health and well-being but will reduce the inequalities in health experienced by some.

This report makes a number of recommendations, which will guide the future work of the Multi-Agency Healthy Lifestyle Strategy Group. Added to this, in the year to come the Group will focus on the marketing of healthy lifestyle messages and services to particular sections of the population.

The Healthy Lifestyles agenda is complex. Contributions come from a wide range of stakeholders, and the nature of 'interventions' can vary considerably. Demonstrating the relative contribution to health improvement is therefore challenging for some interventions, whilst more tangible for others. The importance of monitoring and evaluating this work is, however, recognised by all partners. As a result, we are developing plans to ensure that we do this in a more systematic way in future.



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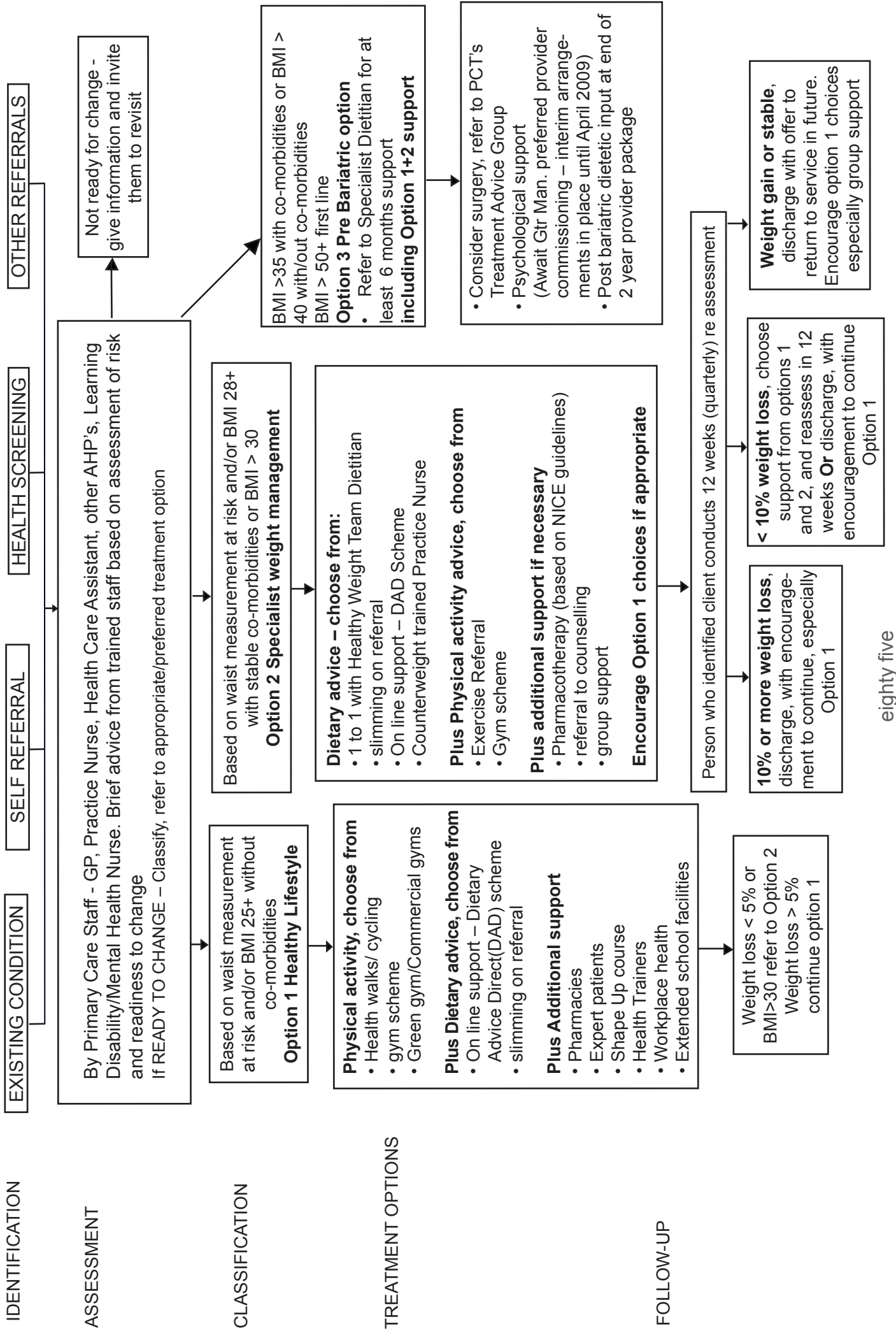
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- 1 Association of Public Health Observatories. Indications of Public Health in the English Regions. 3: Lifestyle and its impact on health. 2005. <http://www.apho.org.uk/apho/viewResource.aspx?id=1678>
- 2 The Rochdale Borough Lifestyle Survey 2006 Report.



# APPENDIX 1: CARE PATHWAY FOR OVERWEIGHT AND OBESE ADULTS





**APPENDIX 2: CARE PATHWAY FOR THE IDENTIFICATION AND TREATMENT OF OVERWEIGHT AND OBESE CHILDREN**

Following guidance on “brief intervention” professionals working with children e.g. in education, sport and leisure services, youth organisations, primary and secondary health care, under fives settings, raise awareness with parent/carer re support available for obese child and encourage them to contact/refer them to their Health Visitor (HV)/School Health Practitioner (SHP).  
(Written consent from parents required)

