

TITLE OF REPORT: A whole systems approach to Healthy Weight

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SUMMARY

The purpose of this report is to provide Overview and Scrutiny Committee with an understanding of the complexity of the healthy weight agenda and overview of the healthy weight work that is being undertaken in Gateshead across the life-course as part of a whole system approach.

The report will cover the following areas:

- Background.
- The scale and complexity of the problem.
- The evidence base.
- Whole system approach.
- Progress update.
- Recommendations.

Obesity is described as one of the most serious public health challenges in the 21st Century. It is recognised as a complex problem and the causes are affected by many factors including our behaviours, environment, biology, society and culture.

Almost three in four adults in the UK will be overweight or obese by 2035 and over the next twenty years rising levels of obesity could lead to an additional 4.62 million cases of type 2 diabetes, 1.63 million cases of coronary heart disease and 670,000 new cases of cancer

A simple and frequent stance is to focus on individual lifestyle choice, but this is only one small part of the picture. The complexity demands a whole system approach if we are to reduce prevalence and tackle the agenda effectively, with action at an individual, environmental and societal level.¹

The evidence is very clear that policies aimed solely at individuals will be inadequate and will not be sufficient to reverse this trend. Significant effective action to prevent obesity at a population level is required.

BACKGROUND

1. On the face of it, obesity appears relatively simple to understand. If people consume too much food and don't expend sufficient energy, then overweight and obesity rates increase. Conversely, if this is reversed then an energy

¹ <https://www.local.gov.uk/making-obesity-everybodys-business-whole-systems-approach-obesity>

balance should be achieved that sees the problem reduce over time. However, this is simplistic and overlooks the fact that the causes of overweight and obesity are complex, with many and multi-layered factors at work rather than one tangible cause to focus on. Obesity is the consequence of interactions between a wide variety of variables and determinants related to individual biology, eating behaviours and physical activity, and set within a social, cultural and environmental landscape.

2. The impacts of societal changes are reflected in this quote from the Foresight Report on obesity (2007):²

'People in the UK today, don't have less willpower and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers. Society, however, has radically altered over the past five decades, with major changes in work patterns, transport, food production and food sales. Being overweight has become a normal condition, and Britain is now becoming an obese society'.

3. The Foresight report identified over 100 factors that contribute to the prevalence of obesity. These can be broadly clustered into groups of influences including societal, media related, food industry, biological, environmental and psychological factors.²

THE SCALE OF THE PROBLEM

4. Maternal obesity is linked to an increased risk of pregnancy related complications and children becoming obese in later life. Data on the prevalence of maternal obesity are not collected routinely in the UK. In England it is reported that 27% of women are overweight and 21% of women are obese at the start of pregnancy.
5. Local data for Gateshead shows that 20% of women have a BMI of over (obese) on antenatal booking (the caveat for the data is that not all women attending a booking appointment at Gateshead Health NHS Trust will be Gateshead residents).³
6. Gateshead has seen an improvement in the recording of infant feeding status due to being able to capture the data electronically. The number of infants partially and totally breastfed has also seen an improvement where previously Gateshead has been around 36% per year. The mean percentage for the full year (2019/2020) based on the performance for the first three quarters is 39.4% (unpublished data, 0-19 reporting).
7. Recent predictions indicate that by 2050, approximately 25% of all young people under twenty years of age are expected to be obese. Obesity in young people is difficult to treat and there is a high risk of persistence into adulthood. Nine percent of children in England are obese when they start school and a

² Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell J, Parry V. (2007) Foresight Tackling Obesities: Future Choices Project Report (2nd edition), Government Office for Science, London, UK (www.foresight.gov.uk).

³ Maternity Services Data Set (MSDS), NHS Digital" (2016/2017).

further 13% are overweight. By the age of 10 to 11 years, 20% of children in England are obese and 14% are overweight.²

8. Over one in five children in Gateshead start school overweight or obese. By Year 6, in Gateshead over 1 in three children are overweight or obese. Of those children who are obese at preschool age, research suggests that between 26% and 41% will go on to be obese in adulthood.⁴
9. In Gateshead 12.1% of 4-5-year olds and 24.2% of 10-11-year olds living in Gateshead were classed as obese in 2018/19. The proportion of 4 -5-year olds classed as obese is higher than the England average of 9.3% and the proportion of 10-11-year olds classed as obese is higher than the England average of 20.1%.⁵
10. Of children attending Gateshead schools, 25.3% of 4-5-year olds and 37.8% of 10-11-year olds were classified as overweight or obese (excess weight). The proportion for 4-5-year olds is higher than the England average of 22.6%, and the proportion for 10-11-year olds is significantly higher than the England average of 34.3%.⁵
11. Overall NCMP routine data shows that there are more overweight children in areas of socio-economic deprivation compared to more affluent areas. Children living in the 10% most deprived areas are twice as likely to be obese than children living in the 10% least deprived areas.
12. Research shows that children in North East England have extremely low levels of regular moderate to vigorous physical activity, have high levels of sedentary behaviour and consume a diet low in fruit and vegetables. Findings from the Gateshead Millennium Cohort Study indicate that physical activity is in decline from age 7 among boys and girls, challenging previous orthodoxy that it declines in adolescence and suggesting there is a need to understand why this change takes place.⁶
13. Evidence also suggests that there is a complex but important connection between both obesity and emotional health and wellbeing. This emerges during a child's early years, with behavioural issues more prevalent among obese three year olds than their peers. Obese children may be more likely than their peers to experience the burden of psychiatric and psychological disorders into adulthood.⁷
14. The costs associated with childhood obesity are significant. According to an economic analysis in the Chief Medical Officer for England's 2012 annual report, the short-term costs of childhood obesity are estimated at £51 million per year, and long-term costs (including health care and non-health care costs) estimated at £588–686 million.

⁴ <https://www.gov.uk/government/publications/reducing-obesity-future-choices>

⁵ NHS Digital (2017) National Child Measurement Programme – England, 2018-19.

⁶ Farooq MA, Parkinson KN, Adamson AJ et al (2017) Timing of the decline in physical activity in childhood and adolescence: Gateshead Millennium Cohort Study British Journal of Sports Medicine 0: 1-6. doi: 10.1136/bjsports-2016-096933

⁷ NOO (2012) Child Obesity and Socioeconomic Status

15. By 2050, modelling indicates that 60% of adult men, 50% of adult women could be obese. Although personal responsibility plays a crucial part in weight gain, human biology is being overwhelmed by the effects of today's 'obesogenic' environment, with its abundance of energy dense food, transport and sedentary lifestyles.⁸
16. Current data shows that 69.4% of adults in Gateshead have excess weight according to survey data. This is significantly worse than the England average of 64.8%. Almost two in every three adults in Gateshead has excess weight and around one in four are obese.⁹
17. The 2016 Gateshead Health and Lifestyle Survey highlighted wide variations of adult obesity across Gateshead with the highest levels in the most deprived areas. For example, in the most deprived areas of Gateshead, the proportion of obese adults is almost double compared to the least deprived areas. There are also variations across age groups, with highest levels of obesity in those aged 55 to 64 and lowest levels amongst 18 to 24 year olds.
18. Physical activity is often described as the most cost-effective drug in terms of addressing obesity. In Gateshead, just over half of adults undertake the recommended amount of physical activity, which is similar to the England average. This means that just under half of the adults in Gateshead could improve their health and wellbeing and reduce their risk of developing conditions such as heart disease, if they increase their physical activity.
19. Obesity does not affect all groups equally. The rates of excess weight are even higher in adults with severe mental health illnesses and learning disabilities. The latest experimental statistics on the health and care of people with learning disabilities suggests that excess weight is twice as prevalent in adults aged 18-35 years old with a learning disability whilst the prevalence of obesity in individuals with severe mental illness (SMI) can vary depending on the psychiatric diagnosis.
20. It is estimated that by 2050, obesity and overweight will cost the NHS almost £10 billion a year, and the full economic cost will rise from around £27 billion today to £50 billion by 2050.¹⁰
21. NHS costs attributed to overweight and obesity in Gateshead are estimated to be £68.7 million per annum for 2015. (please note: this is most recent data available and will not reflect the current cost).¹¹
22. Approximately a third of fast food outlets in England are found in the most deprived communities. Fast food outlets account for more than a quarter (26%) of all places to eat in England.¹²

⁸ McPherson K, Marsh T, Brown M. Modelling Future Trends in Obesity and the Impact on Health. Foresight – Tackling Obesities: Future Choices – Government Office for Science, 2007

⁹ <https://digital.nhs.uk/areas-of-interest/public-health/data-and-information/areas-of-interest/public-health/health-survey-for-england-health-social-care-and-lifestyles>

¹⁰https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

¹¹ Turning the Tide of Inactivity / NOMIS 2011

23. Gateshead has the fifth highest rate of fast food outlets per 100,000 population in the North East (160.5 per 100,000) and is above the England value. The presence of fast food outlets in the Metro centre is the highest (29 fast food outlets), followed by the Bridges ward (26 fast food outlets) and Birtley, with 21 fast food outlets. (Please note the fast food outlet is different to the hot food takeaway data used in Gateshead and in this instance 'fast food' refers to covers a range of outlets that include, but are not limited to, burger bars, kebab and chicken shops, chip shops and pizza outlets.¹²

THE EVIDENCE BASE

24. The evidence base on effective action to tackle obesity remains weak and skewed towards individual level downstream approaches (trying to manage the consequences of obesity rather than more upstream approaches, which attempts to solve the real problems underpinning obesity).
25. The evidence is very clear that policies aimed solely at individuals will be inadequate and will not be sufficient to reverse this trend. Significant effective action to prevent obesity which takes account of the social, economic, environmental, commercial and political determinants is required. Action should be taken at a population level.
26. Currently there are very few examples around the world of successfully reversing the trend of 'obesity' despite over a decade of intervention. The evidence base suggests that to tackle obesity effectively we need an approach that involves the whole system.
27. A local whole systems approach to obesity is a 'Health in All Policies' approach, which draws on local authorities' strengths, supports their leading priorities, and recognises that they can create their local approaches better and more effectively by engaging with their community and local assets.

WHOLE SYSTEM APPROACH

28. The evidence and economic case suggest that tackling obesity requires a comprehensive, multi-agency strategy that focuses on reducing risk factors and their unequal impact from pregnancy through the early years across the life-course. As yet, no country has adopted a fully integrated, whole system approach to the prevention of obesity, although Amsterdam has made significant progress.
29. The Amsterdam programme appears to be succeeding by hitting multiple targets at the same time as part of a whole system approach – from promoting tap water to after-school activities to the city refusing sponsorship to events that take money from Coca Cola or McDonalds. From 2012 to 2015, the

¹² PHE analysis of fast food outlets, June 2018 <https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england>

number of overweight and obese children has dropped by 12%. Even more impressive, Amsterdam has achieved what no other country has managed to do, the biggest fall in obesity rates has been amongst the lowest socio-economic groups.¹³

30. The whole system programme of work is being led by the Local Government Association (LGA) and Association of Directors of Public Health (ADPH). It has been developed and tested with 11 local authorities and whole systems approach guidance has been developed for local authorities to implement from Spring 2019.¹⁴
31. The Council is in an influential position to help lead transformational change in how obesity is tackled. A whole systems approach to obesity provides the process to do this and demonstrates a genuine ‘health and wellbeing in all policies’ approach. It draws on the organisations strengths, fits with business priorities and recognises that councils can achieve better and more effective results by engaging their community and local assets.¹⁵
32. A whole systems approach for Gateshead is entirely consistent with the Council’s ambition to make Gateshead a place where everyone thrives and is underpinned by the following aspirations:
 - Ensure Gateshead is a place where everyone thrives.
 - In Gateshead everyone is able to achieve and maintain a healthy weight.
 - Promote an environment that supports healthy weight and wellbeing as the norm.
 - Supporting our communities and families to become healthier and more resilient, which includes addressing the wider determinants of health.

PROGRESS UPDATE

33. The Director of Public Health Annual Report for Gateshead (2018/19), focused on obesity, highlighting for Gateshead how societal changes over recent decades have exacerbated our risk of obesity. The report recognises the complexity of the issue and that it is important that we move away from the idea that obesity is caused by ‘lifestyle choices’ and instead recognise that the true causes of obesity are often a result of environmental, social, political and economic pressures.¹⁶
34. The report challenges a misplaced focus on individuals, which often increases stigma by placing attention on the behavioural decisions of those who are overweight and obese rather than on the context in which decisions are made.

¹³ <https://www.ucl.ac.uk/obesity-policy-research-unit/sites/obesity-policy-research-unit/files/what-learned-from-amsterdam-healthy-weight-programme-inform-policy-response-obesity-england.pdf>

¹⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf

¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf

¹⁶ https://www.gatesheadjsna.org.uk/media/11486/Director-of-Public-Health-Annual-Report-2018/pdf/DPH_Annual_Report_2018.pdf?m=636874718870270000

WHOLE SYSTEMS WORKING

35. Gateshead was selected as one of the local authorities to test out the whole system obesity guide and set of resources produced by Public Health England to support local authorities implementing a whole systems approach to address obesity. The guide was published in Spring 2019 for local authorities to implement.
36. Gateshead pre-tested the resources adopting a whole system approach to facilitate delivery of co-ordinated actions involving partners across the system. The guide provides a practical ‘how to’ process, which has enabled Gateshead to start creating its own local whole systems approach, aligned to a ‘Health in All Policies’ approach.
37. The council has held 4 healthy weight workshops to date from March 2019 to December 2019. A further healthy weight workshop is planned for the Children’s System Board and partners in March 2020 to review priorities and opportunities going forward for the early years agenda. Workshops with community group are beginning to be held in Feb/March 2020 to explore the views of the public and feed this into the healthy weight approach.
38. The 4 healthy weight workshops have included partners from the voluntary and community sector, Private Sector, Gateshead/Newcastle CCG, Gateshead Health NHS Foundation Trust, National Trust, Sport England, Tyne and Wear Sport, Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust, The Stroke Association, Public Health England and Northumbria University. Local authority representatives include, school meals, neighbourhood management, 0-19 Harrogate NHS Trust, commissioning, planning and transport, leisure, school sports partnership, poverty lead, early years leads to name a few.
39. The workshops have systematically worked through the whole systems guidance, as part of the 6-phase process. The workshop phases include the following stages and the partnership has progressed to stage 3 and 4.
 - Phase 1 -Set up
 - Phase 2- Building the local picture
 - Phase 3 -Mapping the local system
 - Phase 4-Action
 - Phase 5-Managign the systems network
 - Phase 6-Reflect and Refresh
40. In Gateshead we have used the guide to reflect and refresh what we have in place, consider the local drivers, the breadth of existing actions, to extend our stakeholder network and create a systems approach to reflect local needs and context. The next stage of the workshop is to bring stakeholders back together in March to identify areas to intervene in the system to affect change and produce an action plan for change.

41. The Gateshead Healthy Weight Alliance (strategic group) was formed in October 2019 and is to guide and oversee the strategic direction of the action plan and priorities identified from the healthy weight workshops for Gateshead.

42. It is proposed that the partnership work of the strategic alliance and healthy weight workshops will be used to prioritise 6 local commitments relevant local needs and aspirations of Gateshead. Early discussions from the workshops have highlighted priority areas such as:

- Increasing active travel and improving air quality
- Promoting healthier food choices.
- Influencing planning and design for a healthy environment.
- Supporting early intervention at pre-conception for a healthy weight.
- Building healthier workplaces.
- Utilise community and voluntary assets.
- Ensure a balance between population and more targeted approaches.

HEALTHY WEIGHT DECLARATION

43. Gateshead are one of the first areas regionally to sign up to the Healthy Weight Declaration, in partnership with Food Active. The declaration is focused on population level interventions which take steps to address the social, environmental, economic and legislative factors that affect people's ability to change their behaviour.

44. The declaration includes 14 standard commitments whereby Local Authorities pledge support to achieve action on improving policy and healthy weight outcomes in relation to specific areas of the council's work and with wider partners. A draft declaration for Gateshead deciding on local priorities will be informed by the healthy weight workshops.

FURTHER PROGRESS

HEALTH INEQUALITIES

45. Gateshead was requested to present as part of the member led symposium at UK Congress on Obesity (UKCO) in September 2019 in Leeds. This was to share early learning from the collaboration between Gateshead Council, Newcastle University and Fuse. A PHD student based in the Council is looking at the impact of austerity on nutrition in the first 1000 days of life using an embedded researcher approach. The findings of the research will help to inform future work in Gateshead.

46. Gateshead have been part of the regional work 'A weight off your mind' led by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. The work has led to the development of a plan for people with lived experience of mental health conditions and/or learning disabilities to support them maintain a healthy weight. Gateshead public health has been provided extensive training as part of the MECC offer to CNTW staff and local action plans and advice have been devised and this group continue to meet to review the work.

47. Public health and the neighbourhood team have been working with an undergraduate student from Newcastle University, who as part of his honours project carried out a small project looking at the nutritional contents of food parcels provided by foodbanks and cooperatives in Gateshead. Once the report is produced this will help inform future work with the Community Food network.

WIDER ENVIRONMENT/PLANNING/TRANSPORT

48. In Gateshead, a Supplementary Planning Document (SPD), supported by an integrated public health policy, has been used successfully to control the proliferation of hot food takeaways in areas with high levels of child obesity. The conditions set out in the SPD mean that there are currently no locations where opening a new hot food takeaway would be suitable. Since the SPD was adopted, no new planning applications for hot food takeaways have been approved. The number of applications has also dropped. The SPD is currently being updated to reflect the most evidence base.

49. Work progresses with planning colleagues and in partnership with Newcastle University to improve our understanding of the link between green infrastructure (GI) and health and wellbeing at a local level. This work will support the council to develop interventions that can improve health outcomes for residents. The final report is being produced for March and planning and public health will look at local opportunities for implementation.

50. Initial work has started looking at restrictions on advertising and promotion of high salt, sugar and fat food and drink on the local transport system. This builds on the work currently being implemented on the London Transport System.

HEALTH PARTNERS

51. Newcastle Gateshead CCG and Public Health have established a working group to review current services and approaches to healthy weight being delivered across the system and looking at areas for improvements. Currently priorities are being reviewed across Newcastle/Gateshead for the group.

52. Work is being undertaken with the Primary Care Networks (PCN) and relevant practices in the East regarding a physical activity and wellbeing offer to promote a healthy weight. Options are being looked at to encourage patients to be more active and provide further lifestyle opportunities in the community. This work is being led by the neighbourhood team.

53. 4 half day making every contact count (MECC) training session have been delivered throughout January 2020 with Gateshead GP practices to deliver basic MECC training regarding how to have the conversations around lifestyle topics particularly physical activity, healthy weight and nutrition. These will support staff to include these key messages where appropriate in daily conversations with patients using the MECC approach of brief advice.

54. A survey was sent out in December 2019 to all Gateshead practices to gauge what healthy weight and lifestyle work is being undertaken in practices to support patients and what further opportunities there is to liaise/support practices going forward. Out of the 31 practices 15 practices replied to share the work they are undertaking. 12 of the 15 practices reported offering healthy weight/weight management interventions to patients. These interventions in all practices included dedicated healthy weight sessions with signposting to appropriate physical activity, nutrition sessions within the community. Education and support were key parts of the session and may practices linked to their primary care navigators
55. The healthy weight sessions were all led by practice staff to meet the needs of patients. Many practices expressed that they would like extra support for patients to attend and access exercise classes as part of the PCN work going forward. Responses included linking with partners such as public health to review relevant practice data to target their provision. Under the General Medical Services Contract (GMS) general practice is not explicitly required to provide weight management provision/support.
56. Practices who replied to the survey felt it would be good to review the impact and effectiveness of the weight management sessions in primary care to inform future practice and funding. Some practices felt there was a clear need to have more weight management provision and support services to steer people into the right services, with the right advice in a timely manner and in a non-stigmatising manner. The results will steer future conversations and prioritising with PCN's.

FOOD ENVIRONMENT/FOOD CONSUMPTION

57. Gateshead provided an extensive response on the consultation to end the sale of 'Energy drinks' supporting the ban and on 'calorie labelling for food and drink served outside the home'. We are awaiting a national response on the consultation.
58. Early consultation work has started with the Gateshead Young People's Assembly and Gateshead Health NHS Foundation Trust. The work is focused on the lived experiences of young people and the impact of the food environment on the food choices linked to health inequalities. The findings will help to shape some of the food environment work happening in Gateshead.

EARLY YEARS FOCUS/CHILDREN AND YOUNG PEOPLE

59. Working with the 'Regional Local Maternity Systems Co-ordinator' following the Obesity in Pregnancy Self-Assessment Tool. The plan has identified areas for action pre and postpartum for healthy weight in Gateshead. The Regional Local Maternity Systems Co-ordinator' sits on the Strategic Alliance Group

and the actions will form part of the short and longer-term plans once produced.

60. The 0-19 years 'Growing Health Team' (health visitors and school nursing services) provided by Harrogate NHS, has now a dedicated infant feeding and nutrition lead. This provides a key focus for breastfeeding, weaning and nutrition for the crucial early years period and also supports the healthy weight agenda for school children.
61. Work has undertaken by a Gateshead QE hospital Paediatrician and health visitors to measure BMI in children 2 years old. The pilot has recorded children's weight status and engaged parents with young children and identified the barriers they face in tackling diet and weight issues with their children. This stage of measuring allows early identification of children who may need additional support.
62. Gateshead is supporting the regional 'daily mile' programme, which is a targeted approach which contributes greatly to achieving the required 30 minutes of school-time activity recommended by the Chief Medical Officers report. Approximately 32 primarily schools are delivering the daily mile or similar in Gateshead which is 44% of the total number of schools. There are a further 12 schools who are preparing to launch the daily mile. The daily mile links into the Gateshead school sport partnership health and wellbeing offer and is one of a range of options available for schools, who are looking for support to increase their pupil's activity levels.

GO GATESHEAD SPORT AND LEISURE

63. Go Gateshead Sport & Leisure teaches over 3,000 school pupils per week as part of a school learn to swim programme. Over 4,100 individual pupils access the service each year with 65 out of 66 Gateshead primary schools taking part throughout this year.
64. Each primary school is offered, as a minimum, a 45-minute lesson for one school year within Key Stage 2 equating to 27.75 hours per year. This exceeds the national minimum recommendation of 22 swimming hours and far exceeds the national average (8 hours 48 minutes).
65. Carr Hill Primary School are a school who invest heavily in the learn to swim programme with Years 3, 4 and 5 all taking part in a full year swimming programme. As a result, the school was shortlisted for the Swim England Primary School of the Year 2019 for its commitment to encourage every child to learn to swim.
66. Special Schools: Cedars Academy, Dryden, Gibside and Hilltop all access regular swimming lessons provided by GoGateshead and the service also provides professional advice and guidance to Dryden and Hilltop to support them to operate their hydrotherapy pools.
67. As a result of the continued investment and quality assurance within the Gateshead learn to swim programme, 70% of Gateshead pupils in Key Stage 2 achieved the Swimming and Water Safety attainment levels in 2019. This far exceeds the national average of 52% and the service is currently trialling new

software to track attainment more accurately. The success of the Gateshead approach is now being promoted nationally by Swim England as a model of good practice.

68. The service also works closely with the Gateshead School Sport Partnership (GSSP) to ensure standards are maintained and as a result the GSSP now hold an annual school swimming gala at Dunston Leisure Centre.

GATESHEAD SCHOOL SPORT PARTNERSHIP (GSSP)

69. The Gateshead School Sport Partnership (GSSP) service is part of education Gateshead. The service is completely self-financing, relying predominantly on the basis of traded services with Gateshead Schools. GSSP are uniquely positioned to provide a broad range of programmes, activities and interventions, all of which make a positive contribution to the health and wellbeing of the children and young people of Gateshead. GSSP have continued to advocate the provision of 2 hours timetabled high quality physical education within ALL Gateshead schools. Crucially, GSSP have developed a highly skilled and proactive network of Physical Education Co-ordinators in every Gateshead school. This network ensures GSSP are uniquely positioned as a delivery agency, with an unrivalled ability to introduce programmes, projects and interventions with the capacity to reach ALL school age children in Gateshead. Examples include:
70. Provision of practical resource/support to increase school capacity in extra-curricular sporting and physical activity opportunities (e.g. through deployment of sports coaches). During 2018/19 GSSP delivered more than 3,000 hours of sports and physical activities in Gateshead schools, providing additional opportunities for approximately 10,000+ pupils from EYFS through to secondary age pupils.
71. Co-ordination and delivery of an annual calendar of sports events (250+ competitions and festivals) linked to community pathways (e.g. community sports clubs/leisure facilities) providing more than 19,000 instances of pupil participation.
72. The Dance Festival at the Sage Gateshead is held over 2 full days with 6 performances (75 schools and more than 2,600 pupils & their parents/carers); Fun Run in Saltwell Park (46 EYFS/primary age schools and 4,800 pupils); Primary Schools Athletics Festival @ GIS (48 schools and more than 1200 pupils); Gymnastics, Trampolining and Cheerleading Festival @ GLC (40 schools and more than 750 pupils – all age groups).
73. Fully inclusive participation pathway linked to local disability sports clubs (TOP sportsability programme) and provision of ‘alternative’, non traditional activities designed to attract less active young people to participate in physical activity.
74. Regular CPD opportunities delivered to train the wider school staff in the delivery of school sports and physical activities (e.g. teaching assistants, lunchtime supervisors, school sport apprentices etc.). Increasing confidence, knowledge, skills and the sustainability of the work.

75. More recently GSSP have developed the 'Gateshead Schools Health and Wellbeing Service'. Now just in its second year of operation the service has already established a local network of 40 primary schools and Health and Wellbeing co-ordinators, all with the aim of improving the health and wellbeing of children and young people. The service provides a range of tangible services to schools, providing effective support across the four key themes of; Emotional Health & Wellbeing, Healthy Eating, PSE and Physical Activity.
76. Health and Wellbeing Award Framework - designed in consultation with schools and key local partners. A flexible and progressive award framework to support schools in assessing their current provision, practice and outcomes for health and wellbeing. Structured to help schools measure and evidence their existing provision (quality and quantity) whilst also identifying priorities for development in the future. To date 18 schools are actively engaged with the framework (4 Focusing, 5 Bronze & 2 Silver).

WORKPLACE

77. Workplace interventions for staff have included working with the catering lead and vending providers to implement healthier alternatives. This work has resulted in only sugar free drinks being available in all council facilities. Work is ongoing with the vending provide in terms of healthier snacks based on the NHS pilot.
78. Gateshead Council will be the first area/organisation nationally to pilot ESCAPE pain in a workplace. The rehabilitation programme helps people with chronic joint pain to self-manage their condition. It aims to increase physical function and improve quality of life by integrating simple education, self-management and coping strategies, with an exercise regime individualised for each person that is fun, progressive, engaging and challenging. The programme is being delivered to staff in March 2020, who meet the criteria over a 6-week period at Shearlegs and Park Road.

RECOMMENDATIONS

79. The committee is asked to note the contents of this report and consider the progress to date in terms of the healthy weight agenda.

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