

THE HEALTH ARGUMENT

Obesity and Inactivity: National time bomb but unfortunately already a local health reality

Health factors not politics should dominate the discussion of the impending closure of Seaton Pool. To inform debate, interested parties should consider the recent Health White Paper and national reports that focus on public health.

The Wanless report, commissioned by the Government, was published in February 2004. It evaluates the current health of the nation and how health inequalities can be reduced. It states that current strategy should be on preventative management rather than the historical policy of purely managing established disease, i.e to get away from the concept of a "National Sickness Service". The report clearly states that one of the top public concerns is growing obesity and lack of activity.

How big is this problem? The Wanless report gives startling details of the scale of this problem in the UK. **Obesity in adults has tripled between 1980-2001: from 8% to 23.5% in females and from 6% to 21% in males.** This trend, astonishingly, is continuing to rise. Physical activity has also dramatically fallen in recent decades, with only 31% of adults currently meeting recommended levels of physical activity.

So, what about our children? We are very fortunate at the local Peninsula Medical School to have one of the International experts on childhood metabolism and diabetes: Prof T Wilkin. He is currently undertaking a huge locally based study on childhood obesity and diabetes known as the "Early Bird Project". Recent data, which he has presented at the Department of Health, indicate that **only 12% of girls and just under 50% of boys meet the Government targets for activity levels.** Further to updates at the DOH, he has been asked to give evidence at a cross-party parliamentary committee on obesity. It is clear that the problem of increasing obesity and inactivity across all ages, is being considered at the highest levels of government.

The findings of the Wanless report cumulated in last year's **White Paper "Choosing Better Health"**. The Health Secretary at the time, John Read, indicated that whilst people were keen to take responsibility for their own

health, they expected Government to support them in making these choices. This was by not only providing information but also by providing more opportunities and support to enable people to choose healthier options.

To reinforce this, central government has set specific targets for better health and reducing inequalities that need to be achieved by 2010. These are “public service agreements (PSA)” and two published earlier this year include:

- Halt the year-on-year increase in obesity among children under 11 by 2010.
- By 2008, increase the take-up of cultural and sporting opportunities by adults and young people aged 16 and above from priority groups (physical/mental disability, minority ethnic groups and those from socio-economic groups C2, D and E, and women).

After the fan-fare of a White Paper there is usually a period of media quiescence. Not so with these health initiatives. There is obvious cross-party support for definitive action. A further document is used to explain some of the initiatives: *Health Inequalities- rising to the challenge*, which was published in late October 2005. It is a joint publication on behalf of the Department of Health in partnership with the Local Government Association and Office of the Deputy Prime Minister. In essence, it states that improving public health should be seen as a core part of the public sector’s and particularly local government business. Some of the specific statements made by senior figures are included below:

*Sir Sandy Bruce Lockhart (Chairman Local Government Association) states: **Local government is best placed to understand the needs of our local communities**, to help everyone live more healthily. In recognising this, the Local Government Association has made **public health one of our five core priorities for the coming year.***

*Fiona Adshead, Deputy Chief Medical Officer, Department of Health: **Councils can be role models as good corporate citizens**, and they can ensure that as providers and commissioners of services they use every opportunity to promote healthier living alongside their other service objectives.*

*Tony Elson, Local Government Adviser, Department of Health: **Health cannot be separated from well being, and this work sits squarely within local government's moves to engage communities** in identifying the problems they face, and mobilising local responses that are owned and delivered wherever possible by local people.*

It is clear that this document is highly pertinent in the current debate regarding the pool's closure. These are messages that should be driven forward by our public representatives at a local level.

When discussing health inequalities, it should be noted that Plymouth was declared a Health Action Zone in the late 1990's. This means that it is seen as an area of particular health concern and so parts of Plymouth have been placed on a comparable footing with some of the most deprived urban areas in the whole UK. A statement at the Public Meeting (Closure of Seaton Pool) indicates that council-led figures dated only 2 years ago quote **the local obesity rates in children as being two and a half times the national average!!!**

What should be done from a health perspective? It is accepted that there are a number of activities that can be used to promote energy expenditure. Unfortunately many of these are inaccessible or limited in an inner city environment. So how does swimming fare as a form of exercise?

Swimming transcends gender, age and most cultural differences. It is a highly relevant form of activity for many who are chronically disabled and also those rehabilitating following injury or illness. As a form of exercise it is virtually unparalleled; it is excellent for cardiovascular fitness and is one of the best for promoting recovery from musculoskeletal injuries or disabilities. A recent national newspaper also quotes swimming as being the number one sport for girls and number two sport for boys. In essence it is not a marginalized but rather an important mainstream health activity in this country.

The local health argument is focussed on providing sufficient swimming pool capacity to meet the health and activity needs of the population. It is clear that this capacity is not only needed to meet current demand but also the highly significant extra resources which are now needed to meet the national drive on tackling the public health crisis.

The recent public meeting highlighted the widespread concern that the current local capacity is hardly proving adequate even before the new Government action plans have been properly instigated and before the imminent closure of Seaton Pool. Indeed this is the second public swimming pool within the city boundaries over the last 3 years to be axed. Thus closure of this facility will undisputedly result in a woeful shortfall of capacity. The evidence is strongly supported by an analysis of current pool capacities (e.g. with Seaton being put at approximately 86%). A huge amount of public anecdotal evidence of waiting list numbers and waiting times for swimming lessons is further testament to this unmet need.

There are further health concerns which accompany the impending closure. Political imperatives may well drive the authorities to increase swimming class sizes such that they become “child containment sessions” with minimal effective swimming. This will result in disillusionment and the public turning away from the potential health and life skill benefits that swimming can offer.

Further to this, reallocation of times in Central Park pool to accommodate structured pool activities from Seaton will undoubtedly restrict casual swimming times, which are often a first contact with the pool. This is the precise time when individuals can potentially be engaged to consider increasing activity levels and subsequently supported in their efforts. Finally, the authorities may also adopt a potential patchwork system of swimming lesson provision by using “splash pools” to encourage the local public into believing that there is sufficient local swimming pool capacity. Yes, these may help accommodate complete novices but are a very poor substitute for swimming pools designed for purpose.

Yet another sequel of the White Paper is the Government publication: “Choosing Activity; a physical activity plan. This sets out its plans to encourage and co-ordinate the actions of organisations to promote increased participation in physical activity. The foreword is written by the Minister for Sport, Richard Caborn and Minister for Public Health, Melanie Johnson who state that this Government document is the first truly **cross-government** plan to co-ordinate action aimed at increasing levels of physical activity across the whole population. Again, we reiterate that this issue is not a political argument but one that should be based on the health needs of the community.

The local authorities do have to make difficult economic decisions. Scientific evidence recently put forward by the Chief Medical Officer is quoted in the aforementioned publication. It makes sobering reading.

“Besides the human costs of inactivity in terms of mortality, morbidity and quality of life, the report highlighted an estimate for the cost of inactivity in England to be £8.2 billion annually. This excludes the contribution of physical inactivity to overweight and obesity, whose overall cost might run to £6.6-£7.4 billion per year according to recent estimates”.

Thus, the national focus on obesity and physical inactivity, which is now being led by the highest echelons of Parliament, has only recently started gathering momentum. It is clear that it expects local government to be centre stage in this battle for the nation’s health. Is this really the climate in which we expect one of the few local facilities which help re-address this problem to be closed without full, informed community consultation?

Surely it is time for the City Council and the RDA to engage and reconsider positive options for maintaining current swimming pool capacity in Plymouth. In so doing, they invest in the health of its people. Otherwise we fear that it will be a public health sacrifice that the citizens of Plymouth can ill afford.

All Government documents discussed here may be located at the Department of Health website.